

NOTICE OF MEETING

CORPORATE PARENTING ADVISORY COMMITTEE

Tuesday, 13th January, 2026, 7.00 pm - Woodside Room - George Meehan House, 294 High Road, N22 8JZ (watch the live meeting [here](#))

Councillors: Felicia Opoku, Zena Brabazon, Elin Weston, Lotte Collett, Cressida Johnson, Marsha Isilar-Gosling and Ibrahim Ali

Co-optees/Non Voting Members:

Quorum: 3

1. FILMING AT MEETINGS

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The Chair of the meeting has the discretion to terminate or suspend filming or recording, if in his or her opinion continuation of the filming, recording or reporting would disrupt or prejudice the proceedings, infringe the rights of any individual, or may lead to the breach of a legal obligation by the Council.

2. APOLOGIES FOR ABSENCE (IF ANY)

3. URGENT BUSINESS

The Chair will consider the admission of late items of urgent business. Late items will be considered under the agenda item they appear. New items will be dealt with at item 11 below.

4. DECLARATIONS OF INTEREST

A member with a personal interest in a matter who attends a meeting of the authority at which the matter is considered must disclose to that meeting the existence and nature of that interest at the commencement of that consideration, or when the consideration becomes apparent.

A member with a personal interest in a matter also has a prejudicial interest in that matter the interest is one which a member of the public with knowledge of the relevant facts would reasonably regard as so significant that it is likely to prejudice the member's judgement of the public interest.

5. MINUTES (PAGES 1 - 4)

To consider the minutes of the meeting held on 4th November 2025.

6. MATTERS ARISING

7. ADOPT LONDON NORTH ANNUAL REPORT (PAGES 5 - 62)

8. REFORMS AND FAMILY GROUP DECISION MAKING (VERBAL UPDATE)

9. CHILDREN IN CARE HEALTH SERVICE ANNUAL REPORT (PAGES 63 - 90)

10. VIRTUAL SCHOOL ANNUAL REPORT 2024/25 (PAGES 91 - 126)

11. ANY OTHER BUSINESS

Chris Liasi - Principal Committee Coordinator
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Fiona Alderman
Director of Legal & Governance (Monitoring Officer)
George Meehan House, 294 High Road, Wood Green, N22 8JZ

Monday, 05 January 2026

MINUTES OF THE Corporate Parenting Advisory Committee HELD ON Tuesday, 4th November, 2025, 7.00 - 10.00 pm

PRESENT:

Councillors: Felicia Opoku, Zena Brabazon, Elin Weston, Lotte Collett, Cressida Johnson, Marsha Isilar-Gosling and Ibrahim Ali

10. FILMING AT MEETINGS

The Chair referred to the notice of filming at meetings and this information was noted.

11. APOLOGIES FOR ABSENCE

Apologies were received from Jackie Dificolo

12. URGENT BUSINESS

There was no urgent business.

13. DECLARATIONS OF INTEREST

There were no declarations of interest.

14. MINUTES

There was a proposal to members regarding an event with ASPIRE and care leaders, Chris Liasi would send the invite out for December to members. There were be the opportunity for young people to sign up to workshops as they entered the event, these workshops would be broken up into champion model areas. The councillor responsible for the workstream would be present alongside a children's services officer. There would be a focus group which could be taken away for planning of the champion's model.

There would be stalls providing arts and crafts, expressions board, cooking, surveys and opportunities for children to win vouchers. This event could be up to 3 hours and would likely be held on a Saturday.

Officers had sense checked with young people what they would consider to be fun activities – spoken specifically to young people who attend aspire or leaving carers.

RESOLVED:

The minutes of the meeting held on 2nd September were approved.

15. IRO ANNUAL 2024-25

Nazim Hussan, IRO service manager introduced the report for this item;

- This Annual Report produced by the Independent Reviewing Service was prepared in accordance with the statutory requirement to inform the Corporate Parenting Board and senior leaders about the Council's performance in respect of children in the care of the local authority. The report covered the reporting period April 2024 to March 2025. This report's data was derived from Liquid Logic, the data system utilised by Haringey Children's Service
- The following was noted in response to questions from the committee:
- As of recent, the IRS would contact social workers two weeks in advance to remind them of the data submissions required, sometimes that information would get lost in translation, particularly when young people transferred from one service to another. Officers were working on being more robust to ensure that social workers and practitioners were aware of upcoming reviews and had sufficient time to be able to prepare for those.
- Whilst there was a national reduction in terms of the young people going into care, if you look at the reasons why young people were either diverted or returned back home at an earlier stage, a lot of that was to do with the hard work that practitioners were doing.
- There were ongoing good outcomes secured for children, many children staying within their family networks which was really important in light of the system reforms and the family's first approach. Officers were well on their way with that work which meant that many children come out of care, although the arrangements that they had prior to proceedings might be different than at the end.
- It was noted that there had been a significant improvement in terms of the timeliness of the process.
- In terms of participation, some of the young people were missing having due to vulnerabilities from care. Some of them were not in a place where they were able to have an open discussion or participate in their care meeting. The IRO's were very sensitive and attuned to the needs of young people, they would make contact with a young person outside of the review process. So, whilst that may may not be reflected in the participation code, there were other ways in which the Iro's showed that the young person's voices were being captured.
- There was a range of activities that the IRO engaged with young people. It was usually the older cohort who had experienced significant trauma who were not in a place to be able to have a conversation as part of a meeting.
- IRO's were attuned to cultural differences, backgrounds, and mindful of some of the trauma that unaccompanied minors and young people may have experienced and were sensitive to that.

- Officers were respectful of everyone's home, whether they were a professional or a family member providing care to someone who's vulnerable within their family.
- The stability within the team and the relationships officers developed with the workforce as a whole had helped contribute towards the unique position of being a critical friend, part of that would be having those challenging conversations, officers always wanted the best for young people.

16. FOSTERING ANNUAL 2024-25

Sandy Bansil, Head of Children in Care and Placements introduced the report for the item.

The purpose of this document was to report on the activity of the Fostering Service fulfilling obligations in the Fostering Services Regulations (2011) to review and improve the quality of care, and National Minimum Standards (2011) to report to the executive side of the Local Authority. It would cover performance and developments in the council's delivery of Fostering Services; how the council was compliant with key national minimum standards; the service offered to those seeking to foster and those children in care who are fostered. This report detailed the work of Haringey Fostering Service from 1st April 2024 to 31st March 2025 and sets out plans for service development until 31st March 2026.

The following was noted in response to questions from the committee:

- In the instance of a child having significant disabilities that required a level of adaptation to a property, officers would have the support of our health colleagues.
- There were probably more challenges with housing for children who were not in care, who may need to spend time with who are with their parents.
- Officers were in the process of developing an overnight short breaks unit and something that they were really keen to do was to make sure that it was in a package offer to foster carers.
- Next year, the team had a really exciting opportunity to report back on. Officers had wanted to support foster carers and provide more rooms so that they could have sibling groups and had been fortunate in working with the housing to have a test home.
- Members and officers would do a deep dive into the physical needs that foster families may have.
- Fewer people were putting themselves forward to be foster carers and so with that in mind officers needed to be having an effective marketing strategy. There wasn't a maximum age for fostering it was about ability. It was challenging in getting younger people to come forward wanting to be foster carers.
- One of the biggest worries in London was due to the rising house and rent prices, people could not afford to buy homes and therefore this had a knock on effect on the decrease in foster care. It was suggested that members write to minister Josh MacAlister regarding the link between the decrease in foster care and the increase in house prices/rent.

17. PERFORMANCE Q1 & 2

Richard Hutton, Performance Data and Analytics manager introduced the report for the item.

This report provided an overview of performance for Children Looked After (CLA) Services for 2025/26. The report provided comparative data by benchmarking with our statistical neighbours and looks at how our performance had grown and developed, where this was appropriate. Haringey's statistical neighbours were a group of local authorities judged by the DfE to have the most similar demographic profile and have been revised this year to account for latest comparable demographic data.

The following was noted in response to questions from the committee:

All children were offered a return home interview, there was a system in place where every week they met as a multi-agency group. There were police and health colleagues present and would collectively look at each child who had been missing from the preceding week. Children were offered up to three times for a return home interview. If, after three times they're still declining, then officers would probably draw a line there depending on the circumstances. These instances usually occurred with young people around the age of 13 upwards, but quite a lot of them were 17 and above, and the 17 and above year olds.

18. CARE LEAVERS EMPLOYMENT - VERBAL UPDATE

Ann Graham, Corporate Director of Children's was glad to hear about the positive work and wanted continuity throughout future years. Skills would become embedded in the team and the committee wanted to give support on this.

Officers were planning a launch and celebratory events in the new year, Baroness Lola Young would attend these events

19. ANY OTHER BUSINESS

There was none.

CHAIR:

Signed by Chair

Date

REPORT FORMAT WITH GUIDANCE

If the report is exempt from publication you will need to state that it is exempt from publication under para 12 of Schedule 12A of the Local Government Act 1972, and state which paragraph of the Act exempts the report. If in doubt clarify this with the Committee Section. Also see attached exemption schedule.

EXAMPLE OF EXEMPT PARAGRAPH

NOT FOR PUBLICATION by virtue of paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972.

This report is not for publication as it contains information classified as exempt under Schedule 12A of the Local Government Act 1972 in that it contains information relating to the financial or business affairs of any particular person (including the authority holding that information).

Report for: CPAC 13 January 2026

Item number: To be added by the Committee Section

Title: Adopt London Noth (ALN) annual report 2024-25

Report authorised by : Ann Graham, Corporate Director of Children's Services

Lead Officer: Lydia Samuel, Head of Service, ALN

Ward(s) affected: N/A

**Report for Key/
Non Key Decision:** For Information and Noting

1. Describe the issue under consideration

1.1 This report covers the operations of the regional Adopt London North (ALN) from April 2024 to March 2025.

1.2 The report provides a summary of the work over the last year, examples of changes and improvements ALN are making and an insight into the challenges resulting from the current level of demand.

2. Cabinet Member Introduction

N/A

3. Recommendations

3.1 That Members note contents of this report.

4. Reasons for decision

4.1 This report is for information only

5. Alternative options considered

N/A

6. Background information

N/A

7. Contribution to the Corporate Delivery Plan 2022-2024 High level Strategic outcomes

N/A

8. Carbon and Climate Change

N/A

9. Statutory Officers comments (Director of Finance (procurement), Head of Legal and Governance, Equalities)

N/A

10. Use of Appendices

Appendix 1 – ALN annual 2024-25

11. Background papers

N/A

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Annual Report

April 2024 – March 2025



**ADOPT
LONDON
NORTH**

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Key

 **Link to page within this report**

 **Link to an external web page.**

Adopt London North

Context

Adopt London North (ALN) is a Regional Adoption Agency run in partnership between the six London boroughs of Barnet, Camden, Enfield, Hackney, Haringey, and Islington. The service is hosted by the London Borough of Islington, with legal and financial terms covered by the ALN Partnership Agreement, and shared oversight through the ALN Governance Board.

Adopt London North has responsibility for all adoption-led services, delivering these on behalf of the boroughs. These include:

- Recruitment and assessment of adoptive parents
- Family finding for children with an adoption care plan
- Adoption support to adoptive families, adopted adults, and others impacted by adoption

Corporate parenting responsibilities for the child remain with the borough – these include care and adoption planning decisions, and court processes.

Governance

The ALN Governance Board meets quarterly and has Director representation from each of the six partner boroughs. This Board has responsibility for all partnership decisions that need to be made above Head of Service level, and for monitoring the performance and budget of ALN. Thanks to the commitment of partner boroughs, the Board has been effective in jointly making critical resourcing decisions and agreeing priorities.

The Quality Assurance Group (QA Group) has membership at Head of Service and Service Manager level from each partner borough. The QA Group has responsibility to monitor and improve partnership working across the boroughs and ALN, including making decisions and proposals about practice and procedures that relate to adoption work across the agencies. The QA Group also consider emerging information about differences in practice between the six boroughs, and where best practice can be implemented across all partners.



Staffing

ALN employs 40 members of staff who work across specialist teams focused on the different practice areas within the service. The service is managed by a Head of Service, Service Manager, and Business Manager. ALN has a stable staff group, with no one leaving a permanent post this year. We successfully recruited to one vacancy in adoption support which had been harder to fill, and made permanent appointments to three new posts in the recruitment and assessment team as part of our goal to increase adopter recruitment. In addition to our core staff, we manage a small pool of specialist sessional social workers, primarily focused on 'access to records' work with adopted adults, and non-agency (private) adoption assessments. Our sessional staff have experience in these complex areas of work and provide additional capacity in a flexible way.

This year we welcomed an adopted young person from one of our boroughs for a college work experience placement, as part of our commitment to increase the involvement of those with lived experience of adoption in all areas of our work. She worked alongside our communications & marketing officer to support ALN's work, and also contributed her personal experience within training provided for children's social workers. Her contribution to the work was highly valued and she provided very positive

feedback about her experience of the placement. We aim to offer similar placements in future.

Training and development in partnership with boroughs

Over the last few years we have been developing a social work training programme for our partner boroughs, which supports the development of adoption knowledge and expertise in children's social work teams and is also applicable to work with other cohorts of children, such as those living with special guardians and in other long-term placements. We have heard from social workers that this is particularly important because adoption is not an area of work they undertake frequently, and many feel ill-equipped when progressing an adoption care plan for a child. This training provides an opportunity for children's social workers to benefit from the specific adoption expertise held by ALN staff members, and to develop personal connections across agencies. Social workers have also provided feedback that they appreciate learning in person together across the ALN six partner boroughs – gaining from the different practice models and knowledge held across our boroughs.

To date ALN has developed and delivered training in the following areas:

- The role of the Child Permanency Report (CPR)

"I really enjoyed the training. It was important to remember language matters and the children do read their reports. This can sometimes be forgotten when caseloads are heavy."

"This was a very powerful training that brought to light the importance of the information that we write in our CPRs. The language we use, the detail to input, and reflection of what needs to be in the CPR."

"It really, for me, just brought home the critical importance of the document that I write as a social worker. I think the training is well structured, interactive and reflective. Very engaging."

"Great overview of everything. Feel much more confident about the [permanency planning] process – parallel planning, contacting and including parents, documents required."

"Direct work [with children] can be simple and does not have to take too much time. [The training gave me] lots of practical activities I can use."

- Adoption legal, court, and permanency planning processes
- Completing life story work
- Transitions to adoption

Capacity dependant we aim to run the existing training programme regularly and develop further training areas that have been requested by boroughs.

Inspections

In 2024/25 ALN was involved in supporting Ofsted inspections in all 6 boroughs through 5 ILACS inspections and 1 focused visit, working closely with partners to evidence the positive adoption work and collaboration taking place.



‘Barnet is part of a regional adoption agency... Early permanence is a strength due to effective, strong and collaborative working with Barnet Children’s Services, which has an effective specialist adoption worker. The adoption service is ambitious for children and has successfully sought to create a wider choice of adoptive homes through a more inclusive recruitment approach. Children benefit from the availability of adopters from a range of backgrounds. Adopters report receiving very helpful adoption support provision both for them and their children.’

– Barnet ILACS, June 2024

‘The working relationship between the local authority and the regional adoption agency... is strong. There is a comprehensive offer of support available to those who require it, including birth relatives and adopted adults, as well as adoptive parents and their children.’

– Islington ILACS, December 2024

‘Adoptions...are timely, with PPMs and independent reviewing officer (IRO) oversight supporting progress.’

– Haringey focused visit, February 2025

‘Adoption services in Hackney are provided through Adopt London North... While adoption numbers are low...timely and appropriate decisions are made to secure permanence through adoption. Practice in this area is strong, including support for parents to engage with indirect contact arrangements, ‘wishing you well’ visits, and writing letters to their children.’

– Hackney ILACS, July 2024

‘Partnership working with the regional adoption agency...is effective in its arrangements to achieve adoption for children. For a very small number of children where there has been delay, this is attributable to delayed court proceedings or the complexity of children’s needs.’

– Enfield ILACS, July 2024

‘Close collaboration and regular communication between Camden and the regional adoption agency...is helping achieve successful adoptions for children. Monthly tracking meetings bring teams together to discuss all children allocated for family finding, including early permanence. This works well to address issues and prevent delays. Adopters are positive about their experience of Camden, with social workers described as strong advocates for children. The local authority works closely with ALN on family contact and on important links for children, including with their brothers and sisters. Children being placed with adopters receive services promptly to support their transition to their new families and ensure their needs are met. Ongoing support for children through the adoption support fund helps them to address previous trauma and to manage time with their birth family.’

– Camden ILACS, March 2025

Adoption inspection regulations have not yet been updated to reflect the creation of RAAs. Currently RAAs are therefore inspected through the lens of the local authority inspection framework, with ILACS requirements recently updated to include consideration of adoption support casework. Themed pilot inspections of RAAs took place in 2023 and the Department for Education have said they are considering how they might implement full and routine inspections of RAAs in the future. In the medium term they

expect to ask Ofsted to carry out further themed pilot inspections in the next few years.

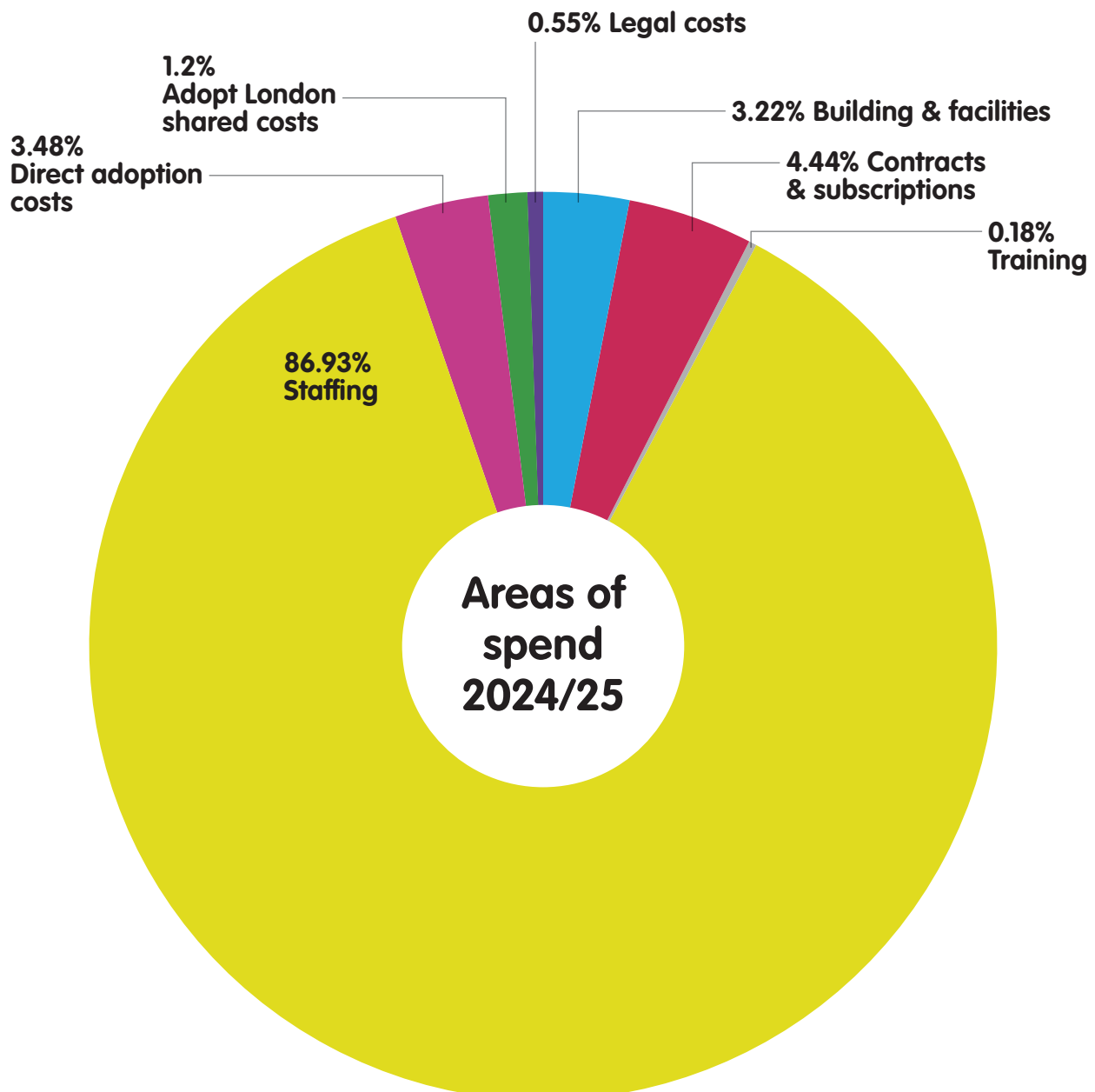
Outcomes

Adopt London North aims to improve outcomes for children who have a plan for adoption and those living in adoptive families in the following specific ways. The linked sections in this report provide more information about the work that is happening in these areas.

▢ Finding prospective adoptive parents	Increase the proportion of prospective adopters who are of Black and mixed Black ethnicity, in line with the needs of our Black and mixed Black ethnicity children in north London.
▢ Preparing and approving adoptive parents	<p>Improve timeliness and effectiveness in matching in-house approved adopters with children.</p> <p>Assess, prepare, and support prospective adopters to a high standard so that they are fully equipped to successfully parent an adoptive child.</p>
▢ Planning for children	<p>Ensure all children who would benefit from adoption are identified appropriately during permanency planning processes.</p> <p>Ensure that children who would benefit from an early permanence placement are identified early and matched with adoptive parents who have been prepared for early permanence.</p>
▢ Placing children with adoptive parents	<p>Ensure effective and time-sensitive family finding for children with a plan for adoption.</p> <p>Increase the proportion of in-house and local adoptive placements.</p>
▢ Providing support to adoptive families and others	<p>Improve consistency and timeliness in providing support for adoptive families and adopted adults.</p> <p>Increase awareness and uptake of support services amongst adoptive families to build resilience and reduce the need for crisis support.</p> <p>Provide specialist and targeted support to adoptive families with the most acute needs to reduce family breakdown.</p>

Financial spend

The total core budget for ALN in 2024/25 was £3,152,783. Of this, 86.93% was spent on staffing costs – including permanent and agency staffing, sessional workers, Adoption Panel members, and maternity costs. All six boroughs contribute an equal amount to the ALN core budget.



Area of spend	Proportion of budget
Building & facilities	3.22%
Contracts & subscriptions	4.44%
Training	0.18%
Staffing	86.93%
Direct adoption costs	3.48%
Adopt London shared costs	1.20%
Legal costs	0.55%



National adoption landscape

Adoption England

Adoption England oversees the coordinated efforts of the 33 Regional Adoption Agencies in England, focusing on key areas identified in the [Adoption England Strategy](#). The Department for Education provides funding for Adoption England through a centrally funded staff team and grants available to Regional Adoption Agencies collaborating in pan-regional partnerships.

In recent years, the Adopt London partnership has successfully obtained grant funding to support joint practice development across areas including the **matching of children with adoptive families**, **early permanency practice**, the **Black Adoption Project**, and the development of **new models for adoption support**.

This section of the report highlights key areas of national practice development which are supported by the work of Adoption England. You can read more about the work of Adoption England in their [annual report](#).



Modernisation of contact in adoption

In November 2024, the adoption subgroup of the Public Law Working Group published their final report, [‘Recommendations for Best Practice in Respect of Adoption’](#), following an interim report and sector consultation launched in September 2023.

The report makes a range of detailed recommendations about adoption practice and court procedures, particularly in relation to the use of direct contact in adoption. These recommendations have significant implications for local authorities and Regional Adoption Agencies if implemented by courts, however the Department for Education has to date not committed to making any changes to the law or statutory guidance to support the court’s agenda.

Research and insights from lived experience support the need for adoption plans to more frequently recommend direct contact between adopted children and their birth families, and for this to be more robustly supported on a long-term basis. However, due to models of adoption contact being historically based on indirect communication, most Regional Adoption Agencies (including Adopt London North) have not been set up with the capacity to provide the type of contact service that this change in practice would require. Whilst further national support and / or statutory guidance is awaited, ALN are monitoring contact recommendations and plans and the costs related to these, to inform future decisions.



Adoption
England

PRACTICE HIGHLIGHT

Maintaining relationships: learning from research & lived experience

- Everyone's experience is unique – there can be no single model for maintaining relationships that fits for every adopted person, and different forms of contact may be best for different children
- When adopted people do have some kind of contact, it can help them:
 - Understand why they were adopted
 - Provide information about their birth family
 - Reassure them that they have not been forgotten
 - Let them know that their birth family accepts their dual connection to two families
- Contact needs change over time based on the views of the adopted person and the situation in the birth family – even if it is not right at the beginning, it might be later on
- Being involved in decisions about contact provides young people with a sense of control over their lives
- Having safe and supported contact reduces the likelihood of risky unplanned online contact
- Contact can support adoptive families to feel closer to their adopted child through learning more about their history together
- Even when contact cannot happen consistently or directly, conversations about contact within the adoptive family support wider discussions which help young people make sense of their story

Learn more about this topic and hear directly from those with lived experience by following these links:



This year ALN has started to pilot the use of a digital 'letterbox' system, facilitating indirect contact for adopted children and their birth families through a digital app which is a more familiar and accessible way of communicating for children and young people. An early evaluation of the platform known as 'Letter Swap' has found that it has the potential to open up more meaningful and fulfilling communication in some situations, with the potential for reduced dependency on the adoption agency, so that more agency time can be invested in relational support. ALN will continue to test its use on a small-scale throughout 2025/26 whilst assessing the potential to move more contact arrangements onto this platform in future.

Changes to the Adoption & Special Guardianship Support Fund (ASGSF)

The ASGSF provides access to funding for essential therapeutic support for children living in adoptive and special guardianship families. As the end of 2024/25 approached, there was significant uncertainty about the future of the Fund as the Department for Education delayed making a commitment to the 2025/26 financial year. Early in the 2025/26 financial year an announcement was made by the government that funding allowances for each family would be reduced significantly (from a £5,000 cap to £3,000 cap), with additional restrictions

including the end of specific funding for specialist assessments and 'match funding' for particularly complex needs or families at risk of breakdown. The government have also announced a review into the future delivery of the Fund, with no commitment yet made for 2026/27 and beyond.

Significant changes to the ASGSF model will have major implications for the way RAAs deliver adoption support services nationally, and will impact the fragile adoption support provider market. In response to this uncertainty RAA leaders came together through Adoption England to publish an [options appraisal](#) setting out the views of RAAs on potential alternative models for the Fund. The Department for Education have indicated that further announcements about the Fund may take place in autumn 2025.

'Becoming a Family' framework

Adoption England have led work to develop a national framework to support the early stages of adoptive parenthood. The framework is designed to provide a consistent level of good practice in early placement support across England and support parents to build confidence and begin to put into practice what they have learnt in their preparation training. The framework is built around five key principles:

- Be preventative and support foundational building blocks of parenting in adoption
- Enable adoptive parents to begin developing confidence as therapeutic parents
- Build resilience through strong social networks and peer support
- Respond to individual needs with access to a wide range of multi-agency services
- Offer consistency in support across England, particularly for families adopting a child from another region.

The framework is currently being piloted until April 2026 before being rolled out to RAAs nationally.

National adopter sufficiency

Over the last 18 months there has been a significant drop in adoptive parent sufficiency across England. Starting in the north of England but spreading across most regions, RAAs and Voluntary Adoption Agencies (VAAs) have seen the impact of economic conditions play a particularly prominent role in preventing people coming forward for adoption, alongside housing difficulties and a broader sense of global insecurity. Adoption England are supporting some regions to pilot various approaches for providing economic support to prospective adoptive parents, with learning shared nationally.

In London we have not seen such significant challenges with the recruitment of adoptive parents however we continue to monitor this closely and observe changes as it is possible these may impact us later than other areas of the country. Even with stable adopter recruitment locally however, the national picture does impact London RAAs through a shortage of available inter-agency placements for London children.



Adopt London



Adopt London structure

Four Regional Adoption Agencies collaborate under the Adopt London umbrella, collectively serving 24 boroughs across all regions of London. Adopt London stands out nationally for its close partnership among such a large number of local authorities.

This partnership provides a London-wide platform for the recruitment of adoptive parents, enables the delivery of some support services at scale, and allows for sharing and standardisation of practice. Heads of Service, Service Managers, Team Managers, Panel Advisors, and Marketing & Communications leads collaborate with their counterparts throughout Adopt London to develop shared services and establish common practice standards, and Adopt London increasingly provide regular opportunities for practitioners to meet to share practice and specialist knowledge.

Heads of Service and the host borough Directors and Directors of Children's Services meet quarterly as the Adopt London Executive Advisory Board, which oversees the joint project work of Adopt London and considers issues that need the support of other senior leaders to resolve. The Adopt London Heads of Service work towards a strategic work plan that is supported by the Executive Advisory Board. The plan covers governance and commissioning arrangements; operational and practice development of priority areas including opportunities to access national funding; marketing and communications arrangements; and the voice of adopters, adopted children, adopted adults, and birth family members. A pooled budget is held to fund shared activity.

Adopt London shared areas of work in 2024/25

- ▢ Adopt London staff conference
- ▢ Adult adoptee support
- ▢ Matching project
- ▢ Telling children about adoption
- ▢ Early permanence project
- ▢ We Are Family peer support
- ▢ Adopt London choir
- ▢ Adoption support commissioning
- ▢ Black Adoption Project



Adopt London staff conference

Our annual Adopt London Staff Conference was held in February 2025, bringing together 160 staff in an event that helps develop ownership of the partnership working within Adopt London, and gives a chance to learn about new areas of work and visions for the future.

The first half of the conference this year focused on a new research model designed to support decision-making about the placement of global majority children in **'transracial' adoptive families**. Dr Tam Cane from University of Sussex presented her research to staff with the support of a young person with lived experience of transracial adoption.

During the second half of the conference people with lived experience from the **Black Adoption Project** updated attendees on new



Minister Daby with some of the Black Adoption Project team



One of the speakers at the Conference

PRACTICE HIGHLIGHT

The AFDiT model for decision-making in transracial adoption

- Supports social work decision making around moving children to placements which do not reflect their heritage or ethnicity
- Highlights the lived experiences of those who have been transracially adopted
- Provides firm examples of the types of support transracially adopting parents can offer their children to mitigate the challenges they face
- Encourages the assessment of both the 'racial and cultural consciousness' and the 'race intentionality' of prospective carers – emphasising that carers need to have a strong commitment to support their child's heritage, as well as a strong understanding and awareness of their likely needs
- Provides guidance on applying the principles of the model to the decision-making period, during transitions to a new carer, and within the support period after a child has moved.

"Sometimes I hated my skin. I wanted to peel it off... The risk of racialised trauma, as I now know it, really needs to fully be considered."

– Adoptee, page 52 AFDiT framework

"Don't expect them to be mini 'mes'; let them pursue what they want and who they want to be, even if it means challenging white-dominant environments to let your child fit in."

– Adoptive parent, page 60 AFDiT framework

Learn more about this topic and hear directly from those with lived experience by following these links:



developments and opportunities arising from the project and spoke powerfully from their own lived experience about the changes that are needed and how staff can be a part of this. We were honoured to be joined for part of the day by Janet Daby MP, Minister for Children & Families, who held a roundtable discussion with Black Adoption Project representatives during the lunch break and gave a speech to the conference stating her commitment to support this work.

At the end of the day staff expressed how inspired they had been by the lived experience speakers and renewed their commitment to supporting these practice areas in their own work.

Adult adoptee support

Our peer support group for transracial adoptees offered in partnership with the adoptee-led 'Transracial Adult Adoptee Network' (TAAN) has continued to grow and strengthen, hearing from a range of interesting speakers and building their relationships with one another. This group

**Transracial
Adult
Adoptee
Network**

is offered to any transracial adoptee willing to travel to London for meetings and has members who regularly travel from other parts of the country to attend, ranging in age from 20s to 70s. The opportunity to meet in person with other transracially adopted adults often has a profound, life-changing impact on adoptees who attend meetings. This year facilitators from the group led a workshop at the national Adoption England conference, encouraging other Regional Adoption Agencies to initiate their own peer support groups for adult adoptees and sharing their blueprint for doing this in partnership with adopted adults.

Matching Project

The Adopt London matching project, supported by funding from Adoption England, has concluded this year after successful work to increase family finding between Adopt London RAAs and develop regular 'stay and play' events at London Zoo which provide prospective adopters with an opportunity to meet children who have a plan for adoption and their foster carers.

PRACTICE HIGHLIGHT

The needs of neurodivergent children in adoption transitions

Our clinical psychologist, Dr Megan Hollett, worked with family finding teams and Professor Beth Neil at the University of East Anglia to develop her work on transitions planning for children ([Moving to Adoption](#)) and consider how plans could be adapted for neurodivergent children. She produced a guide which supports practitioners' understanding of the relationship between neurodivergence and trauma, including the impact on the 'window of tolerance' a child may have to manage significant changes and stress – such as during adoption transitions.

Key areas identified for practitioners to focus on providing additional support include:

- Increasing predictability in the transition. This includes the use of visual support such as visual timetables and photographs, and the use of routine, ritual and familiarity to help children feel safe and secure.
- Supporting social interactions for the child such as providing additional 'scaffolding', reducing demands, and allowing for extended introductory periods.
- Supporting regulation including emotional and behavioural presentation but also sensory needs and special interests.

You can find out more about the Moving to Adoption model at this link:



In the final period of the project, we benefited from the expertise of a clinical psychologist, Dr Megan Hollett, who was available to support more complex matching decisions and transitions planning. Social work teams working with many children placed for adoption through ALN benefited from this additional reflective support, and Adopt London now aim to build on this learning to develop an ongoing clinical support offer focused on the transitions and early placement period.

Telling children about adoption

Two Adopt London North family finders, supported by their team and Dr Megan Hollett, have developed a booklet for children's social workers and foster carers to support the difficult task of talking to children about their care plan of adoption. The booklet talks through the stages of care proceedings and key messages that can be given to children at each stage, with ideas for specific language to use and resources to support this crucial work. The booklet will be launched in autumn 2025 with a conference for local authority social workers who will become 'champions' in this area.



- between children and their birth parents prior to adoption
- Introduced Paediatric First Aid training for all Adopt London prospective adoptive parents and developed separate safeguarding training for early permanence carers
- Moved to standardise early permanence training for all Adopt London prospective adopters to support an increase in families available to provide these placements (previously the training was only for those who opted into this)
- Introduced the co-delivery of early permanence training by adoptive parents with experience of early permanence
- Developed guidance for practitioners on meeting fostering standards in early permanence placements.

We Are Family peer support

We Are Family (WAF) is an independent peer-to-peer support charity that was founded by adoptive parents for adoptive parents. Adopt London support



We Are Family through an annual grant, to provide formal peer support to adopters along with access to a range of expert resources. All prospective adopters are encouraged to join We Are Family for free during stage 1 of their assessment, and the range of support available increases as they progress through to approval and have their adopted child/ren move in with them. Currently over 1500 adoptive parents are members of We Are Family through Adopt London, with 390 specifically affiliated to the north London group.

Early permanence project

Also supported by Adoption England funding, the early permanence project has been working towards its planned conclusion in September 2025. Much of the work developed within the project will transition back to RAAs so that these new services continue to be offered into the future.



In the past year the project has:

- Delivered over 20 training courses for practitioners across all London boroughs
- Filmed a new video about the perspectives of birth parents in early permanence
- Worked with stakeholders to develop guidance on supporting final contact meetings

"I felt very alone dealing with the challenges of adopting children that experienced so much trauma, meeting experienced adopters [through WAF] gave me more confidence and helped me feel I was not a rubbish parent. The support provided by other adopters was inspiring."

83%

of members agree or strongly agree that since joining WAF, they have access to more resources, information and support to manage the challenges of adoptive parenting.

"I was lucky that I found We Are Family early into our placement, my husband & I were struggling with no family or support close by and being part of We Are Family changed that. I don't believe we would have the relationship with our children that we have now if it were not for the help, support and understanding that other WAF members gave to me."

In addition to locality-based support groups and specialist groups for single adopters, early permanence carers, and parents of teens, We Are Family regularly support family meet ups, summer picnics, and access to London-based cultural events. This year WAF delivered 63 events in Adopt London areas including 27 parent support meet-ups, 13 playgroups, and 15 family meet-ups.



In partnership with Adopt London, We Are Family also provide a range of accessible digital support through 'WAF Talks', a programme which has now delivered over 100 webinars available for adoptive parents to join live or watch back on demand, and through 'Adoption Shared', a specialist podcast designed to deepen understanding of the lived experience of adoption.

Adopt London choir



Adopt London's choir, established in response to the pandemic in 2020, has continued to thrive, providing an accessible and fun way to build social connections between adoptive families. Families meet weekly online to learn specially selected songs, and have occasional social meet-ups or performances in person.

"I have been happier due to the love of singing and having something to look forward to, and bond with my son more as we listen and sing songs together, it has helped me with my emotions and self-doubt."

Adoption support commissioning

Following background work and development of a regional needs assessment in the last year, Adopt London have received further funds from Adoption England to develop our capacity to undertake joint commissioning, and to test out the provision of an Adopt London clinical hub to bring some commissioned services in-house. As well as testing out potential clinical models in 2025/26, we plan to train Adopt London staff to deliver some of our own specialist therapeutic parenting programmes, as part of a long-term goal to increase access to these programmes and reduce reliance on commissioning from providers with limited capacity.

To support this work, an Adopt London legal partnership agreement needs to be developed which will enable shared commissioning and service provision.

The Black Adoption Project



Background

The Black Adoption Project is delivered by Adopt London in partnership with Laurelle Brown Training and Consultancy, aiming to reduce long-standing disparities for Black and mixed Black heritage children in our adoption system. It is a long-term project focused on creating change across all aspects of the adoption system to better meet the needs of Black prospective adopters, families, and children.

The project was awarded Adoption England grant funding in 2024/25 to help mobilise a range of pilot projects developed in response to our **phase 1 research**, and in partnership with those with lived experience of Black adoption. We highlight progress with some of these pilot projects in this section of the report.

- Black children who have a plan for adoption agreed by the court are around 20% less likely than other children to go on to be adopted, often because suitable adoptive families cannot be identified.
- Black children who are adopted wait an average of 6½ to 8 months longer than other children to move into their adoptive family.
- Black prospective adopters are 5–6 times more likely to drop out during the adoption assessment process and not go on to adopt a child.

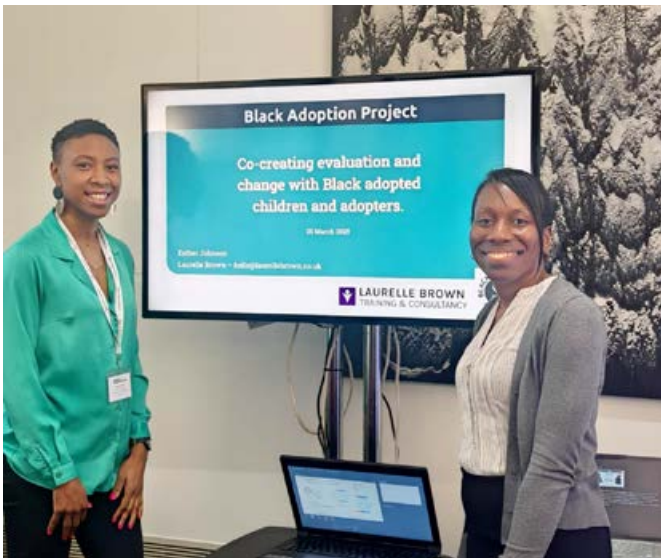
A key project principle is to support wider change through dissemination of learning, and therefore regular webinars are being held and are available after the event to watch on demand.

The work of the project is supported by a Steering Committee made up of those with personal and professional experience of Black adoption, co-chaired by an adopted person and children's services Directors. An Adoptive Parents Stakeholder Group and Research & Evaluation Advisory Group provide additional insight, challenge, and support.



Members of the Black Adoption Project Steering Committee

Many of those with lived experience of adoption have spoken at national events this year on behalf of the Black Adoption Project, including presentations to the Department for Education, Adoption England's national conference, and Children & Young People Now conference.



You can find out more about the background to the Black Adoption Project at [this link](#), or sign up to receive regular updates at [this link](#).

Improving support for Black prospective adopters

One of the pilots launched this year is co-designed with Black adoptive parents to improve the support and advocacy available for Black prospective adopters (including racially diverse couples) during the assessment process. The pilot aims to reduce some of the additional barriers Black households often face coming into the adoption process, and increase the proportion who complete the assessment and go on to adopt a child. Following the design process a support group called 'Let's Talk About Adoption' was launched, run directly by adoptive parents. The group aims to provide a space away from professionals where prospective adopters can ask questions, access support to escalate issues within the RAA if needed, and meet role models who reflect their own racial heritage. The support available from the group also provides an additional incentive for Black families considering adoption to choose Adopt London as their agency. Positive feedback has already been received by those accessing the group and its importance recognised in Prospective Adopter Report assessments and at approval panel meetings. The impact is being independently evaluated by a research partner.



Supporting Black adopted children & young people

Black and mixed Black heritage adopted children who participated in our theory of change process identified several key areas where the Black Adoption Project could help to improve their wellbeing. These included opportunities to socialise with other Black adopted young people, and support to better understand their Black identity and Black history within the context of their adoption. In response to these messages and through a co-design process for young people, a social group was launched in spring 2025. Meeting in a youth centre on a Saturday, the group aims to provide young people with an opportunity to build friendships with other Black adopted young people, and provide creative ways for them to share their views and experiences with others. Although not the initial motivation for the group, it also provides an opportunity for parents to meet, network, and provide mutual support – including white parents who have transracially adopted.

Further to the successful launch of the social group, a second pilot has been developed for launch in autumn 2025 aimed specifically at older young people called 'Exploring my Black Identity'. This is a 16 week programme run by an experienced Black history youth worker and a therapist, designed to support young people to learn and reflect on Black UK and global history and Black identities within an adoption context. Topics identified with the young people will include: music and pop culture; hair, style, and self-expression; Black British and global history; resistance, joy & pride; and Black adoption. The therapist will support the young people to integrate emotional regulation practices and will provide 1:1 reflection points within the programme. Young people will be encouraged to keep a reflective journal and use photography to highlight their insights, both of which will contribute to an evaluation being undertaken by our research partner.

Specific information & advice to Black prospective adopters

Through the Black Adoption Project, Adopt London have started to offer specific sessions for Black and mixed Black heritage families considering adoption. Run in a similar format to our regular **'Meet The Adopter'**

events, these provide an opportunity for households to hear from a panel of Black adoptive parents and be provided with information about the additional support available through the Black Adoption Project, including the offer of 1:1 discussions with an experienced Black adoptive parent for anyone



considering adoption. These events give us an opportunity to target our advertising specifically at Black households, including through social media and personal connections. We will continue to run these sessions through 2025/26 in different formats to evaluate the most effective model and impact on adopter recruitment.

"Thank you so much for organising this meeting and for creating a space where Black prospective adopters like myself can share, connect, and contribute. This was my first time attending, and I found it incredibly helpful – a lot of valuable insights to keep in mind for when I'm eventually matched with children."



Adoption Panel

Structure of the Adoption Panel

Adopt London North run one central adoption panel which oversees all:

- Matching decisions relating to the choice of adoptive family for a child
- Best Interests Decisions for adoption by consent
- Approval of prospective adoptive parents
- Review or rescindment of approval of prospective adoptive parents

Panel recommendations relating to individual children are presented to the Agency Decision Maker in the child's borough for a decision. Prospective adopter approval and review of approval decisions are presented to the Agency Decision Maker in ALN.

The ALN panel meets twice per month, with capacity to run additional meetings if required. There is one independent Panel Chair and central list membership to ensure consistency of decision making and robust oversight of the work of ALN. The independent panel membership is diverse in terms of their experiences of adoption, their age, gender, relationship status, and ethnicity. Social workers from ALN and partner boroughs also sit on the panel regularly. The panel have regular training and there is a programme of annual appraisals. The panel provide quality assurance feedback to ALN and the relevant local authority for every case they consider.

Views of the independent Adoption Panel Chair

The independent Panel Chair, Josephine Scorer, provides a report of panel business every six months. The report covers the activity of the panel, a summary of quality assurance feedback, and areas for improvement and development. Recommendations arising from Panel Chair reports are reviewed in quarterly meetings between the Panel Chair and Head of Service.

In her most recent report covering the period September 2024 – March 2025, the Panel Chair provided the following conclusion:

"The adoption panel is settled and stable, and the panel membership is diverse and well balanced, containing broad and wide-ranging personal and professional expertise. Panel members are focused, collaborative, and mutually respectful, and clearly able to use critical thinking to robustly scrutinise cases being presented to the panel, make safe recommendations, and to feedback on and appropriately challenge standards of practice."

Gaps in panel membership identified are being addressed, particularly in relation to increasing the number of independent members and recruiting an additional



vice chair to the central list. The working relationship between the panel chair, panel advisor and panel coordinator continues to be strong.

There is a clear training program for the panel with future training dates and themes under discussion. Annual reviews of panel members are up to date with no major concerns identified so far.

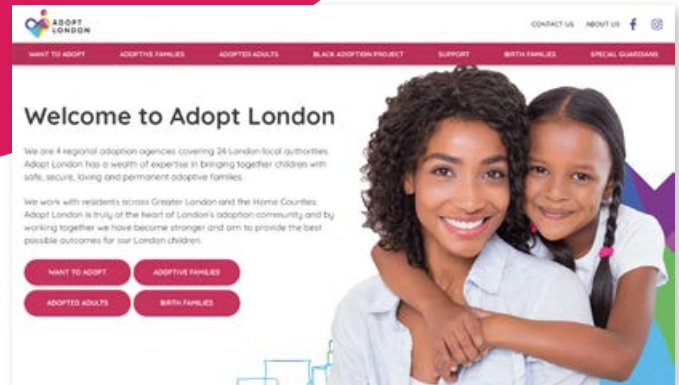
Panel business remains steady overall, and the quality assurance process is effective.

The strengths across Adopt London North are also clearly apparent. Standards of practice are very high, with robustly analysed assessments, and strong well evidenced matches being consistently presented to the adoption panel. Although CPRs in particular still need some work, the overall standard of reports is extremely high. The presentation from social workers is also consistently high, and social workers are well supported by team managers who attend every panel."

Finding prospective adoptive parents

Adopt London brand

Our single Adopt London presence on the web continues to maximise opportunities for anyone considering adoption in London to easily find us. We have a shared recruitment and communications strategy which focuses on recognising and championing the diversity of the London region and the needs of London children. Our online presence is spearheaded by the Adopt London [website](#) which provides rich information for people considering adoption in a range of formats, from [frequently asked questions](#) to [lived experience case studies](#) and relevant [news items](#). Our accessibility on the internet is an important factor in driving attendance at information sessions, with 38% of attendees at information sessions in 2024/25

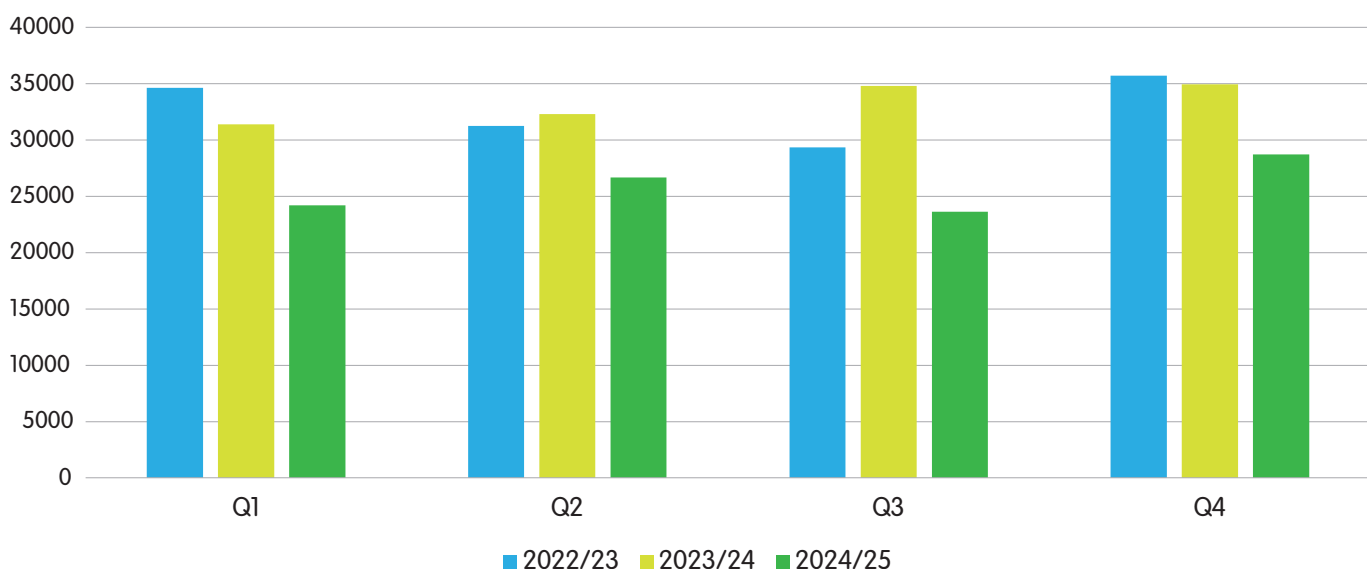


stating they chose ALN as a result of an online search for adoption agencies.

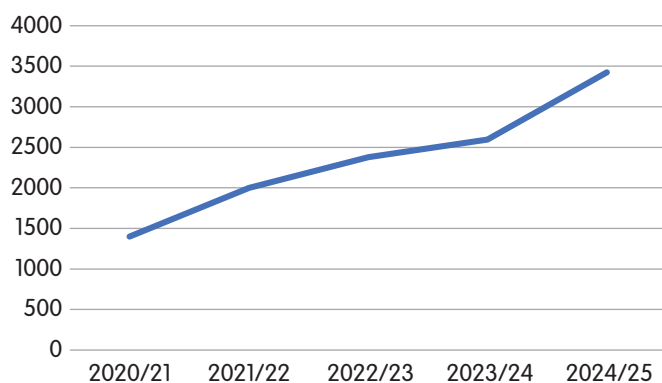
This year we have undertaken a significant move to a new website hosting partner who is more able to support our future planned developments. The website has been updated to provide a clearer pathway for other groups seeking information from Adopt London, such as adoptive parents and adopted adults, and we have completed work ensuring the website is accessible.

Website metrics are tracked to support our work in targeting recruitment and to ensure those who need to access support can do this. Adopt London website page views remain very high,

Adopt London website page total views

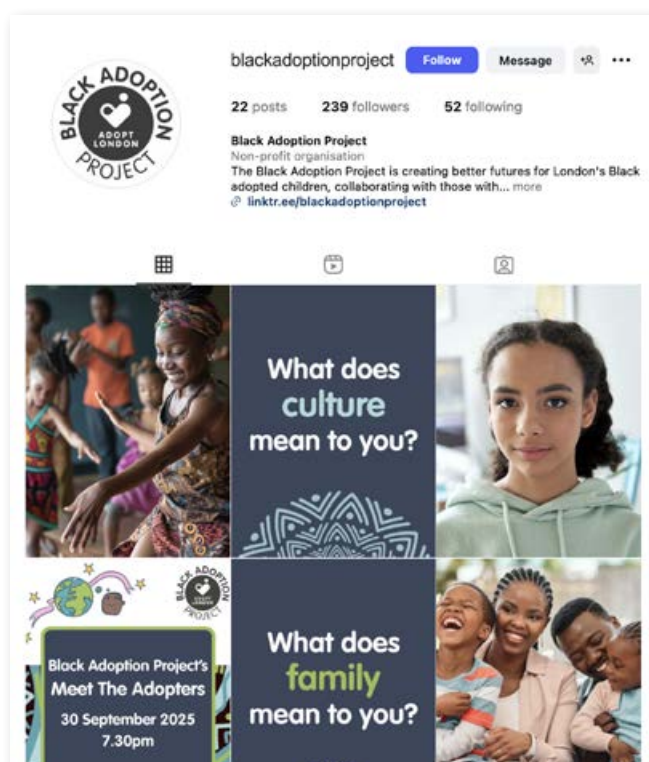


Social media followers



with a total of 103,245 page views in 2024/25. However, there was a drop this year from the previous two years which may reflect **national trends** around a reduction in adopter recruitment but may also in part be attributed to the website hosting changes made this year. Website data will be monitored through 2025/26 to gain a better understanding of these changes.

The Adopt London social media channels post regularly to communicate and inform a range of audiences impacted by adoption. Our social media followers continue to organically increase and using these channels can be an effective way to engage people in London who are considering adoption but not yet ready to begin an assessment. This year has seen a significant increase in follower numbers due to the introduction of new **Black Adoption Project** channels on Instagram and LinkedIn.



Enquiries and providing information

Our virtual information sessions have run monthly throughout the year, and we have reintroduced some in-person sessions to provide attendees with different ways to engage with ALN. This year 248 households attended an ALN information session, an increase from 205 households in 2023/24.

From those who attended and provided feedback after an information session this year, 99% rated the session as highly informative, and 98% would recommend the session to a family or friend who was interested in adoption.

"The willingness to try to help every potential adopter – not the wrong fit, just the wrong time – really reassured me. Not judgmental and very open to trying to make things work."

"Hearing about the processes, and the utmost care and diligence you do for children and society. It was beautiful and touching to hear. For example the way in which you will probe us to uncover vulnerabilities to ensure we are resilient."

"Very informative and useful session. Great to get so much detail about both the process, and the children needing adoption. Lots of time for questions too. What I found most interesting as a single person was that I could be considered for types of adoption I would have told myself is not possible."

"We have attended other information sessions with a VAA and we found the detail of information was much clearer. Clarity around the steps for the adoption process were really useful."

"You were all very open, honest, caring and patient. I felt safe on the call even though I had been nervous."

"We found it very informative. We have attended welcome sessions with [two VAAs in London] earlier this year and found your session to be far clearer and concise in the information given."

We have continued to deliver our popular monthly ALN Meet the Adopter sessions virtually this year (in addition to our new Black Adoption Project sessions), with 218 households attending a session, a drop compared to 271 households in 2023/24 but still a very strong level of attendance. Our adoptive parent speakers have a wide range of experiences and share these openly with attendees in response to questions during the event. The rotation of speakers at events and their different backgrounds and pathways into adoption highlight to prospective adopters that there are many different and valid adopter experiences. The sessions provide a balanced view of the joys and challenges of adoption, with very realistic experiences shared of the hardest parts of adoptive parenting.

"The one struggle I had before coming to the session was erased as I was worried about if I will feel a sense of belonging towards my adoptive children, but both adoptive parents clarified that tonight, so thank you."

"I found the part about post-adoption depression really powerful. It's not something that's often talked about, and it was comforting to hear honest reflections on what that experience can be like."

"I felt the adopters were approachable, open and insightful. It gave me a real insight into the process and what to expect and in short gave me hope being that I will be a single adopter and they were both single adopters."

"The session was great and very informative. It was great to hear about the experience of the adoption process and the role of the foster carers. Also, hearing the real story about how it might get hard was really good. It was great, and I will definitely come for more sessions."

"This session was really helpful, moving and inspiring - thank you. The email reminders were really helpful, and the informal personal style of the meeting was great, it made it feel like a safe space to ask questions."

"I found the real stories from the parents as an eye opener, my perception was that everyone has to be perfect before they can adopt but the vast experiences really helped."


67% of attendees at information sessions and 55% at Meet The Adopter events live in one of the six ALN boroughs, whilst other households attending live in other London boroughs and bordering areas, which is a positive indicator of ALN being an attractive adoption agency to approach.

Overall enquiry numbers have remained high, although lower than the exceptionally high number in 2023/24 – likely due to many adoption agencies in London not taking on new assessments in that period. Of those who attended an information session this year, 25%

Prospective adopter enquiries

Number of households who...	2020/21	2021/22	2022/23	2023/24	2024/25
Made an enquiry	714	827	873	993	878
Signed up to an information session	493	516	214	311	444
Attended an information session	351	349	143	205	248
Submitted an Expression of Interest application	128	136	50	40	64
Started Stage 1 assessment	26	18	14	16	31

went on to submit an Expression of Interest application compared to 20% in 2023/24. 48% of those who submitted an Expression of Interest then went on to start a stage 1 assessment compared to 40% in the previous year, an consequence of increased adopter assessment capacity.

The  **'Am I Ready To Adopt'** tool is an online questionnaire which helps prospective adopters to begin early preparation. The tool provides on-the-spot information, advice and guidance to people considering adoption and also provides a bespoke action plan based on the individual's responses as to how best to prepare.



In addition to the work of the **Black Adoption Project**, ALN has been working in partnership with Adoption Partnership South East (APSE), an RAA covering Kent, Medway and Bexley, to understand whether Black prospective adopters from their region would consider being assessed by Adopt London North. APSE have identified a number of enquiries from Black prospective adopters who have previously lived in London and relocated to Kent, however they have a small proportion of Black children in their adoption system. By entering an assessment with ALN instead of APSE, Black prospective adopters will receive more specific advice and support and are likely to be matched to a child more quickly. As part of this scheme, ALN offer additional financial support with travel and overnight accommodation if attending training over multiple consecutive days, so that APSE adopters are not disadvantaged financially from choosing to be assessed by ALN. This pilot will be ongoing with reviews across both agencies to understand the impact.



Preparing and approving adoptive parents

Approval of prospective adopters

Over 2022/23 – 2023/24 our approval figures were particularly low primarily due to limited capacity within the recruitment & assessment team and the need to suspend recruitment as a result. Capacity in the team was impacted by increasing numbers of **non-agency adoption** applications, and a greater number of complex prospective adopter assessments requiring longer and more resource intensive assessment periods.

As a result of these challenges, the ALN Governance Board agreed to support a pilot to increase the size of the recruitment & assessment team with three additional staff members as an investment to reduce the increased spend on inter-agency placements that occurs when approvals are low. This pilot meant that recruitment could be reopened and waiting lists reduced as a greater number of prospective adopters were allocated for assessment. With the success of the pilot, the three additional posts have been made permanent and approval numbers have risen significantly this year. A further increase is projected for 2025/26.

Assessments have continued to be of a high standard as evidenced by the quality assurance feedback from our **adoption panel**, and most adoptive parents are matched quickly, with social workers identifying potential in-house links prior to the adopter's approval. At the end of March 2024 although 12 approved households had not yet been matched with a child at panel, only 1 of these did not have an active link with an ALN child under consideration. This evidences how successfully our adopters are matching the needs of our children, but also highlights the urgency for adopter recruitment to increase further.

Prospective adopter preparation

This year we have undertaken work to strengthen and develop our prospective adopter preparation to ensure our approved adopters continue to be suitable and fully equipped to meet the needs of ALN children. Preparation training for all prospective adopters now covers the following areas:

- 1 day foundation training introduces the main areas of learning at the start of the assessment process and highlights personal learning and development that prospective adopters need to complete.

Adoptive household approvals

2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
31	27	33	19	12	24	13	9	22

- 3 day preparation training is now co-facilitated by an adoptive parent and has been fully reviewed this year. This experiential training covers learning areas in much more depth including children's emotional & psychological needs, understanding the journey through care and impact of children's experiences prior to adoption, supporting children's identity and links with birth family, managing behaviour and therapeutic parenting, preparation for the matching, transitions, and post-placement periods.
- 1.5 day early permanence training co-facilitated by early permanence adoptive parents. This training provides the information needed for prospective adopters to decide whether they could support an early permanence placement themselves, but also gives a greater understanding of the care planning and care proceedings process, views and experiences of birth parents, and supporting contact.
- 1 day culturally diverse adoption training has been developed and introduced for the first time, replacing an optional transracial adoption training run by an external agency. This training is co-facilitated with a transracially adopted person and helps prospective adopters develop their understanding of the identity needs of adopted children and how these can be supported. The training recognises that all adoption has cross-cultural elements even when the child and adoptive family are from similar racial backgrounds, it supports adoptive parents to think more deeply about racism and prejudice, and to consider how they will support identity challenges their child may face.



- 1 day paediatric first aid training has been introduced this year following learning from serious case reviews and to ensure that all those who may go on to have a child placed for early permanence will meet fostering regulation standards.
- Evening family & friends training workshops are now available for anyone within the prospective adopter's network. These workshops provide an overview of modern adoption and focus particularly on ways in which family & friends can support the new adoptive family.

Assessments of foster carers and connected people

Referrals from boroughs for adoption assessments of foster carers and connected people (who wish to adopt children known to them or already in their care) have not changed significantly this year and remain low compared to the 2021–2023 period, however there are indications of higher referral numbers towards the end of 2024/25 and start of 2025/26. Our processes for referral and joint decision making between borough and ALN remain embedded but there are significant pressures around assessments of foster carers in proceedings due to the views of courts and Children's Guardians, and difficulties with foster carers asking to be considered for adoption at a very late stage of care planning. Foster carer assessments in general tend to be particularly complex and often encounter delays, and therefore further impact recruitment capacity. It is however important to note that adoption by a foster carer can be a very positive care plan for some children in the right circumstances.

Non-agency adoptions

On behalf of partner local authorities, ALN are legally required to provide advice and assess any resident who wishes to privately apply for an adoption order for a child in their care (non-agency adoption) and can be directed by the court to complete an assessment within a specific timescale. The Adopt London website provides comprehensive information and advice on this subject, and ALN offer meetings to advise on the suitability of an adoption application and in many cases to suggest alternative ways of gaining the legal security needed.

In 2024/25 these assessments have continued to be requested at a high frequency and are of a legally complex nature, with many raising ethical issues in relation to international adoption and surrogacy. They continue to negatively impact recruitment capacity and ALN are not permitted in law to charge for these services. Following a detailed audit of this work in 2023/24, ALN have presented our concerns this year to the RAA Leaders network and in a meeting with Adoption England and the Department of Education, with the hope of influencing wider change.



Referrals for foster carers & connected people to be assessed as adoptive parents

Borough	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Barnet	1	1	2	3	2	1
Camden	0	0	1	1	1	3
Enfield	0	3	4	3	0	1
Hackney	1	2	3	2	1	2
Haringey	0	0	2	2	0	0
Islington	0	0	5	6	2	1
Total	2	6	17	17	6	8

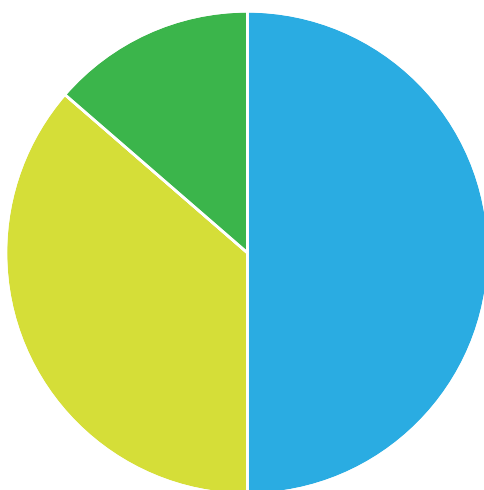


Characteristics of approved adopters

Approved adoptive households continue to be diverse in terms of family structure, with 50% being heterosexual couples, 36% same-sex couples, and 14% single adopters.

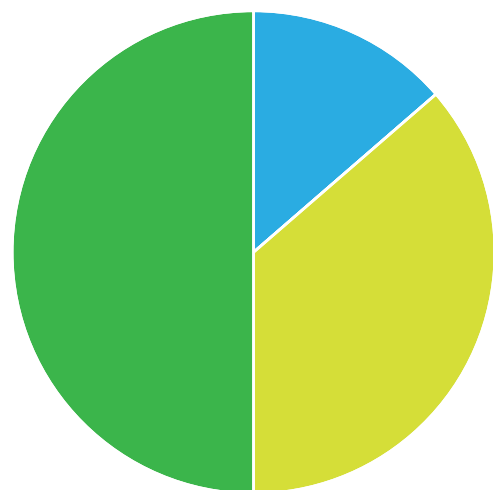
The proportion of approved households considering older children up to the age of 7 years (and 1 household up to the age of 8 years) remained high this year, with 50% of approved households being open to consider children within this age category. 36% were open to considering children up to 4 years, and only 3 households, 14% limited their consideration to children under 3 years.

Family structure



- Heterosexual couple
- Same-sex couples
- Single adopters

Approval criteria – age of children

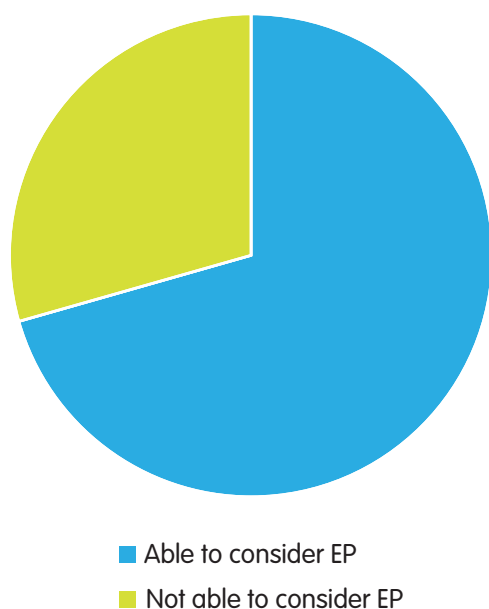


- Under 3 years
- Up to 4 years
- Up to 7 years+

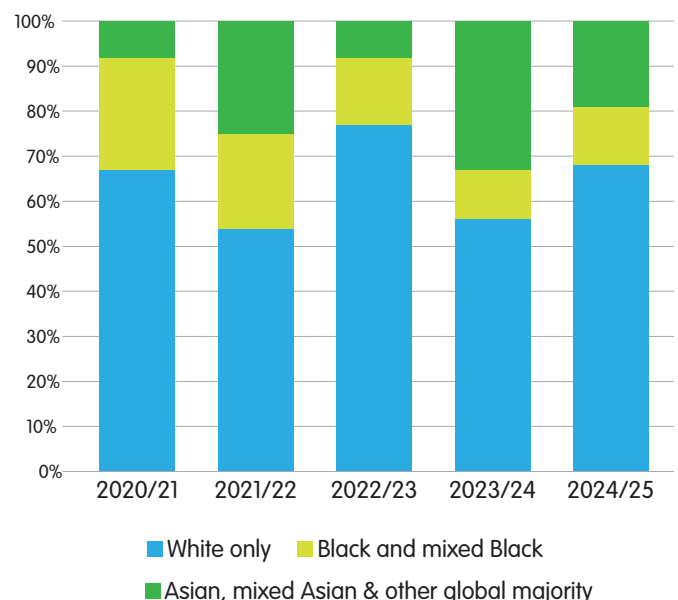
5 of the approved households were foster carers or connected people to the child they hoped to adopt as so were not eligible for early permanence. With these households removed from the figures, a significant increase of 71% of approved households were able to consider an early permanence placement this year. This shows an annual increase from 40% in 2022/23, and 57% in 2023/24, at the same time as overall approval numbers have increased. These figures indicate that our work with Adopt London on the **early permanence project**, and a move to make early permanence training a mandatory element of **adopter preparation**, have helped us to increase the number of approved households available for early permanence. Despite this success more work needs to be done to increase the overall number of approved adopters available at any one time for early permanence, and particularly those from global majority backgrounds, so that we can ensure early permanence remains a possibility for all children identified as benefiting from this.

This year 31% of approved households had at least one person of a global majority ethnicity and 68% of households had adopters only of white British or other white ethnicities. Whilst we have had success in increasing the overall numbers of approved adopters and further progress in this remains essential, it is also critical for our Black and mixed Black ethnicity children that the learning and pilots from the **Black Adoption Project** described in this report are utilised to ensure the proportion of approved Black adopters increases significantly in coming years. **Children's data** shows us that on average, at least 50% of children matched for adoption by ALN annually are from global majority backgrounds, with 60% of these being from Black & mixed Black ethnicities. This highlights the work that still needs to be undertaken to ensure our approved adoptive parents reflect the backgrounds of children identified for adoption.

Approved adopters able to consider early permanence



Ethnicity of approved households



Planning for children

Adoption permanency planning

Each partner borough is responsible for permanency planning and tracking of their children. A family finder from ALN attends planning meetings and is able to provide advice and guidance about adoption plans. Referrals for children are made to ALN when the plan is likely to be adoption and the case is allocated at the point that early family finding work can begin, usually around the time the Best Interests Decision is made by the borough Agency Decision Maker. Shared permanency planning and referral arrangements are working effectively.

Children with a plan for adoption

Agency Decision Maker (ADM) Best Interests Decisions for adoption have increased further this year up to a high of 84 decisions compared to a five year average of 66 decisions. The number of decisions however resulting in placement orders made by the court has not increased overall, with 40 orders made this year compared to a five year average of 43 orders. Adoptive placement numbers have also remained stable, at 36 placements compared to a five year average of 37 placements. In all cases, time does elapse between the Best Interests Decision, the placement order being made, and the child being placed for adoption; therefore it is possible that the increasing level of Best Interests Decisions is an indicator of increased placement orders and adoptive placements in 2025/26.



Best Interests Decisions

Data provided by borough's own ASG national returns

Data for previous years may differ from previous reports if later amended by the borough with the ASG

	Total ADM Best Interests Decisions					% children taken into care before turning 5 with a Best Interests Decision*			
Borough	2020/21	2021/22	2022/23	2023/24	2024/25	2020/21	2021/22	2022/23	2023/24
Barnet	13	5	14	20	29	24%	28%	49%	40%
Camden	5	4	9	9	11	12%	22%	36%	30%
Enfield	15	11	17	18	18	23%	34%	25%	35%
Hackney	12	2	4	12	11	12%	5%	19%	23%
Haringey	16	7	16	8	5	44%	19%	18%	32%
Islington	4	7	9	11	10	22%	35%	16%	33%
Total	65	36	69	78	84	24%	26%	28%	32%

*This data can only be reported a year in arrears

Placements and placement orders Best Interests Decisions

Data provided by borough's own ASG national returns

Data for previous years may differ from previous reports if later amended by the borough with the ASG

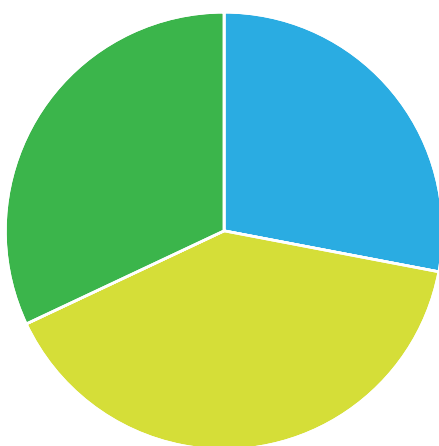
	Total adoptive placements					Total Placement Orders				
Borough	2020/21	2021/22	2022/23	2023/24	2024/25	2020/21	2021/22	2022/23	2023/24	2024/25
Barnet	2	8	4	9	11	10	5	5	18	18
Camden	8	3	5	5	3	2	5	5	6	4
Enfield	3	12	15	8	7	9	11	11	12	3
Hackney	5	10	3	3	2	9	3	2	7	8
Haringey	8	10	6	10	8	17	8	16	8	3
Islington	3	3	5	1	5	1	2	3	5	4
Total	29	46	38	36	36	48	32	42	56	40



The figures may also be an indicator of an increasing number of placement order applications which are unsuccessful in court, resulting in a different care plan for the child than originally intended by the local authority. Over the last 3 years, 17% of Best Interest Decisions made in ALN boroughs resulted in care proceedings concluding without a placement order compared to a 12% England average. Of these change of plans, the data tells us that 28% of plans for adoption did not proceed due to a change in the child's needs (suggesting potential consensus between the local authority and court about the adoption plan ending), where as 40% changed because the court did not grant a placement order. These figures are almost identical to England averages.



Reasons for changes to Best Interest Decisions in the last 3 years



- Child's needs changed
- Court did not grant a placement order
- Other reason (data does not specify)

The ASG national adoption data collection has provided data showing the proportion of children taken into care before turning 5 who go on to have a Best Interests Decision made (this data is not yet available for 2024/25). These figures suggest that the proportion of children within ALN who come into care under the age of 5 and go on to have a Best Interests Decision has been increasing slightly, and it is noted that the most recent figures show greater consistency across boroughs than in previous years. A higher or lower rate is not necessarily positive or negative, but provides an opportunity for boroughs to look at permanency planning outcomes for children under 5 who did not have an ADM decision, and to reassure themselves that these decisions were appropriate.

Placing children with adoptive parents

Family Finding

Strong connections between the recruitment & assessment team and the family finding team mean that by the time a placement order is made we can establish whether there is a potential in-house adoptive family available. If an in-house family may be a good match for a child, they will be considered initially before the search is broadened to look for prospective adopters from other RAAs and Voluntary Adoption Agencies (VAAs).

Within the Adopt London **matching project** we have now established stronger and quicker family finding links between the four RAAs – this

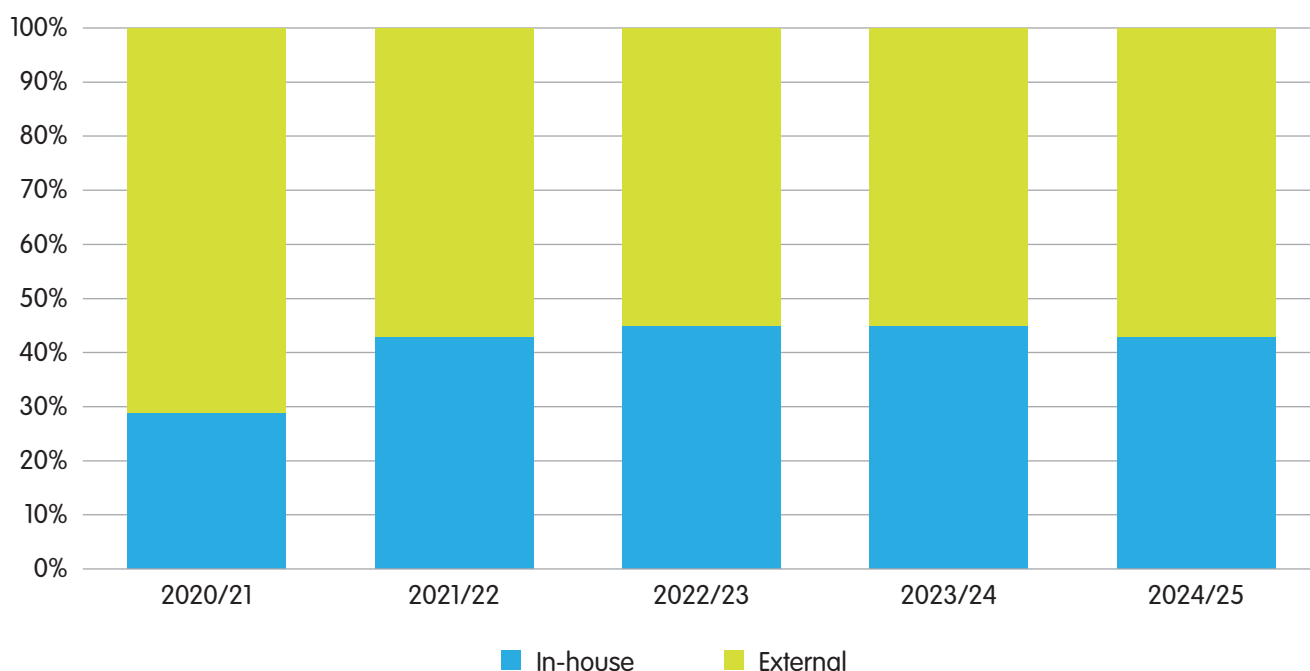
includes Adopt London play sessions where prospective adopters can informally meet and play alongside children and their foster carers, and enhanced Adopt London profile booklets to ensure information about potential Adopt London adopters is readily available to family finders.

Regular family finding review meetings are held between the family finder and the borough social work team after a placement order is granted to monitor and progress family finding decisions.

The national family finding database Link Maker is used by family finders to search for external placements where suitable ALN or Adopt London placements are not available.



Type of adoptive placement for children matched



In-house placements

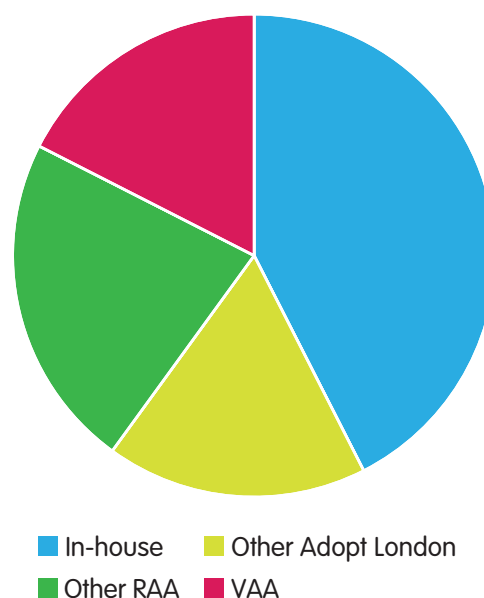
A number of strong reasons why it is a priority for ALN to place as many children with our own adoptive parents as possible have been outlined in previous reports. We continue to find in-house placements more stable and less likely to experience early disruption, and it is easier to quickly establish robust and appropriate support to in-house placements when difficulties arise.

We have been successful in maintaining a high proportion of in-house placements this year, despite a predicted drop due to adopter approval levels being very low in the last few years. 43% of children matched during 2024/25 went to live with an in-house family. This compares to 45% in 2023/24. As we increase our adopter approvals further over coming years we expect to see this proportion increase, and for us to be less reliant on external placements – particularly those with Voluntary Adoption Agencies (VAAs).

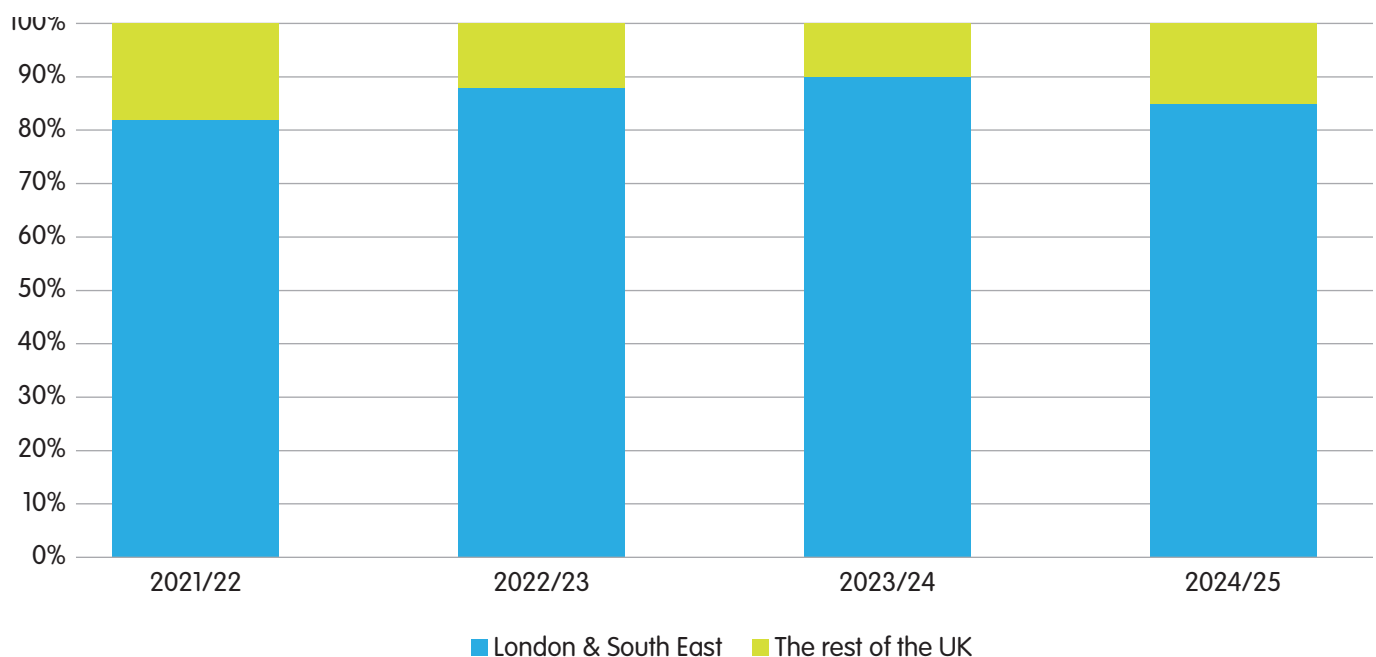
Not every adopter will be matched in-house and we therefore support adopters who are ready to begin family finding on a wider basis, particularly where they have very specific matching requirements. However most adopters appreciate the benefits of an in-house placement and are prepared to wait.

In addition to these overall figures, we have seen a significant reduction in the use of VAA placements overall, which had historically made up around 50% of placements. This has been due to an increase in other Adopt London placements (18%) supported by the work of the Adopt London **matching project**, and a gradual increase in the number of other RAA placements (23%) particularly across the wider South East in the Kent, Essex, and Hertfordshire areas. A combination of these factors has meant that VAA placements made up only 18% of matches this year.

Breakdown of placement type for children matched



Location of adoptive placements



Location of placements

We continue to aim to place as many children as possible within London and the South-East, as this enables ALN and the child's social workers in the borough to provide the best possible support and to quickly pick up any difficulties that arise post-placement. We do not create delay for children by only considering local placements before looking at placements further afield, however we consider the location of a placement as an important factor when weighing up the strengths or vulnerabilities of potential adoptive families. This year 85% of children matched for adoption went to live with adoptive families in London and the South-East, with 15% of children (6 individuals) moving further afield to live with their adoptive family.

Disruptions of adoptive placements

None of our adoptive parents have been involved in a disrupted placement since ALN began in 2019 and there have been no adoptive placement disruptions of an ALN child in 2024/25. A decision about a placement of two brothers from Barnet which had been considered at panel and agreed by the ADM was rescinded during the very early stages of introductions as

the professional network involved had emerging concerns about whether the adoptive parents could meet the children's complex emotional needs. This case was an example of strong collaborative working across the borough and ALN to identify concerns efficiently and have open and honest discussions so that a decision could be made quickly.

The number of children whose placements disrupt prior to an adoption order remains extremely low. Arrangements are in place to track all disruptions across Adopt London and to share themes and learning from these.

Children waiting for an adoptive family

The family finding team and children's social work team in the borough meet regularly for family finding review meetings for each child to closely monitor progress, provide updates, and to ensure the plan for adoption remains right for the child. ALN are also invited to attend tracking meetings in the borough to provide information for senior managers who are monitoring permanency planning. ALN and borough senior managers speak regularly to escalate delays or concerns.

Children with a Placement Order where there is active family finding taking place on 31 March

Borough	2020/21	2021/22	2022/23	2023/24	2024/25
Barnet	2	1	1	11	11
Camden	4	1	2	3	4
Enfield	8	0	4	11	3
Hackney	11	1	1	6	6
Haringey	11	6	10	13	2
Islington	1	0	1	1	3
Total	37	9	19	45	29

This year the number of children waiting with active family finding at the end of March 2024 has reduced from a particularly high figure in 2023/24. These figures exclude children who are already linked / where a link is being prepared for matching panel, whose foster carers are being assessed as adoptive parents, and whose plan for adoption has been changed or put on hold. Of the 29 children with active family finding, 38% of children had a placement order very recently or within the last 6 months.

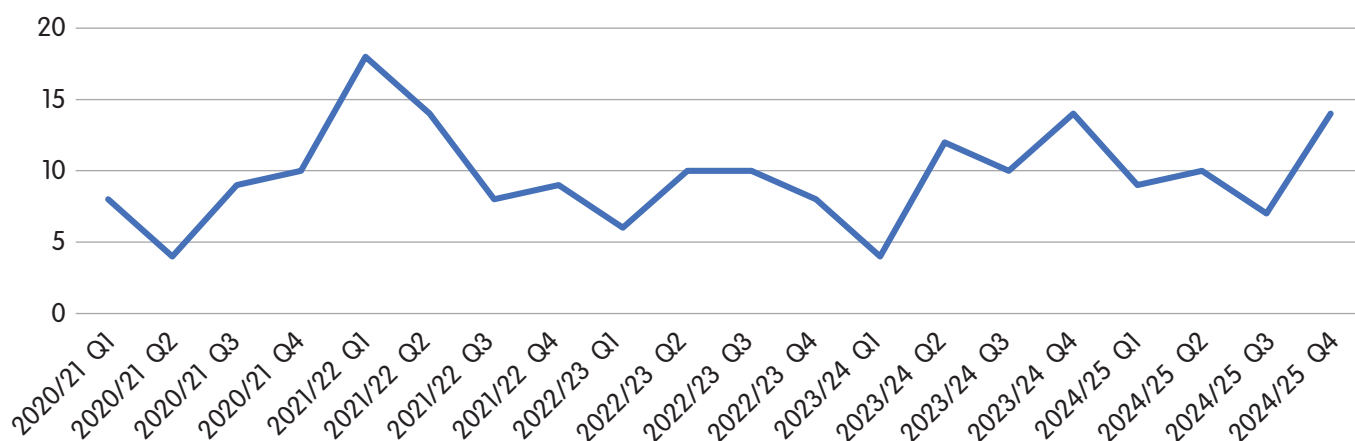
Adoptive matches made

The number of children matched with adopters has remained stable this year. Overall the data indicates that although there are annual variations and volatile quarterly variations, the number of children being placed for adoption across the ALN partnership is reasonably consistent and is not in decline, with an average of 39 children matched for adoption annually.

Number of adoptive matches for all boroughs

2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
50	29	31	49	34	40	40

Number of adoptive matches for all boroughs by quarter



Number of adoptive matches

Borough	2020/21	2021/22	2022/23	2023/24	2024/25
Barnet	2	10	4	8	16
Camden	7	4	6	6	1
Enfield	4	12	14	7	11
Hackney	8	8	2	4	1
Haringey	6	13	5	12	8
Islington	4	2	3	3	3
Total	31	49	34	40	40

Characteristics of children matched for adoption

The number of children matched for adoption at the same time and in the same placement as their sibling increased again this year but remains a minority of all children matched for adoption (5 sibling groups accounting for 10 children, compared to 30 children not matched in a sibling group). These figures do not include children who were matched with the adoptive parents of a sibling who had already been earlier placed for adoption.

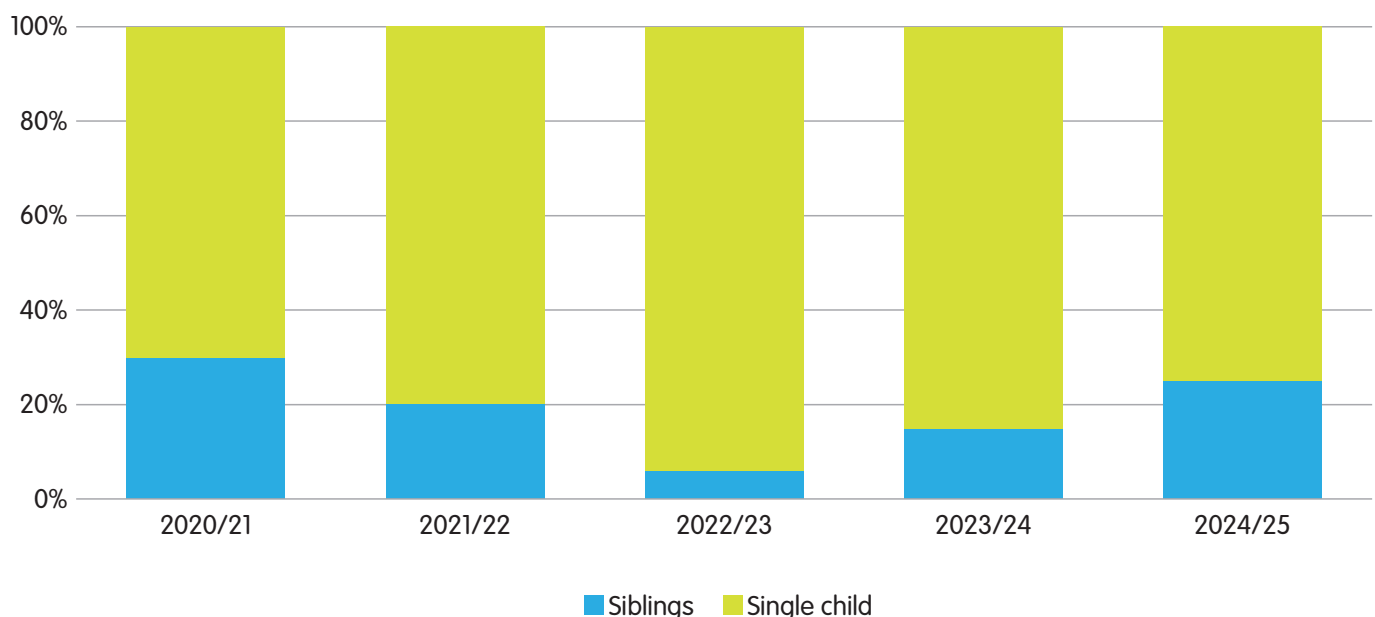
However there also continue to be a high number of sibling groups waiting for adoptive placements, with 41% of the children with active family finding being in a sibling group (12 children in 6 sibling groups of 2), reminding

us of the additional challenges in identifying suitable adoptive families for siblings and the need to continue to focus on this area of adopter recruitment.

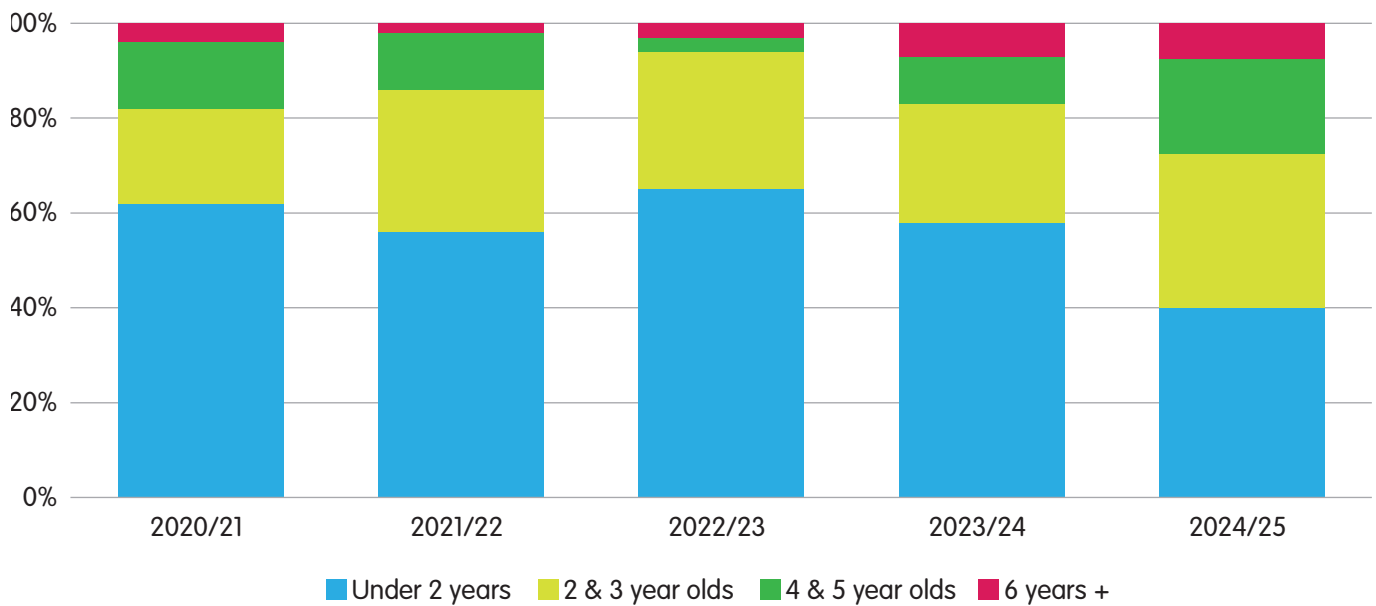
There has been a slightly higher proportion of children matched at older ages this year, with 40% matched under the age of 2 compared to 58% in 2023/24. The most significant increase has been in children matched at ages 4 and 5 years old, with this making up 20% of children matched. 3 children were matched at 6 years or above, with the oldest child matched at 7 years.

In this data children's ethnicities have been grouped into broader categories to illustrate the types of adoptive placements that are needed for us to be able to consider placements for children that are not fully transracial. Overall, 62.5% of the

Children matched for adoption in sibling groups



Ages of children matched for adoption



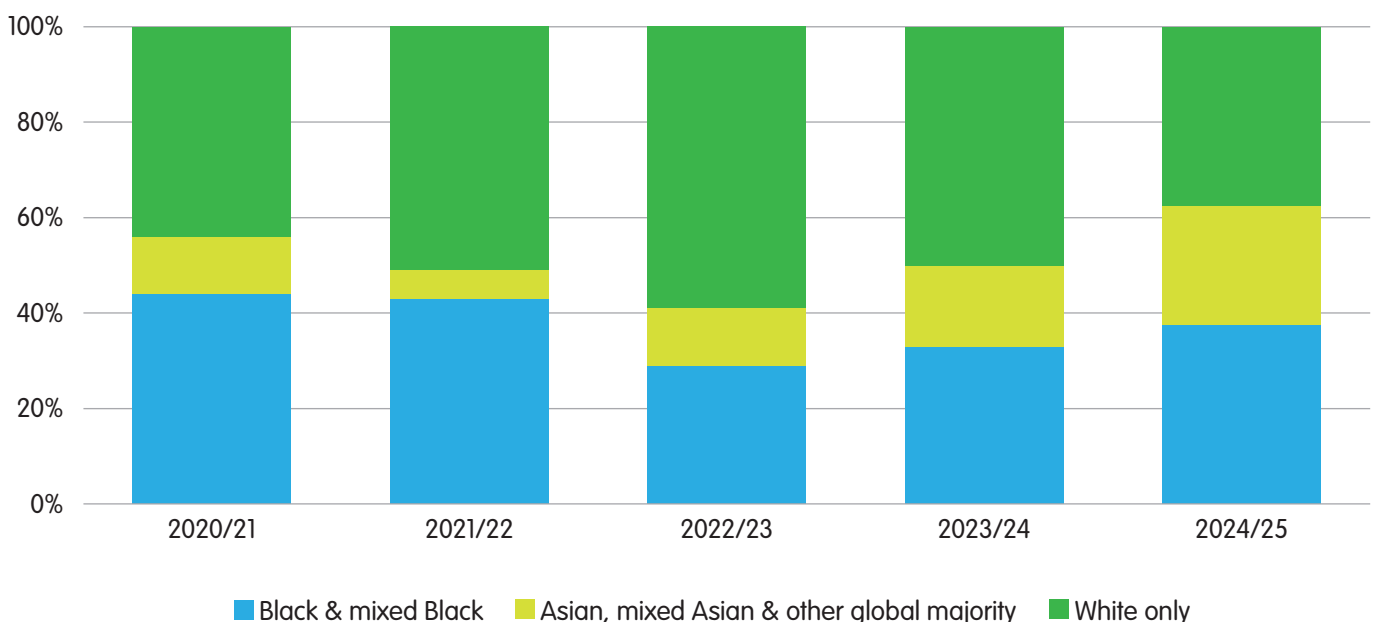
children matched for adoption were from global majority backgrounds this year, an increase from 50% in 2023/24. This is the highest proportion of global majority children matched by ALN in the last 5 years, with global majority children on average making up 52% of children. ALN have been identified by Adoption England as being the RAA with the highest proportion of global majority children in England.

When considering all children from global majority backgrounds, 60% of these (15 out of 25 children) were from Black and mixed Black ethnicity backgrounds. Looking at the breakdown

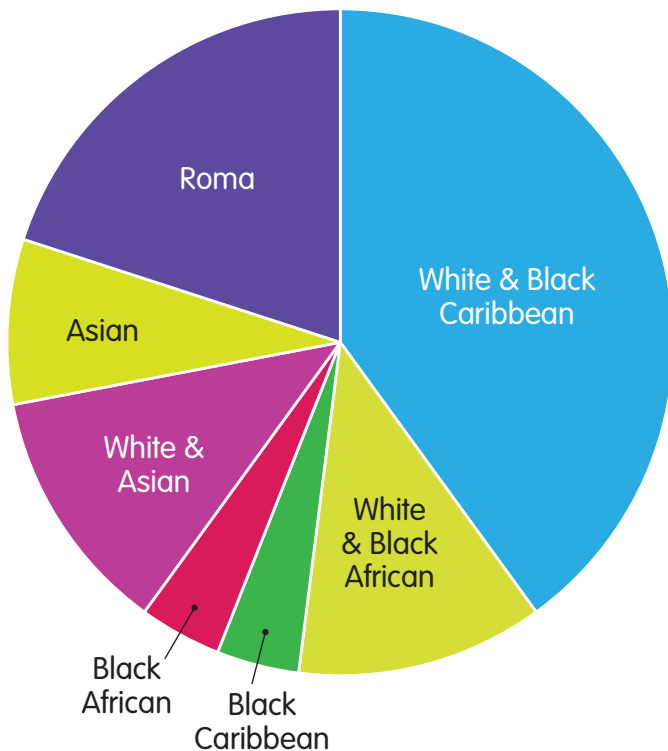
of children's ethnicities further shows us that the largest group are children from mixed white & Black Caribbean backgrounds, making up 40% of all global majority children and 67% of all children from Black and mixed Black backgrounds.

Although it is important to categorise ethnicities to provide an understanding of the broad picture and inform adopter recruitment, children's ethnic backgrounds in reality are complex, with many children matched for adoption having 3 or more immediate ethnic backgrounds, with uncertainty around some children's heritage.

Ethnicity category of children matched for adoption



Children from global majority backgrounds



Our new **culturally diverse adoption training** aims to provide all prospective adopters with a greater understanding of the rich racial and cultural heritage of children placed for adoption, and their enormous responsibility to support and nurture a child's understanding of this as they grow up.

Early permanence placements

There were 7 children placed for early permanence with prospective adoptive parents during 2024/25, a reduction from the significantly higher figure of 12 last year. Availability of approved early permanence adopters, particularly for children from global majority backgrounds, remains a challenge and a key area of focus in adopter recruitment. Progress has been made this year in increasing the proportion of adopters approved by ALN who are open to an early permanence placement, but due to overall shortages of adopters this is not yet enough to ensure a suitable early permanence placement is available for every child identified as benefitting from this. It is important that work still continues to spread awareness with social work teams in boroughs and ensure early permanence is considered as part of early care planning for children where adoption is a likely outcome of care proceedings.

All of the ALN early permanence placements that have concluded their court processes have resulted in the children remaining with their early permanence carers for adoption. However, all adoptive parents are trained and prepared for the possibility that the outcome of care proceedings may be for the child to return to live with birth parents or a connected person.

Early permanence referrals and placements, by borough

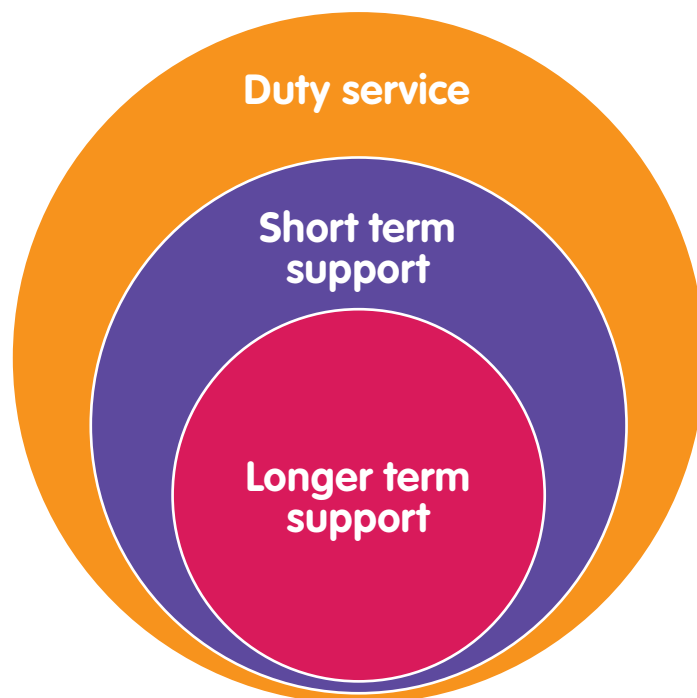
Borough	Early permanence placements made				
	Placed for EP in 2020/21	Placed for EP in 2021/22	Placed for EP in 2022/23	Placed for EP in 2023/24	Placed for EP in 2024/25
Barnet	0	0	6	3	4
Hackney	2	0	0	1	1
Camden	1	2	0	3	0
Enfield	0	2	0	1	2
Haringey	3	1	0	2	0
Islington	0	1	0	2	0
TOTAL	6	6	6	12	7

Providing support to adoptive families and others

Support to families and adopted adults

The adoption support team provide support to adoptive families and adult adoptees living in our boroughs, and provide contact support between adoptive families and birth families for all adoptive children and young people that were previously placed by one of our boroughs. Access to support is through the duty service who are also able to offer short-term support such as standalone applications to the Adoption & Special Guardianship Support Fund (ASGSF) and access to specialist training. Families requiring longer-term or more complex social work support are allocated to a social worker who completes an assessment of their needs and recommendations for support. Many of the situations requiring longer-term social work support and coordination are at risk of family breakdown.

Demand for support has remained consistently high, with a lot of pressure on the capacity of the adoption support team. Families continue to be impacted by pressures on other specialist services such as CAMHS and specialist mental health support, which means that they are increasingly dependent on the support they can access through the ASGSF. Families have been particularly impacted by governmental delays in decision making over the future of the ASGSF, leading to an announcement at the start of 2025/26 that the amount of funding families can access will be significantly reduced whilst a wider **review of the fund is awaited.**



As a result of the level of demand for support, there is a waiting time for families to have an assessment of need completed by a social worker which is constantly monitored, and we have created waiting lists for non-urgent types of support including reviews of contact and access to records for adult adoptees. Every attempt is made to prioritise responding to adoptive families with immediate support needs as quickly as possible to prevent family breakdown, which means that waiting lists for adult adoptees (access to records requests) and contact support are hard to reduce. Families in urgent need of support are also referred to the relevant borough where appropriate. We are in the process of undertaking a full review of casework to confirm consistency across the service and ensure we are appropriately targeting the provision of longer-term support.

Despite pressures facing our adoption support team, families value having an adoption-informed approach to support, and the team work hard to build supportive, trauma-informed relationships with families that increase their ability to manage the difficulties they face. As part of **our work with Adopt London**, we are striving to grow the early targeted support available to all adoptive families and other groups impacted by adoption through the expansion of group support, specialist parent training programmes, and an Adopt London clinical offer.

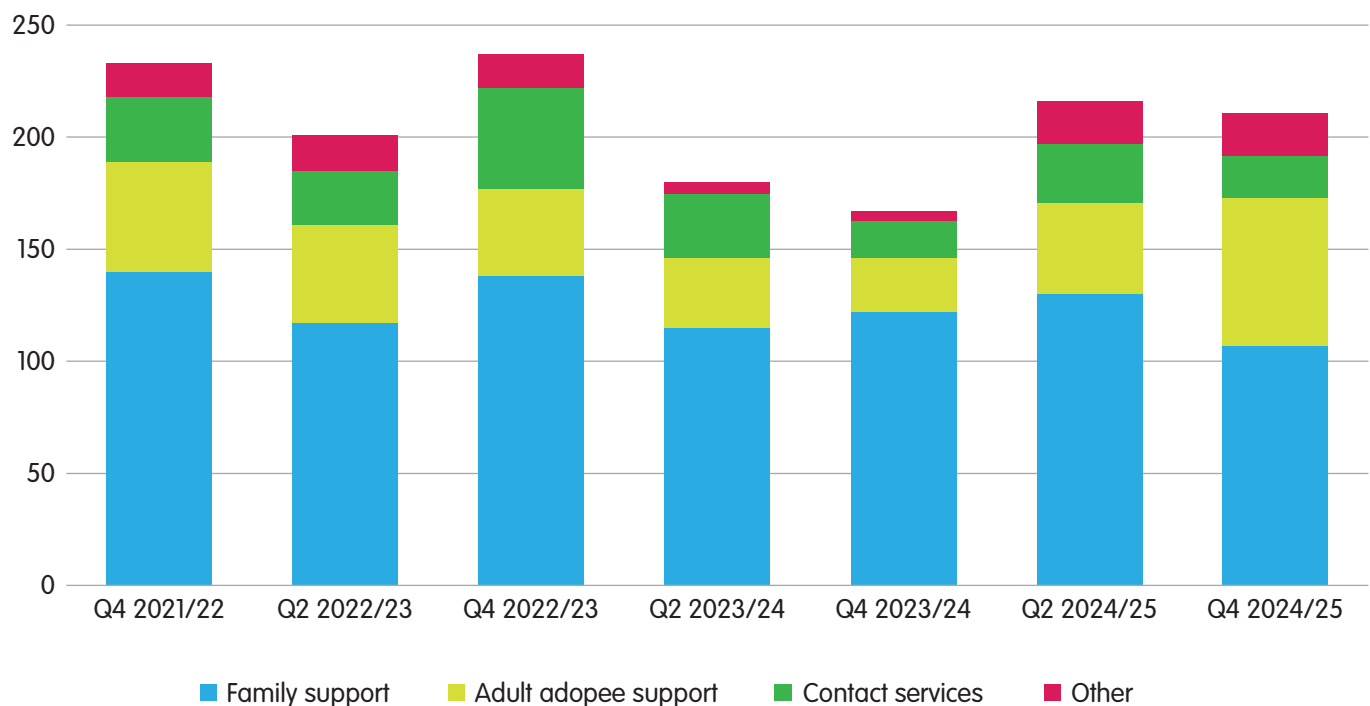
We currently use a snapshot audit monitoring system to understand the level and types of adoption support casework in the service,

providing us with greater insights into the types of need that are most prevalent.

At the time of the most recent audit in January 2025, 40% of family support cases required significant social work support in addition to ASGSF therapeutic provision and signposting, consistent with findings from January 2024. Through a pool of specialist sessional workers (mostly retired adoption support social workers) we have been able to increase the number of adopted adults cases that we can allocate, with 66 cases being supported in January 2025 compared to 24 cases at the same time the previous year.

The reasons for involvement reveal a wide range of complex difficulties that adopted children and their families are facing. The most

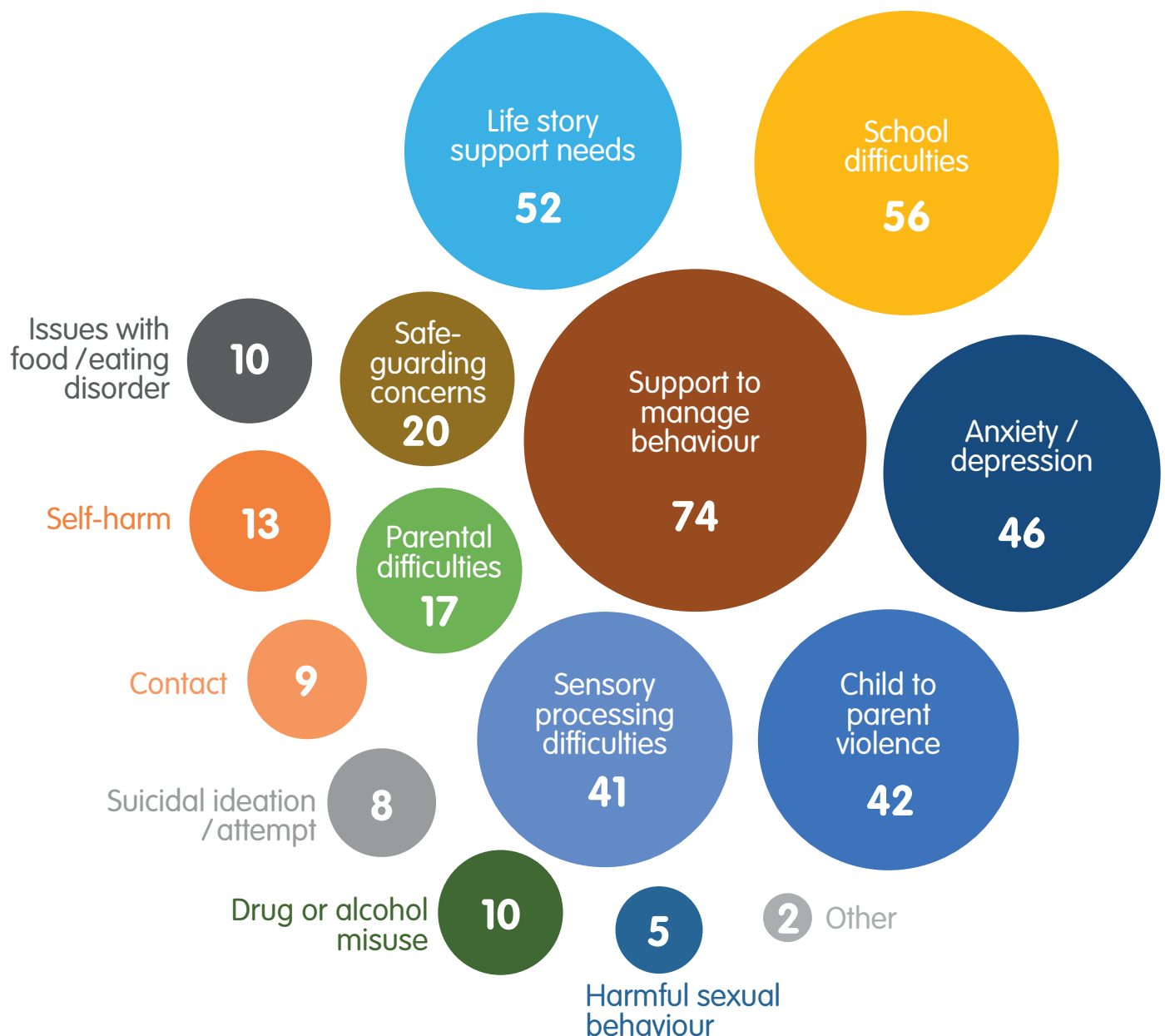
Open casework in adoption support



Open casework in adoption support

Type of support	Q4 2021/22	Q2 2022/23	Q4 2022/23	Q2 2023/24	Q4 2023/24	Q2 2024/25	Q4 2024/25
Family support	140	117	138	115	122	130	107
Adult adoptee support	49	44	39	31	24	41	66
Contact services	29	24	45	29	17	26	19
Other	15	16	15	5	4	6	19

Reasons for involvement – all significant factors selected

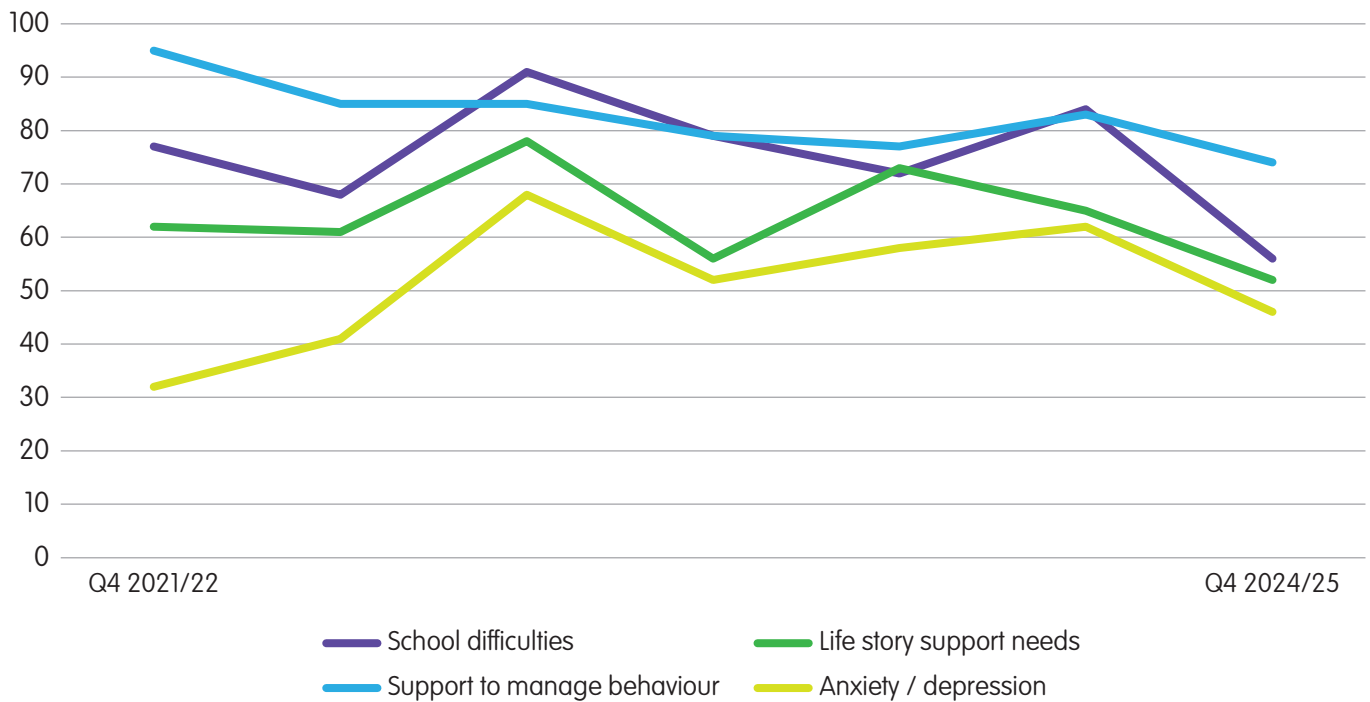


frequently identified factors are school difficulties, life story support needs, support to manage behaviour, and anxiety or depression in the young person. Concerningly some of the most acute factors have remained high over the period of monitoring, with 42 cases of child to parent violence, 13 cases of self-harm, and 20 cases with safeguarding concerns open in the most recent audit. Of the most acute concerns, only suicidal ideation / attempt has seen a consistent reduction in the last few years, with 8 open cases in the most recent audit, compared to 22 in July 2022.

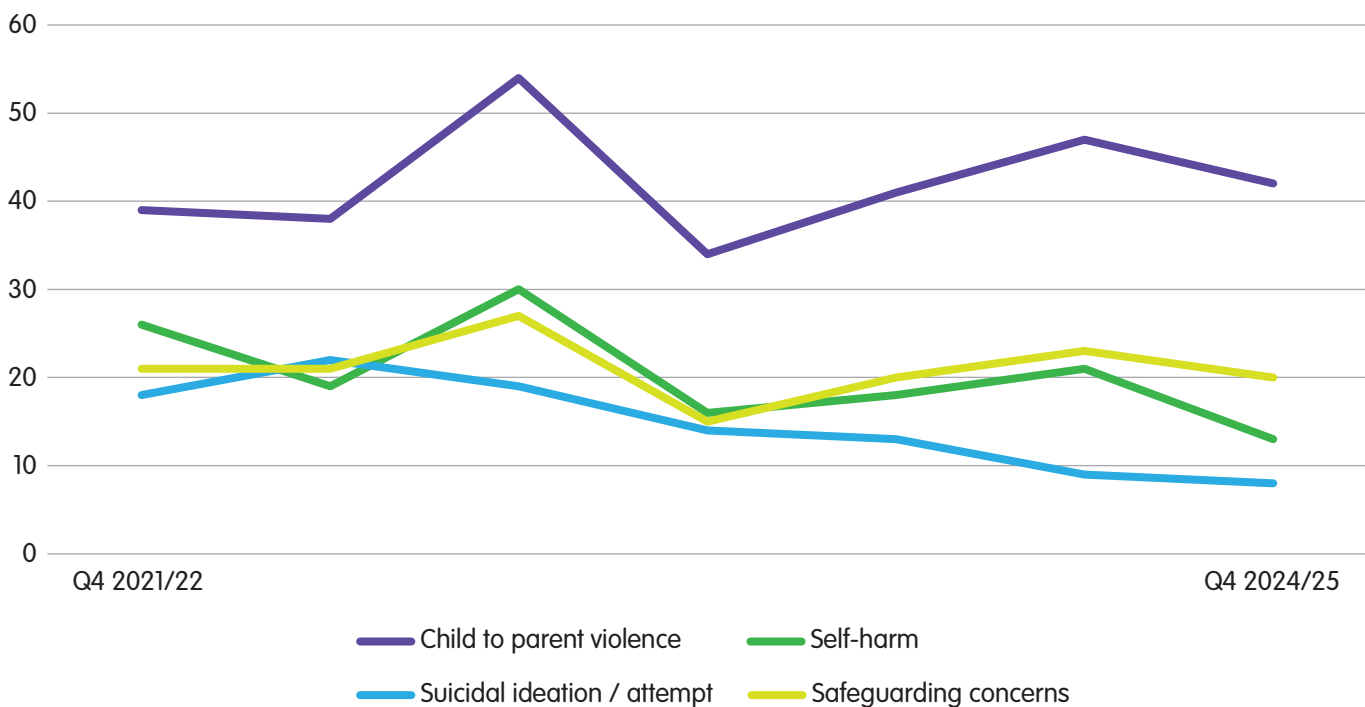
The information identified in these snapshot audits support decision making about areas for service development, such as the provision of a life story advice service, and highlight the need to develop clear referral pathways with specialist organisations such as CAMHS who need to be involved in cases with the most acute difficulties where needs or risk levels cannot be managed through the ASGSF.

Our wider programme of support groups and training are influenced by the needs identified within this data, with examples of the support provided given in the next sections of this report.

Number of cases featuring most frequently named factors



Number of cases featuring most acute factors



Adoptive parent training

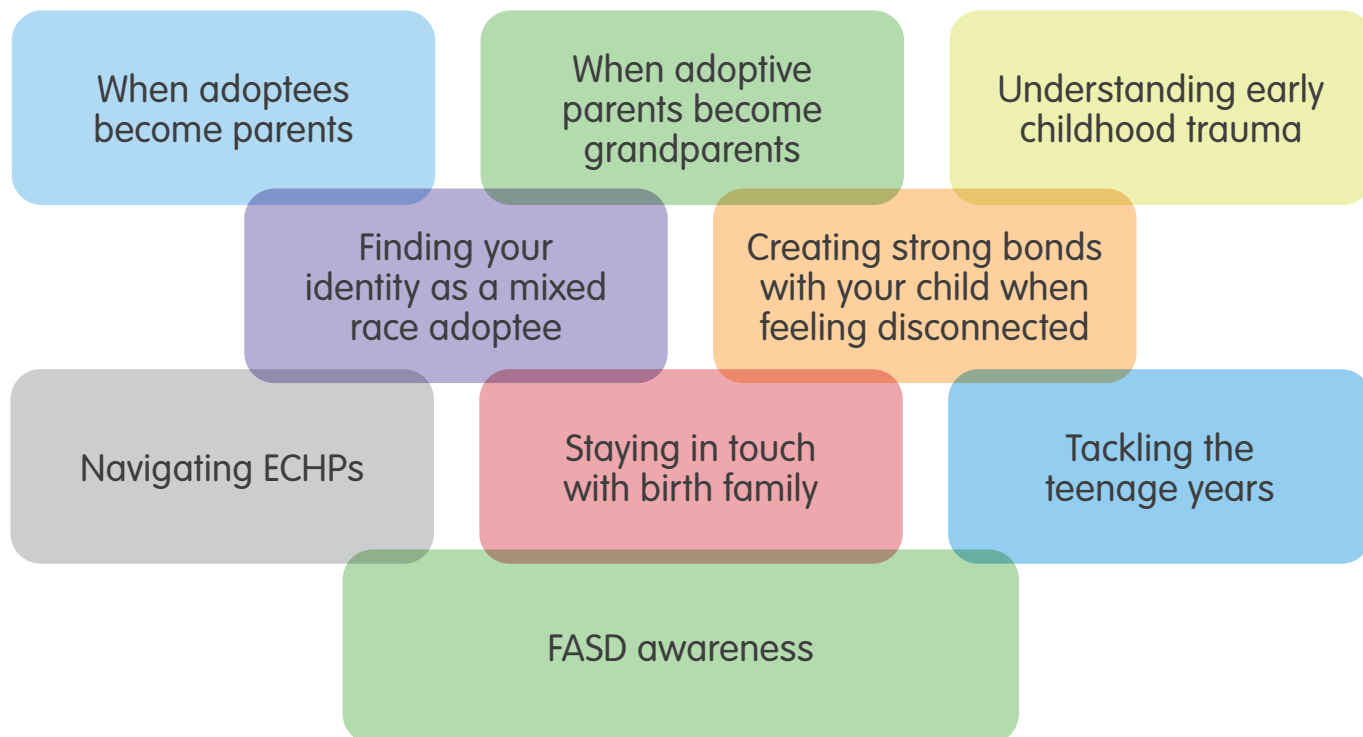
Along with extensive peer support, we provide expert webinars to our adoptive parents twice a month through our partnership with **We Are Family**, aimed at providing accessible support in the areas most commonly experienced by

families. Adoptive parents can choose whether to attend webinars live and have the opportunity to ask questions, or whether to watch on demand in the member hub after the event. This way of offering learning, development, and support has been popular with adoptive parents who need flexibility to manage childcare demands.

In 2024/25 we provided 17 new expert webinars on a wide variety of topics, with over 100 past webinars available for members on demand. Over 450 adoptive parents attended webinars

live in 2024/25, an increase from 350 the previous year. Since the programme started over 7000 webinars have been watched on demand.

Topics covered in adoptive parent webinars this year



"I love everything about the Hub. It is easy to find what you need, and I like knowing it's there for when I might need it. I'm not sure if there is anything else out there like this, it's the first place I go for support."

"Brilliant talk. The guest speaker touched on a few areas that impacted greatly for me – such as the teen struggles to demonstrate their love for friends & family equally. Now I know this isn't personal it makes me feel a great deal better."

"Absolutely everything was unbelievably helpful! My 'tree of supporters' at the start was in full bloom, 5 years down the line it's more like a twig with only a couple of very precious baubles. Please do another Talk with your knowledge, understanding and thoughts – honestly I feel less alone from listening to you. Thank you!"

Bite-sized clips from our webinar programme with WAF are available by clicking on the titles below:



Parents of adopted teenagers' therapeutic group

Our group for parents of adopted teenagers and young adults has been providing a specialist therapeutic and peer support space for 15 years. The group meets on a Saturday and focuses on the impact of parenting adolescents impacted by trauma. The families who attend the group currently have children ranging in age from 13 to 24 years and have some of the highest levels of need, with risk of family breakdown and parental burnout. Due to the therapeutic nature of the group membership numbers are limited and involvement can be for between 18 months and 5 years. When resources allow, ALN has an ambition to replicate this group so that a greater number of parents can benefit in future.

In the last year some of the topics covered in the group have been:

- Children's difficulties with friendships and the impact on parents
- How it feels as parents navigating the journey to independence and parenting adults
- Self-care for adoptive parents
- Trauma and secondary trauma
- Birth family contact and how this feels for adoptive parents
- Supporting your child navigating romantic relationships
- Identity in adoption

"This group is a lifeline. It's become more important to me than therapy because it's the only place I feel genuinely seen, heard and understood as a single parent of an adopted teenager. Thank you."

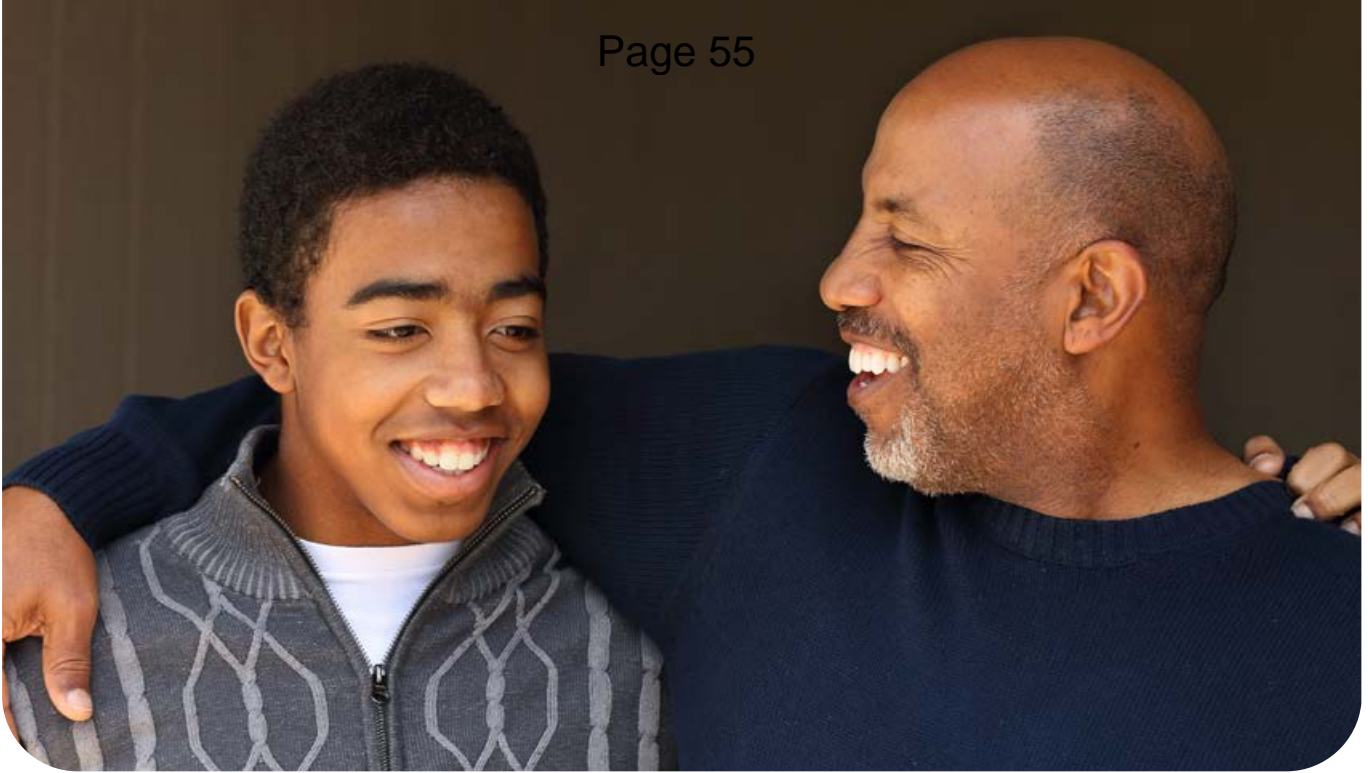
"The group provides an invaluable safe space to talk about the reality and impact of parenting traumatised children. I've been here for four years, and every session provides me with a space to learn, reflect and receive support to help me be the best parent I can be."

Some of the themes emerging from the group highlight the challenge of the parental role with this group of young people:

- **Vulnerability:** Apart from one, all the female children represented by parents in the group have experienced sexual assault, some on multiple occasions and from a young age.
- **Education:** Most children have struggled extensively with school, have had long periods out of school and / or attend alternative educational provision.
- **Neurodivergence:** Around 80% of the young people have a diagnosis of ADHD and many use cannabis to self-medicate.
- **Friendships:** All the young people struggle with friendships and social isolation.
- **Birth family:** Around 85% of the young people have had contact with their birth family and there are wide variances in how they have experienced this but it has had a fundamental impact on all of them.
- **Maturity:** There seems to be a consistent experience from parents that around the ages of 21/22 young people develop in maturity and difficulties lessen in all areas – highlighting the importance of support which extends into early adulthood.

Members of this group provide incredibly moving feedback about the impact it has on supporting them to continue parenting in the most difficult of circumstances.

"Just knowing that I have this group in the weeks ahead lightens every load. I always leave the group lighter, happier, optimistic and with new ideas and thoughts. There is nothing like sharing a difficult experience with people who've been there – we are all united in the same struggle to love, care, support our children. We often express how adrift we are from our families and friends who do not have adopted, challenging children, so we do not have the usual sources of parenting support most other parents have."



"This group is invaluable. There's no place else you can get this support. It can be really lonely being an adoptive parent of a particularly challenging child. Very few other parents understand. Friends often try to minimise it to be kind "oh all teenagers are like that..." (no, they're not) or they can get a bit judgemental – of you or your child. I've been told I am too "soft" or 'over parenting' or even that I might be creating my child's 'bad behaviour' in order to feel needed and that all he needs is a simple, tough boundary in place. This group is one of the only places where you are able to express exactly what's happening, knowing you will be understood and get support – from the other parents, the leaders, the incredibly helpful guided discussions and exercises that have taught me so much. Literally a life line – for me, my adopted child and my birth son too."

"The importance of shared connection that underlines that we are not alone, that solutions/ideas are out there. This group is essential for repair and holding."

"I know I speak for the whole group when I say we are so appreciative of the thought, care and attention that our facilitators put into this group. They always think about really important topics, some to stretch us, to give us new understandings, to support us. The way they've run this group is incredible. I don't know any other adoptive parent who has such an amazing group to support them. We are a group of very different parents united by our very individual struggles. Our facilitators, by the way they run the group, have given us the space to express our thoughts and feelings, sometimes for the first time. You get new understandings from the group that would not have come in any other way. We are supported and encouraged. We come away from the group ready for the month ahead. Often, I have arrived under a weight of unbearable pressure. And by the time I leave, I feel ready for the challenges of the month ahead, with a spring in my step."



Adopted children & young people's social groups

In January 2025 we were excited to launch ALN adopted children and young people's groups for the first time, following feedback from children about the importance of developing friendships with other adopted young people. The groups are run by ALN staff on a Saturday from an adventure playground in north London, and open to all adopted young people living in a partner borough aged between 8 – 19 years old.



Many of the children have said that they don't have any adopted friends outside of this group and find it incredible to be in a space where all of their peers, and some of the facilitators, are also adopted. The young people have enjoyed games,

crafts, challenges, snacks, exploring the adventure playground, and sharing their views about the development of the group. As we get to know the young people better we hope to support them to share their views on a range of topics and to influence service development.

"They loved it! They were nervous about coming at first but they had a great time and are very keen to come again!"

"The staff were inviting, not telling everyone what to do but encouraging in a nice way. Good equipment / activities inside and outside. Snacks were good."

"We think it's a wonderful opportunity for our daughter to make friends with other kids, within a supportive environment"

"My son says he had a lot of fun. He really enjoyed it."

"Really great! The kids loved the adventure playground and making new friends."



Adult adoptee peer support groups

ALN is unique nationally in now supporting three adult adoptee groups across north London, working in partnership with different adoptee-led organisations with the aim to provide a variety of different group structures and times to suit every adoptee who would like to be part of a group. Adoptees attending are different ages from mid-20's to 70's and have a wide range of experiences of adoption. Adoptees highly value having a space where they can meet with other adoptees and share experiences without judgement. The groups are facilitated by adoptees and assisted by ALN social workers, who provide coordination and take responsibility for supporting anyone in the group who is vulnerable or needs additional assistance outside the group meeting. Some meetings are left open for group reflection whilst others are led by a speaker of the group's choice.

Specialist counselling support for adult adoptees and birth family members

ALN have a long-standing contract with PAC-UK, a specialist adoption and permanency support agency, to provide an advice line and independent counselling on our behalf. This contract is used to provide counselling services to prospective adoptive parents, adult adoptees, and birth family members impacted by adoption. The contract currently offers 6 sessions of counselling to an individual, although where there is a high level of need and a good use of counselling, ALN can agree to a second set of 6 sessions. Many clients find the counselling sessions supportive and helpful, although some feel that the limited number of sessions is not adequate to meet their need. Effective use of the contract is reviewed quarterly by ALN and PAC-UK.

PAC-UK also run two birth parent support groups, one virtually and one in person. Birth parents who access support from PAC-UK advice line or counselling service are invited to join one of the groups and this can become a more sustainable form of support for individuals.

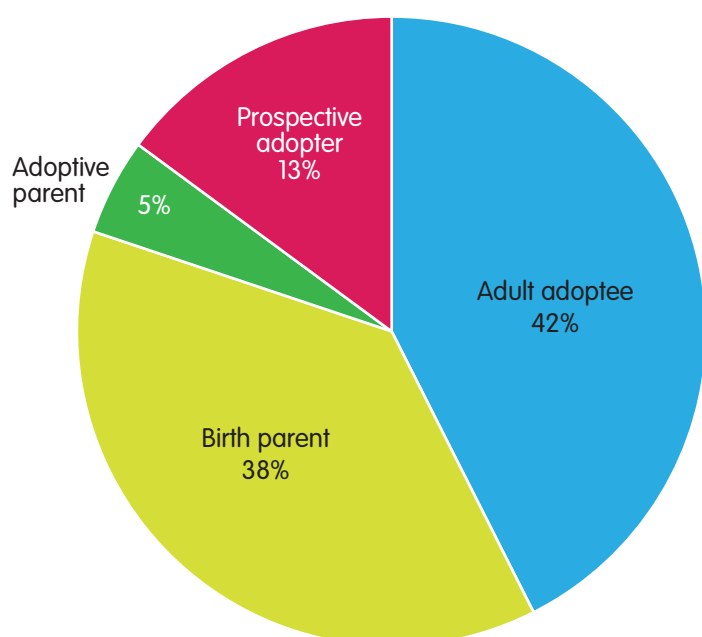


“Your kindness, wisdom, insight, knowledge and depth of experience allowed me to share freely and learn much along the way. I am very grateful indeed and can’t thank you enough. It seems to me that the positive benefits from these sessions will last for a long time to come.”

“With the support of PAC-UK counselling I felt able to re-visit the difficult emotions and decisions of my son’s adoption without being afraid. Exploring those feelings has helped me come to a better understanding of what happened and what it has meant for both of us. I am more at peace with myself and full of appreciation for my son. This would have been too daunting a journey without the help of PAC-UK.”

“The sessions have really helped me to understand and explore my feelings about being adopted and how this has impacted me.”

Clients referred to the PAC-UK counselling contract



Recommendations

Review of 2024/25 recommendations

Finding prospective adoptive parents

- 1** Establish the identified range of pilot projects within the **Black Adoption Project**, with the aim to provide services that better meet the needs of Black children and families.

OUTCOME: A range of pilot projects have been successfully launched this year with the support of grant funding and are already having a positive impact.

- 2** Manage **enquiry numbers** effectively to ensure waiting lists do not develop again, whilst maintaining a strong pipeline of prospective adopters for assessment.

OUTCOME: More prospective adoptive parents are now entering the adoption assessment process in a timely way with the help of additional staff capacity. Pressures on the recruitment team from other areas of work, including non-agency adoption, remain significant and will continue to be monitored.

- 3** Further test our local communications plan with ALN boroughs to support **adopter recruitment**.

OUTCOME: We have maintained connections with communications teams in boroughs, and some have supported by sharing recruitment information publicly, however we have not been able to make the significant progress in this area that we hoped due to limited capacity in both ALN and borough teams. This remains an area of focus for 2025/26.

Preparing and approving adoptive parents

- 4** Through greater capacity in the assessment team, increase the **number of approvals** whilst maintaining high standard of assessments.

OUTCOME: We have achieved a significantly higher number of approvals in 2024/25, and processes are working effectively to achieve a further increase in 2025/26.

Planning for children

5 Embed work through the **early permanence project** to build better relationships with local authority legal teams and others involved in court proceedings for children.

OUTCOME: The early permanence project has provided 21 in-person and virtual training events to boroughs in 2024/25 to support awareness and understanding of early permanence, supported by new procedures and guidance.

Placing children with adoptive parents

6 Continue to focus on the number of children who move to **in-house** and **local** adoptive families.

OUTCOME: The proportion of children moving to live with in-house adoptive families and / or remaining local to London and the South-East has remained strong this year. If we are able to achieve further improvements in adopter approvals in 2025/25 we expect the proportion of in-house placements to increase again.

Providing support to adoptive families and others

7 Implement changes to the **website** which make it more accessible to all those accessing support, including adult adoptees, birth parents, and families with adopted children.

OUTCOME: The website has been updated to ensure it is more accessible to all groups impacted by adoption, although further work is needed before these changes are complete.

8 Develop use of audit data for Adopt London to compare and understand different levels of demand and models of **adoption support** to improve services across Adopt London.

OUTCOME: The audit model for adoption support used in ALN has been implemented across other Adopt London RAAs so that data comparisons can start to be made.

Working as part of Adopt London

9 Consider sustainable arrangements for the end of several Adoption England project grants in March 2025 so that the best parts of practice development can be maintained.

OUTCOME: Work has been undertaken to support the planned ending of both the **matching** and **early permanency** project, ensuring handovers are in place to RAAs to maintain elements of the work that will continue long-term.

Recommendations for 2025/26

Finding prospective adoptive parents

1. Continue to support and develop the Black Adoption Project pilots, including a focus on specific recruitment processes for Black prospective adopters, with the aim of increasing the number of Black and mixed Black households approved for adoption.
2. Maintain higher proportion of in-house adopters able to consider an early permanence placement.
3. Develop recruitment-focused communications plans with partner boroughs to increase adoption awareness in local areas.

Preparing and approving adoptive parents

4. Achieve a further increase in the number of adopter approvals whilst maintaining high standard of assessments.

Planning for children

5. Work with boroughs who refer children for early permanence the least to develop targeted plans to increase identification of cases.

Placing children with adoptive parents

6. Continue to focus on the number of children who move to in-house and local adoptive families.

Providing support to adoptive families and others

7. In partnership with Adopt London, test out models for developing adoption support provision which respond to identified needs of families.
8. Embed and grow the new ALN Kids & Teens groups, including opportunities for young people to share their views and experiences to influence service planning.

Working as part of Adopt London

9. Work with other Adopt London RAAs towards an Adopt London legal partnership agreement which will support the growing need for shared commissioning and service provision. .

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REPORT FORMAT WITH GUIDANCE

If the report is exempt from publication you will need to state that it is exempt from publication under para 12 of Schedule 12A of the Local Government Act 1972, and state which paragraph of the Act exempts the report. If in doubt clarify this with the Committee Section. Also see attached exemption schedule.

EXAMPLE OF EXEMPT PARAGRAPH

NOT FOR PUBLICATION by virtue of paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972.

This report is not for publication as it contains information classified as exempt under Schedule 12A of the Local Government Act 1972 in that it contains information relating to the financial or business affairs of any particular person (including the authority holding that information).

Report for: CPAC 13 January 2026

Item number: To be added by the Committee Section

Title: Children in Service Health Service annual report 2024-25

Report authorised by : Ann Graham, Corporate Director of Children's Services

Lead Officer: Lydia Samuel, Head of Service, ALN

Ward(s) affected: N/A

**Report for Key/
Non Key Decision:** For Information and Noting

1. Describe the issue under consideration

1.1 This report outlines the work undertaken by the Children in Care health team from April 2024 to March 2025.

1.2 The report is written in accordance with The Statutory Guidance on Promoting the Health and Well-being of Looked after Children (DCSF 2015).

2. Cabinet Member Introduction

N/A

3. Recommendations

3.1 That Members note contents of this report.

4. Reasons for decision

4.1 This report is for information only

5. Alternative options considered

N/A

6. Background information

N/A

7. Contribution to the Corporate Delivery Plan 2022-2024 High level Strategic outcomes

N/A

8. Carbon and Climate Change

N/A

9. Statutory Officers comments (Director of Finance (procurement), Head of Legal and Governance, Equalities)

N/A

10. Use of Appendices

Appendix 1 – Children in Service Health Service annual 2024-25

11. Background papers

N/A

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HARINGEY
Children and Young People's Service

Annual Report

Children in Care Service

April 2024 - March 2025

Authors: Claudia Gbadebo Named Nurse, Children in Care; Dr Hajera Sheikh, Named Doctor, Children in Care; Dr Paul Sender, Designated Doctor, Children in Care

Contribution from: Dr Kirstie Kinross, Medical Advisor for Adoption;
Dr Francesca Silman, Adult Health Assessment Advisor

Date 20/10/2025

Annual report 2024-2025

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Haringey Children in Care Service

Annual Report

2024-2025

Executive Summary

Key metrics 2024/2025

1. 75% of Haringey Children in Care seen within 20 working days for Initial Health Assessment – 2% increase compared to 2023/2024.
2. 78% of Haringey Children in Care for 12 months or more are seen for their Review Health Assessment
3. 87% of Haringey Children in Care have seen a dentist during the preceding 12 months
4. 43% of Haringey Children in Care fully immunized in line with UK vaccination schedule; 65% of Children in Care when excluding influenza vaccination
5. 86 % Haringey Children in Care have had a Strength and Difficulty Questionnaire (SDQ) completed. This is collected by First Step, which is a commissioned service provided by Tavistock-Portman.

Introduction

The Haringey's Children in Care (CIC) annual health report outlines the work undertaken by the team. The objective of the CIC health service is to ensure that all Haringey children and young people in care have their physical, emotional and mental health needs assessed and that health plans are in place detailing how identified needs will be addressed to improve health outcomes. For every Haringey child and young person in care, health should be reviewed at their interval assessments and a set of guiding recommendations formulated. The team's focus is working together to enable children and young people to reach their full potential and enjoy the same opportunities in life as their peers.

Context

The report is written in accordance with The Statutory Guidance on Promoting the Health and Well-being of Looked after Children (DCSF 2015). We are commissioned by the North Central London Integrated Care Board to undertake initial and review health assessments for Haringey CIC.

Team Values

Our team values are:

- Always show respect and kindness for all
- Always go the extra mile for our clients
- Always learning and improving
- Always enabling and empowering children and young people to achieve their potential
- Always put the child and young person first, challenging where needed and advocating for children.

Legal Status

The legal status of CIC differs amongst children and young people.

Most children and young people in care are placed in care under a care order. This is a court order placing a child in the care of a local authority.

Some children and young people can be placed in care under a voluntary agreement. This allows a local authority to provide accommodation for a child where there is parental consent, or when no one with parental responsibility is in place - for example if the young person is an unaccompanied asylum-seeking child.

A placement order is a court order allowing a local authority to place a child for adoption or when a child is detained due to child protection concerns or under youth justice legal statuses.

Aims

The CIC service aims to meet the health needs of children and young people in care aged 0-18 years by promoting and contributing towards improving the health and well-being of children and young people in care¹. The CIC service is responsible for: -

- Completing statutory Health Assessments (initial and review), with reports, within designated timeframes. An Initial Health Assessment is to be completed within 20 days of children entering care; Review Health Assessments are undertaken every six months until a child is aged 5 years and thereafter on an annual basis.
- Identifying an individual child's health needs and advising Social Workers on the health needs of individual children, in the form of a set of health recommendations
- Making recommendations regarding health promotion activities and health interventions
- Ensuring all young people leaving care have a Care Leavers Summary
- Representing and contributing to Adoption panels and multiagency assessments and reviews
- Providing Paediatric Permanency Reports for individual children
- Providing medical advice to prospective adopters regarding individual children with whom they have been matched
- Reviewing and commenting on medical examinations for adults being assessed as carers (foster carers, special guardians, connected persons and adoptive parents).

Haringey CIC service and staffing structure

Staffing structure 2024/2025

During 2022/2023, the North Central London Integrated Care Board (NCL ICB) completed a scoping exercise to review the core offer for CIC across the NCL ICB benchmarking against the NICE guidelines (2021)¹.

This work resulted in additional funding being made available to recruit an additional CIC Nurse, alongside additional paediatric clinic availability. Recruitment took place as soon

¹ https://assets.publishing.service.gov.uk/media/630623bdd3bf7f3660de63da/Promoting_the_health_and_well-being_of_looked-after_children_August_2022_update.pdf

as the funding was received.

Alongside this action, the Designated/Named Drs role has been divided into two Consultant posts - a Named Dr for CIC and a Designated Dr for CIC. The posts are situated within the Haringey Community Paediatric medical teams, and the doctors have other clinical responsibilities within Community Paediatrics. Each role has one day per week allocated to the statutory LAC medical roles².

The post of Designated and Named Nurse remained combined up until the retirement of the postholder at the end of 2024. In the second half of 2024, it was agreed with the NCL ICB that upon recruitment to the role, once it was vacant, the post would be split into a Designated Nurse role (which would be recruited by the NCL ICB) and a Named Nurse role (recruited by Whittington Health). Unfortunately, the Designated Nurse role remains vacant from the end of December 2024 and through until the end of this reporting period. The new postholder for the Named Nurse role joined the team in March 2025. As a result of restructuring of the ICB's, it is anticipated that the Designated Nurse role will remain vacant until April 2026.

The team works with Haringey's Adoption Advisor who is a Consultant Paediatrician also working within the Haringey Community Paediatric team. And a Consultant from the Whittington Hospital who is the reviewer for Adult Health Assessment forms.

The Named Doctor has been in post since November 2022. The Designated Doctor has been in post since May 2023. The Named Nurse joined in March 2025. All are substantive appointments. The Designated Nurse role remains vacant³.

With funding for an additional one post and following recruitment to the position, there are now 4 specialist nurses employed within the team. Two members of the nursing team (Specialist nurses) have been in post for over 10 years. All team members have developed or are developing good relationships with children, carers and the wider professional network. Bank and agency staff members have been working within the team.

The team are supported by two Administrators who make a huge contribution to the team.

Key Roles and Responsibilities

The Designated Nurse and Designated Doctor for CIC are statutory roles⁴.

² The Designated Doctor is employed one day per week in the role, The Named Doctor is employed one day per week in the role; the Named Nurse is full time; The Adoption Advisor is employed one day per week.

³ The Designated Nurse role for LAC Haringey remains vacant as of the completion date for this report.

⁴ <https://www.rcn.org.uk/professional-development/publications/rcn-looked-after-children-roles-and-competencies-of-healthcare-staff-uk-pub-00948>

Job descriptions and competencies for the Designated and Named Doctor and Nurse roles are based upon joint Royal College of Paediatrics and Child Health and Royal College of Nursing guidance.

Post holders in Designate roles are responsible for providing a strategic lead for the health and wellbeing of CIC within the borough and provide clinical expertise to partner agencies and across the NCL.

Dr Paul Sender, Consultant Paediatrician, was appointed to the Designated Doctor role in May 2023 and works within the Community Paediatric Medical team.

Dr Hajera Sheikh, Consultant Paediatrician, is the Named Doctor and has been in post since November 2022, also working within the Community Paediatric Medical team. The role includes completing Initial and review assessments, supervising and overseeing other Paediatricians who undertake initial and review assessments, providing medical advice, support and advice for the Children in Care nurses.

The analyzing of adult health reports from GP's providing evidence-based comments for the fostering panel is undertaken by a consultant based within the Whittington Hospital who also services as Adult Medical Examiner for the hospital and therefore is highly specialized and well suited to this role.

Dr Sheikh and the Named Nurse work together leading the nursing team to ensure the health needs of children in care are met and quality improvement plans are in place. Our exceptionally dedicated team of nurses provide health assessments for children living both in and out of borough and make health recommendations that are highlighted to social workers and carers to ensure children's health needs can be met. They also provide duty cover daily dealing with queries and attending strategy and professional meetings.

Dr Kirstie Kinross, Paediatric Consultant, is the Adoption Advisor who completes Initial and review health assessments and is a Consultant within the Haringey community paediatric medical team.

Where the care plan is to achieve permanency through adoption, the children will have a Permanency Medical Assessment. The Medical Adviser then produces a written summary of the child's health background, current health and development status and future health and developmental prognosis.

When a match is being considered, the Medical Advisor meets with the prospective adopters to discuss the health and development of the child as well as any significant family history that may have implications in the future for the child. Health information on the adoptive applicants is evaluated by the Medical Advisor to inform the panel of its implications in relation to adoption. This may include seeking further information and disclosure of medical information from Consultant specialists to clarify issues that have been raised and may have an impact on the Forever Family.

Haringey Social Work Adoption team are part of the regional adoption panel, Adopt London North, which includes six North London Boroughs. The Medical Advisor acts as a full panel member to advise the agency and prospective adopters on medical aspects of adoption and may therefore be required to advise on cases outside of Haringey.

Over the last year, meetings with prospective adopters have taken place and the advisor has attended 5 panel meetings. Teaching has also been provided on the health and developmental needs of Looked after children to adoption panel members.

The team is supported by two administrators who make a huge contribution to the team.

Referrals

The Haringey CIC health team are notified by The London Borough of Haringey when a child is taken into care, moves placement or is no longer looked after. The notification should be received within 48 hours of a child becoming looked after. If an Initial Health Assessment is required, we then arrange an appointment for the assessment to take place and liaise with Social Workers, foster carers, and GPs to obtain a health history and to enquire if they wish to contribute to the report. Consent is received from the Social Worker, parent or young person depending on the legal order and an appointment is booked for the next available appointment.

Health Assessments

All referrals are discussed at a weekly team meeting; available information considered, and the referral assigned to an appropriate clinician – nurse or doctor. Dates for assessments are booked, and Social Workers are requested to attend the Initial Health Assessment. On occasions joint visits with social workers are made to see children for reviews.

The team continues to work hard to engage with young people. Young people and carers jointly agree with the CIC health professional the venue to complete the review assessment - which is often at home and frequently involves travelling to where the child is living. Whilst 19% of Haringey children and young people in care reside within the London Borough of Haringey, the majority therefore live outside of the borough. Although a majority live within Haringey or neighbouring boroughs in North Central London.

If children live a distance away in Scotland or Wales or a secure accommodation unit, we may ask an out of borough teams to complete the assessments.

When a young person refuses an assessment or is missing, and if it is deemed clinically appropriate, the doctor or nurse then completes a desktop report with all the health information available.

Initial health assessments

Initial Health Assessments take place at Tynemouth Road Health Centre. A report is written, and health recommendations should be made available for the child's first statutory

review. Assessments are completed by members of the Community Paediatric Team supervised by a Consultant Paediatrician.

Children placed at a geographical distance from Haringey or who have mobility difficulties are in some cases referred to other CIC Teams. Those well-known to another Paediatric team may be seen by their Paediatrician.

Assessments for those who are unaccompanied asylum-seeking children often require an interpreter.

Offer for unaccompanied asylum seekers:

- a. For all unaccompanied asylum-seeking children, a referral to University College London Hospital NHS Trust is arranged for infectious disease screening.
- b. Referral and signposting to a sexual health clinic
- c. Input from Virtual School until an appropriate higher educational placement found, including ESOL courses
- d. Specialist social workers for support around experience, including referral to third sector organizations, e.g. Freedom from Torture and Red Cross Family tracing services.
- e. A gym pass for young people placed within Haringey and certain allied boroughs.
- f. Some children and young people require referral for specialist mental health support and have post-traumatic stress disorder.

Review health assessments

Review Health assessments are carried out by Paediatricians or Specialist Nurses working within the CIC team. Each child is allocated a nurse and for continuity we aim for the same allocated nurse to see each child on their caseload each year. This may include nurses travelling to where the child is placed, if the journey can be completed within a day. Occasionally, if the child is unable to travel to Haringey, we may ask other health teams to complete Review Health Assessments.

Following assessments, recommendations from the health assessments are sent to Social Workers and may be incorporated in the 'The All about me report' written by The Independent Reviewing Officers.

If a permanency plan is required for the child, the adoption advisor sees the child or oversees the assessment.

Children Leaving Care

A care leavers summary is completed at a child's last health assessment or as soon as the child reaches 18 years. The summary is sent to the young person, and a copy is uploaded to Liquid Logic.

Information about services that may assist care leavers to transition successfully to adulthood and independent living is provided by social care. This includes advice regarding financial support, housing, health, education, and training. This ensures that all care leavers have a clear idea of what services are available to them and can highlight any gaps in provision or support that the young person may need.

An app is available 'skills for life' for young people to better enable young people to access relevant information - and includes health information materials.

Young People remanded into detention

Since May 2013, statutory requirements for young people remanded into detention (and who were not previously looked after) have changed.

These young people no longer require a statutory health assessment (Care Planning, Placement and Case Review (England) (Amendment) Regulations 2013).

The young person will be seen by the facility they are rewarded in or by the nurse working with the youth offending team.

Updates / Progress 2024/2025

Although children and young people were less affected by Covid, 19, than adults in regard to mortality rates, the safeguarding risks to vulnerable children significantly increased and there has been increase in complexity of cases of children entering care post pandemic, with a rise in children throughout England requiring mental health support. The impacts of the pandemic are still being seen amongst the wider population and continue to impact children in care.

1. Effective working with partner agencies

With a leadership team now consisting of a Designated/Named Nurse⁵, Named Doctor and Designated Doctor, alongside now 4 Specialist CIC Nurses, there is now the capacity to more effectively engage with partner agencies. This is a need to improve health assessments, recommendations and interventions for individuals as well as to drive improvements in service delivery. Also to drive policy and system changes. Work in relation

⁵ Up until December 2024 when the Designate Nurse role fell vacant

to mental health service provision and vaccination coverage is detailed beneath.

The importance of re-instituting operational meetings between Health and Social Care has been helpful for each agency and will overcome some of the challenges due to working at different sites.

A fully resourced CIC Health Team can more effectively advocate for the needs of Children in Care, especially when seen against a background of a specific set of vulnerabilities.

Over time, and as a team, we intend to develop closer working relationships with counterpart LAC teams in boroughs where significant number of Haringey CIC are placed. Also, with counterpart in boroughs whenever an individual need arises.

2. Timely and relevant health assessments – including high quality assessments completed within 20 working days of Children initially entering Care.

The numbers of children receiving an Initial Health Assessment within 20 working days of entering care has improved over the year. There was a 2% improvement in this statistic with 75% of children entering care receiving a timely assessment. The number of children in care for 12 months or more and who received a review health assessment is now at 78%, which represents a decrease against the 2023/2024.

A significant bottleneck remains the consent process, without which a health assessment cannot be undertaken. During 2023/2024, a new consent form for health assessments was agreed between Haringey Community Paediatrics and Haringey Children's Services. This has resulted in some gains in terms of achieving timely assessments, however more work needs to be done. Social Workers are now able to obtain consent for initial health assessments at the same time that legal processes are agreed for a child entering care.

A further significant area of work initiated in 2023 was a redesign of how initial and review health assessments are delivered. This work was initiated as part of a joint review with Children Social Care and involving inputs and feedback from Children in Care. A redesign was to focus upon delivering: -

- Health assessments which are more relevant for children themselves, and which cause less anxiety and stress, especially for older children/young persons

- Individual recommendations which highlight a prioritization of actions to be undertaken by health, social care and other agencies, alongside a set of more standardized, generic recommendations
- Agreed timelines for dissemination of a summary and full report so that delays are obviated.

In 2024, CORAM BAAF announced that new forms (for Initial and Review Health Assessments) were being developed. Whilst use of these forms is not a statutory requirement, it was felt that alignment with CORAM BAAF forms would represent a relevant harmonization of practice.

In fact, dissemination of the new templates only took place in October 2025 and therefore at the time of compilation of this report, there is work ongoing to incorporate these forms into everyday practice⁶.

3. Improving access to health services

Immunizations: targets have not been met for immunizations coverage.

Whilst coverage is at 65% (excluding influenza), there is clearly a significant challenge in terms of uptake of influenza vaccination. Full coverage, including influenza, is only 43%.

Multiple barriers exist which limit target coverage attainment. These include lack of reliable data (due to multiple immunization providers/multiple recording databases); challenges with the consenting process especially for school age children. A further set of challenges relates to coverage attainment for children living outside of Haringey.

Joint work was undertaken during 2024/2025 in partnership with Haringey Local Authority and Haringey Public Health to address low immunization rates.

A data audit in 2024, led by Haringey Public Health, provided further details around the relative contribution of data quality issues, consent, gaps in coverage which together account for under-attainment of targets. During 2025, further work has been undertaken by Haringey Children's Services, Haringey Public Health and the Health LAC team, including ICB.

A wider review was initiated in 2025 with summary conclusions:

- **Audit:** 20% decline in LAC vaccination rates over 5 years. Only 65% fully vaccinated in 2023. Lower uptake among Black/mixed ethnicity children, teenagers, those

⁶ www.corambaaf.org.uk/updates/new-child-health-assessment-forms-supporting-better-outcomes-children-care

entering care in teens, and those placed out of borough. Data quality and integration challenges across social care, GP, and Vaccination UK datasets.

- **Challenges:** Data gaps, consent barriers, unclear roles for foster carers.
- **Solutions:** Outlined in the attached action plan.
- **Governance:** Progress to be monitored via the Immunizations & Screening Group, with quarterly reviews. Action plan to be shared with Start Well Board chair.

Prioritized agreed actions (July 2025) are around:

Data & Intelligence:

- Improve Social Care data frequency and detail
- Review SNOMED coding with GPs

Education & Awareness:

- Train social workers and carers
- Raise awareness of disparities

Consent & Legal:

- Clarify delegated authority and escalation
- Streamline consent processes

Service Delivery, Equity & Access:

- Prioritize catch-up for teens and new entrants
- Audit 14+ cohort
- Investigate barriers for ethnic minorities and out-of-borough LAC

Timebound action plan:

Aim	Action #	Action	Timeframe (end of)
Data & Intelligence	1	Review and refine local authority recorded and health care assessment data (to separately record flu vaccinations and routine vaccinations) to support with GOV.UK data returns and future audits	Oct-25
Data & Intelligence	2	Obtain & share contact list for CYPsis contracts and their coverage across England (to be shared with service manager, vaccination UK, local authority public health and designated LAC clinicians)	Oct-25

Data & Intelligence	3	Convene a meeting to explore data sharing/matching feasibility between Whittington Haringey Community Paediatrics, Council and ICB, to identify how similar/different lists are between healthcare assessments, local authority data and EMIS, and support catch-up vaccination efforts for those identified as who have missed doses.	Oct-25
	4	Consider initially exploring Health Intent/London data store patient level access	
Data & Intelligence	5	Review feasibility of centralised database (regional vs national) to record vaccination uptake of Looked After Children	Ongoing
Education, Training & Awareness	6	Deliver training for Social Work Teams on Childhood Vaccinations, Consent Process, and Gillick Competence	Jan-26
Education, Training & Awareness	7	Update paperwork for foster carers to clarify vaccination consent process and legal rights	Sep-25
Education, Training & Awareness	8	Encourage practices/ICB to utilise/monitor uptake LAC vaccinations via Health Intent dashboard and to use the SNOMED code for LAC correctly (policy & guidance to be developed about when this should be added/removed). Share information with GP practices on consent processes for vaccination of LAC and how to escalate concerns.	Oct-26
Education, Training & Awareness	9	Continue to promote vaccinations and consent forms through foster carers networks/newsletter, and review and update communications to foster carers (clear guidance on how to check a child's vaccination status)	Ongoing/Oct-26
Operational Coordination & Governance	10	Use PEP meetings to raise awareness of immunisations, and raise awareness amongst school nurses, social workers and designated teachers	Jan-26

Operational Coordination & Governance	11	Agree a process for regular auditing/monitoring, escalating and vaccinating of LAC children at various stages between key partners i.e., Healthcare assessment delivery (designated LAC Doctor & Nurse), Vaccination UK, LAC Service Manager, Head of Virtual School and Health Visitors.	Jan-26
Service Delivery, Equity & Access	12	Investigate if immunisations are prompted/reviewed at assessments and identify mechanism/s to review, audit and escalate via IRO	Oct-25
Service Delivery, Equity & Access	13	Conduct qualitative deep dive with LAC (esp. teens), foster carers, and social workers (front door/YAS teams) to understand barriers/hesitancies	Oct-25
Service Delivery, Equity & Access	14	Deliver call/recall & a catch-up vaccination campaign for all Looked After Children missing vaccinations with a Haringey GP	TBC
Consent & Legal Processes	15	Haringey Business Intelligence team to share the names of all children looked after in Haringey, residing in North London to Vaccination UK, twice a year (September & February)	September 2025, Feb 2026
Consent & Legal Processes	16	Test Process: Vaccination UK to reach out to foster carer and social worker (on vaccination at school), if consent not signed, to email Hayley for delegated authority consent (if less than 16 y/o)	Start Sep 2025, next review April 2026
Consent & Legal Processes	17	Test Process: at start of academic year, service manager to email the relevant school-aged provider for children residing outside of North London, to notify that they can provide consent for that child if foster carer does not provide it (if less than 16 y/o)	Start Sep 2026, next review April 2027

- Dentistry: coverage is currently 87%. Target attainment is static as compared to 2022/2023 achievements. Previous government initiatives including the Pan-London Healthy Smiles Pilot to address inequalities in oral health amongst LAC have now been concluded. This means that LAC are reliant on their carer or Social

Worker to schedule an appointment for them with an NHS dentist for any routine appointment⁷.

4. Early interventions through to crisis mental health services

There is agreement across Haringey partners that there is an urgent need to expand and improve the quality of interventions available for Haringey Children in Care. In 2023/2024, a benchmarking exercise was undertaken to define “Psychosocial Care in Children-in-Care – What does Good Look Like? A Mixed-Methods Pragmatic Scoping Review.”

In 2023/2024 there was establishment of a Mental Health working group involving Haringey Social Care and mental health providers (principally BEH CAMHS and Tavistock Portman) partners to better specify and better deliver services for LAC.

2024/2025 has seen further work by Haringey Local Authority to re-design and re-commission mental health services. Further detail is provided below.

Key 2025/2026 Strategic and operational priorities

1. Ensuring that Looked After Children can access a high-quality and evidenced based package of services spanning early interventions through to enabling timely access to crisis interventions.

Ongoing work, led by Haringey Local Authority, to define services, with a strong focus upon improved assessment of needs and ensuring that interventions are evidenced based. Areas of change to assessment practices and interventions offered to LAC are expected to include:

- Annual assessment that more clearly identify social and emotional needs
- Strengthening and prioritization of therapeutic life story work, alongside statutory assessments such as SDQs
- Systems/process/expertise to assess for Complex PTSD as soon as an adolescent is taken into care
- Evidence based offer/menu of interventions that it adaptable
- Enhanced access for LAC to CAMHS crisis interventions when they need them

⁷ NHSE Dental advise that Healthy Smiles no longer exists. The pilot was launched due the COVID-19 pandemic when there was limited access to dental services. If a person needs a routine dental appointment, they can find a dentist by following the link below: <https://www.nhs.uk/nhs-services/dentists/> If they need urgent dental care, there is a well-established service through NHS 111.

We expect that during 2025/2026, re-commissioning of LAC Health Services by the Local Authority will be led to LAC Mental Health Services being co-located within the Local Authority.

As a health LAC team, we will develop our partnership with other organizations and hope to begin a collaboration with Prof Rachel Hiller's Child Trauma and Recovery Group at UCL including collaboration on research being taken forward in Haringey by a Doctoral Student within her Department.

2. Improving immunization coverage

The following work packages will be undertaken during 2025/2026:

Ongoing work to strengthen systems/processes to improve data and delivery.

Please refer to the Action Plan contained on pages 11-13 above.

3. Data and outcomes – measures of wellbeing

The following work packages which were not completed in 2024/2025 will be actioned during 2025/2026:

Routinely collected data – we intent to improve our use of routinely collected data through sub-analysis of inequalities to drive improvements in performance e.g. identifying geographical areas where children are placed in care – within and outside of Haringey – and where access to health services e.g. dentistry/vaccination services is difficult

As part of the workstream to improve early interventions through to crisis mental health support, we intend to incorporate measures of emotional well-being beyond SDQs scores. There is a large body of evidence which concludes that SDQs underestimate certain conditions e.g. depression/PTSD which impact upon well-being/mental health. We will work with academic partners, mental health services and the NCL ICB to define a core set of indicators and to develop the systems required for data collection/analysis.

4. Initial/Review Health Assessments

The following work packages will be undertaken during 2025/2026:

i. IHA/RHA rebranding (ongoing):

Change of focus of health assessments towards health and well-being of child/young person, focusing on positive rather than negative aspects (following feedback from service users).

Co-design with service users to make assessments relevant to child/young person's concerns.

Liaison with social care and IRO's to extract most pertinent information to include within report.

Use of some generic recommendations to improve standardization, and timeliness of reports

Create information about the assessment as well as local services, means of seeking extra support, including mental health.

Work to ensure recommendations and reports are shared in a timely fashion.

I Consent – turnaround.

A new consent form was introduced in 2023, to be signed at the same time as a child coming into care. It was envisaged this would lead to an improvement in timescales for obtaining consent for the Initial Health assessment.

Roll-out is continuing – and further work is planned in conjunction with social care to improve both use of the new consent form and time frames for notification of a child coming into care and obtaining of consent.

Data - Children in Care Service

As of the end of March 2025, 325 Children were placed into Care whilst 120 children entered care during the reporting period. The rate of children becoming looked after is 64/10,000. This is within the interquartile range of our statistical neighbours (60-69). per 10,000 is 62

Within the last 12 months, 134 children ceased to be looked after, out of which 34 who ceased to be looked after and returned home to live with their parents or relatives.

75%% of Haringey Children in Care seen with 20 working days for Initial Health Assessment – 2% improvement compared to 2023/2024

78% of Haringey Children in Care for 12 months or more are seen for their Review Health Assessment (those in youth offending institutes not CIC prior to being remanded are not the responsibility of the CIC team).

87% of Haringey Children in Care have seen a dentist during the preceding 12 months
 43% of Haringey Children in Care fully immunized in line with UK vaccination schedule
 65% of Haringey Children in Care fully immunized when excluding influenza vaccination
 86 % Haringey Children in Care have had a Strength and Difficulty Questionnaire (SDQ) completed. This is collected by First Step, which is a commissioned service provided by Tavistock-Portman.

Haringey CIC team submit quarterly reports via Whittington Health on performance of the team which is reviewed at NCL commissioning meetings.

Quarter 1 2024/2025

	Activity	Quarter 1 2024/25			
		April	May	June	Total Q1
Initial Health assessments	Number of new into Care notifications	8	11	13	32
	Total number of children seen in current month	8	11	13	32
	Number completed within 20 days (based on 'date seen')	7	6	10	23
	Number completed over 20 days (based on 'date seen')**	1	5	3	9
Review Health assessments	Number due	31	30	17	78
	Total number of children seen per month	33	30	17	80
	Number completed within timescale this month	27	25	14	66
	Number of children not seen on time	6	5	3	14

Quarter 2 2024/25

	Activity	Quarter 2 2024/25			
		July	August	September	Total Q2
Initial Health assessments	Number of new into Care notifications	8	8	4	20
	Total number of children seen in current month	5	8	4	17
	Number completed within 20 days (based on 'date seen')	4	6	3	13
	Number completed over 20 days (based on 'date seen')**	1	2	1	4
Review Health assessments	Number due	16	44	26	86
	Total number of children seen per month	43	23	25	91
	Number completed within timescale this month	41	19	22	82
	Number of children not seen on time	2	4	3	9

Quarter 3 2024/25

		Quarter 3 2024/25			
Activity		Oct	Nov	Dec	Total Q3
Initial Health assessments	Number of new into Care notifications	5	12	5	22
	Total number of children seen in current month	5	12	5	22
	Number completed within 20 days (based on 'date seen')	5	10	3	18
	Number completed over 20 days (based on 'date seen')**	0	2	2	4
Review Health assessments	Number due	33	33	19	85
	Total number of children seen per month	33	33	19	85
	Number completed within timescale this month	18	19	10	47
	Number of children not seen on time	15	14	9	38

Quarter 4 2024/25

		Quarter 4 2024/25			
Activity		Jan	Feb	Mar	Total Q4
Initial Health assessments	Number of new into Care notifications	7	17	19	43
	Total number of children seen in current month	7	17	19	43
	Number completed within 20 days (based on 'date seen')	4	16	10	30
	Number completed over 20 days (based on 'date seen')**	3	1	9	13
Review Health assessments	Number due	29	25	26	80
	Total number of children seen per month	29	25	26	80
	Number completed within timescale this month	26	18	19	63
	Number of children not seen on time	3	7	7	17

6 children were not seen for RHA by the end of the year. The team continue to attempt to see children who have previously declined to be seen. 97% of children in care received an RHA.

4 RHA'S and 2 IHA's were completed by Out of Borough Team's due to where the children are placed.

Strategic Work of the Team

The Nursing/Medical team represent CIC on the following groups and committees.

Name of group/committee	Representative	Frequency
Whittington Health Safeguarding committee	Designated Nurse/Designated Doctor	Quarterly
Whittington Health Haringey Quality and Performance meeting	Designated Nurse/Designated Doctor	Monthly
Haringey Safeguarding Assurance Group meetings	Designated Nurse	Quarterly
Haringey health safeguarding children learning and quality group	Designated Nurse/Designated Doctor	Quarterly
Haringey Complex care Panel	Designated Doctor	Monthly
Haringey Fostering Panel	Designated Nurse	Monthly
Virtual School Management Committee	Designated Nurse	Quarterly
Haringey Exploitation Panel	Designated Nurse	Monthly
Haringey Pre-MACE	Designated Nurse	Monthly
Corporate Parenting Committee Meetings	Designated Nurse/Designated Doctor/Named Doctor	Quarterly

Meeting with Aspire (Children in Care council)	Designated Nurse/Designated Doctor/Named Doctor	Quarterly
London Designate Nurse Meetings	Designated Nurse	Quarterly
Designated Meetings across the sector	Designated Nurse/Designated Doctor	Quarterly
HSPC Quality performance and outcome meetings	Designated Nurse	Quarterly
HSPC Practice, Learning & Workforce, Development Group	Designated Nurse	Quarterly
NCL Safeguarding System Learning Conversation	Designated Nurse	Quarterly
NCL ICS CLA working group	Designated Nurse	Monthly

Training and Seminars

The nurses provide training to foster carers in child development, health needs and minor ailments and treatment.

We have provided training on The Health Needs of Children in Care via The Haringey Academy for Social workers and foster carers.

The Paediatric registrar receive training from the team during their placement and Health Visitors and School Nurses visit the service as part of their induction.

Risk Management, Incidents and Complaints and Compliments

Following an incident in 2021/2022 where there was a delay in health review reports being shared, a weekly LAC health team meeting takes place which is chaired by the Named Doctor/Designated Nurse. All notifications of entry into care are reviewed; health assessments are scheduled, and the status of all medical reports is discussed. There remains a delay in some reports being completed due to capacity issues within the medical team. There is also a delay in nurses completing health assessments reports, and a system of

uploading recommendations to Liquid Logic takes place if there is a delay of reports being completed.

Supervision

The Haringey Health LAC team leadership includes a Designated as well as Named Doctor for LAC work who alongside the Designated/Named Doctor for Child Protection in Haringey.

Any safeguarding concerns are discussed with the Designated or Named Doctor for LAC and identified concerns are discussed at any time with the Designated/Named Doctor for Child Protection or at the Haringey Community Paediatrics weekly safeguarding peer review meeting.

The nurses discuss cases of concern at team meetings and during 1:1 meeting with the Designated Nurse. Safeguarding supervision is received from the Named Nurse Child Protection. The Designated Nurse receives additional supervision with the other named nurses for CIC in Whittington Health.

Safeguarding is a significant and important part of the workload of the LAC Team and the team is routinely involved and included in any strategy meeting convened, for any Haringey LAC irrespective of where they are living.

The complexity and volume of safeguarding work has certainly increased year-on-year and this work continues to sit alongside more routine aspects of work, especially routine health assessments.

⁴ A desktop report is written by the paediatrician or nurse. This takes place if a young person does not wish to attend the assessment and it is clinically appropriate. If possible, the Dr speaks to the young person and others to inform the report. The Social Worker is also contacted and existing health records reviewed. This is following a recommendation of a Serious Case Review (Child O). The report is forwarded to health professionals, including the GP and recommendations will be reviewed by SW and Independent reviewing Officer

REPORT FORMAT WITH GUIDANCE

If the report is exempt from publication you will need to state that it is exempt from publication under para 12 of Schedule 12A of the Local Government Act 1972, and state which paragraph of the Act exempts the report. If in doubt clarify this with the Committee Section. Also see attached exemption schedule.

EXAMPLE OF EXEMPT PARAGRAPH

NOT FOR PUBLICATION by virtue of paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972.

This report is not for publication as it contains information classified as exempt under Schedule 12A of the Local Government Act 1972 in that it contains information relating to the financial or business affairs of any particular person (including the authority holding that information).

Report for: CPAC 13 January 2026

Item number: To be added by the Committee Section

Title: Virtual School (VS) annual report 2024-25

Report authorised by : Ann Graham, Corporate Director of Children's Services

Lead Officer: Eghele Eyituyo, Headteacher Virtual School

Ward(s) affected: N/A

**Report for Key/
Non Key Decision:** For Information and Noting

1. Describe the issue under consideration

1.1 The Virtual School Team is a multi-disciplinary team working to raise the educational attainment and attendance of children and young people in care. It works in partnership with colleagues across the authority, and also with the third sector. It tracks educational progress, while supporting and monitoring work with children and young people in care. It works to help young people achieve their full potential, and offers support and advice to those who care and work with them.

1.2 The report provides a summary of the activity of the team in 2024-25 as well as an outline of attendance, suspensions, exclusions and attainment, for our children in care.

1.3 To note that Ofsted validated data will not be available until late January'26.

1.4 The report outlines the development plan for 2025-26.

2. Cabinet Member Introduction

N/A

3. Recommendations

3.1 That Members note contents of this report.

4. Reasons for decision

4.1 This report is for information only

5. Alternative options considered

N/A

6. Background information

N/A

7. Contribution to the Corporate Delivery Plan 2022-2024 High level Strategic outcomes

N/A

8. Carbon and Climate Change

N/A

9. Statutory Officers comments (Director of Finance (procurement), Head of Legal and Governance, Equalities)

N/A

10. Use of Appendices

Appendix 1 – Virtual School annual 2024-25

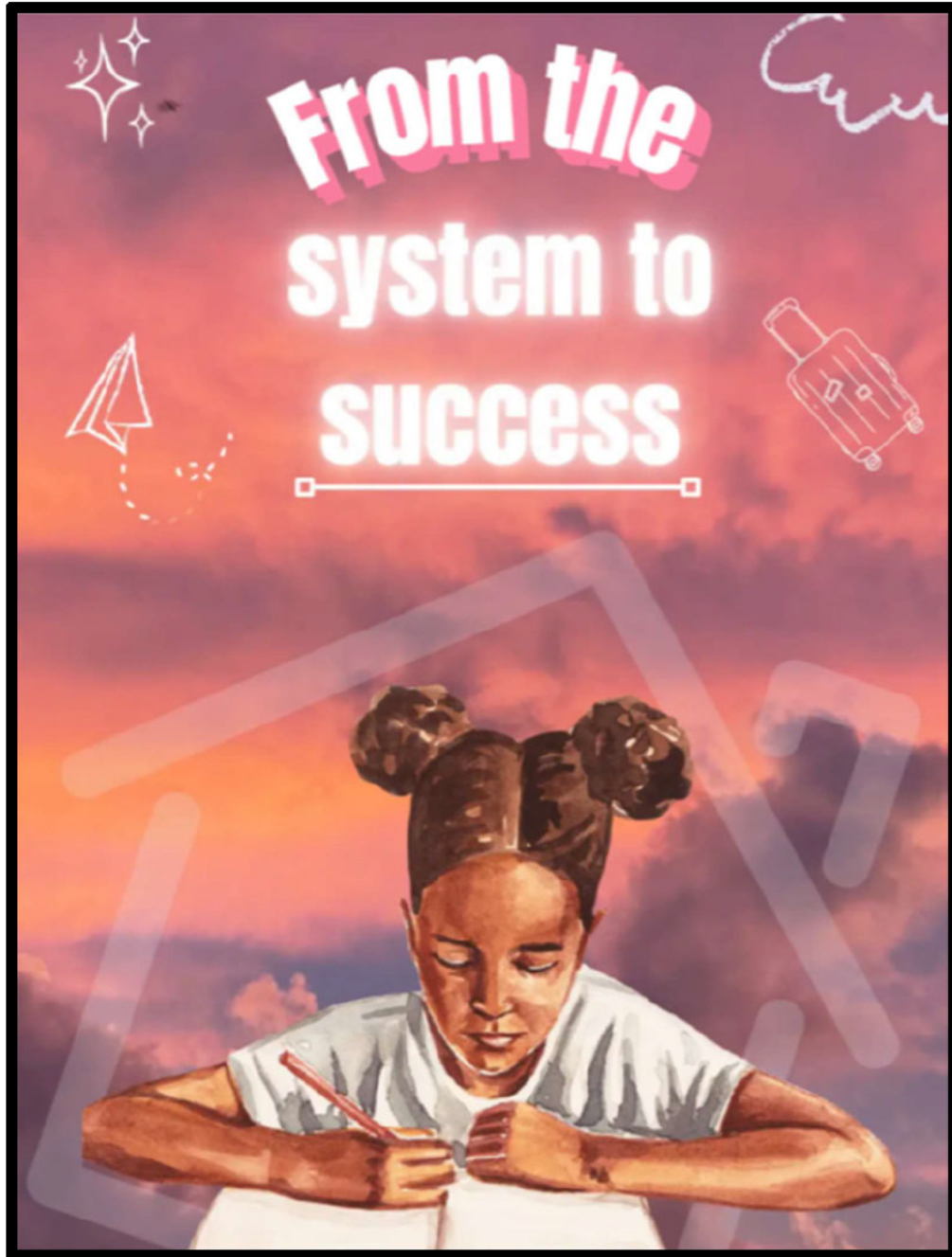
11. Background papers

N/A

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Haringey Virtual School Annual Report 2024 -2025

'Our children deserve a secure future which is based on a strong education'.



A child in our care has kindly given us permission to reprint the artwork from her upcoming book.

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Introduction mission statements and vision

The mission statement for the Haringey Virtual School is in line with the Haringey Council's organisational values Caring, Collaborative, Community-Focused, Courageous and Creative.

Our children deserve a secure future which is based on a strong education. The Virtual School's mission is to break-down and challenge stereotypes that plague our children. We want schools and provisions to understand the resilience, strength and power our children possess and help them to use it to realise their potential. We understand there is not a universal experience of being a care experienced child and we champion the voice of our children so they can be heard, understood and supported. We are a child-centred service, and we have our children at the heart of our decisions and choices. We are the Haringey Virtual School.

We **care** about the lives and futures of our children advocating for them to have a strong education which will provide them with a secure future.

We **collaborate** with different departments, directorates, schools, colleges and other agencies to drive forward change, raise the expectations and challenge stereotypes of children.

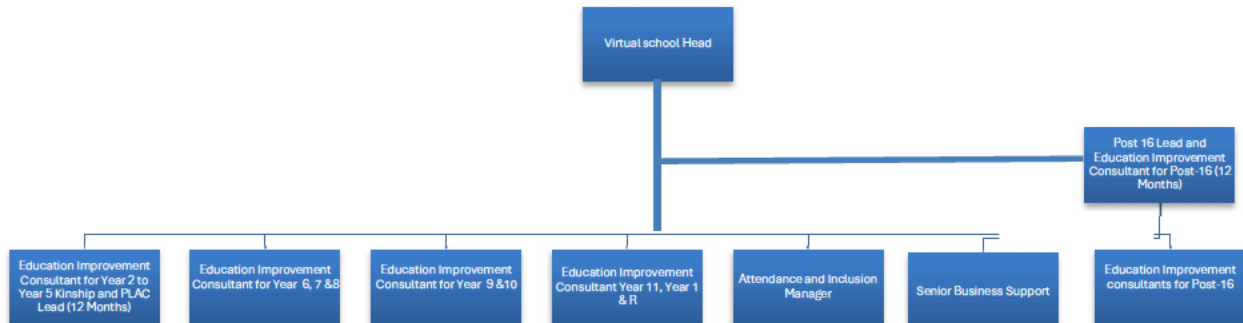
We are focused on children and know they will make powerful contributions to the **community** in the future.

We are **courageous** in the decisions we make for our children using **creativity** to develop capacity and sufficiency as we know it is always the value not necessarily the cost that can secure the best outcomes for children.

The vision for the Virtual School

- To deliver an outstanding service to help our children obtain outstanding outcomes.
- We are educational experts and internal and external services recognise and respect our expertise and seek our guidance in line with the social care national framework.
- We champion the extra-curricular experiences of our children through joint provision with national and local services.
- We understand the ePEP is an important document, but it is the actions and impact following the meetings which is most valuable in terms of judging the quality of the ePEPs.
- We aim to take an evidence-informed approach to the delivery of our service and advice.

Staffing and structure of the Virtual School



The Virtual School has one person on the leadership team, Post-16 Lead. The Head of the Virtual School has line management of seven staff members. The Post-16 Lead has responsibility for the Pan London Post-16 network, training of staff working with post-16 and Post 16 NEETs. They also line manage one staff member, the Education Improvement Consultant for Post-16.

A key stage model existed in which Education Improvement Consultants (EIC) were responsible for specific key stages. This structure was changed in 2024 to move towards EICs staying with their child until Year 11. The previous Year 9 and 10 cohort have stayed with the same EIC. The EIC in charge of Year 8 and 9 will stay with the cohort until the end of year 11.

- Head of Virtual School Full time (F/T)
- Post 16 Lead (12 Months) & EIC for Post-16 (Permanent) (F/T)
- Senior Business Officer (Permanent) (F/T)
- Inclusion and Attendance Manager (Permanent) (F/T)
- Education Advisor for Early years (One day a week) (Line managed by Early Years)
- EIC for Year 2,3,4 & 5 – PLAC and Kinship Lead (12 months) (Permanent) (F/T)
- EIC for Years 6,7 & 8 (Agency) (F/T)
- EIC for Years 9 & 10 (Permanent) (F/T)
- EIC for Year Reception, Year 1 & 11 (Permanent) (F/T)
- EICs for post-16 (Agency) (F/T)
- Two Educational Psychologists (Traded service cost at £46,000 per year) (Two days a week)

Education Improvement Consultants are responsible for monitoring children's progress, attendance, and behaviour, working with the network to ensure they have a quality ePEP, where they will challenge and support the network to ensure that the effective support is put

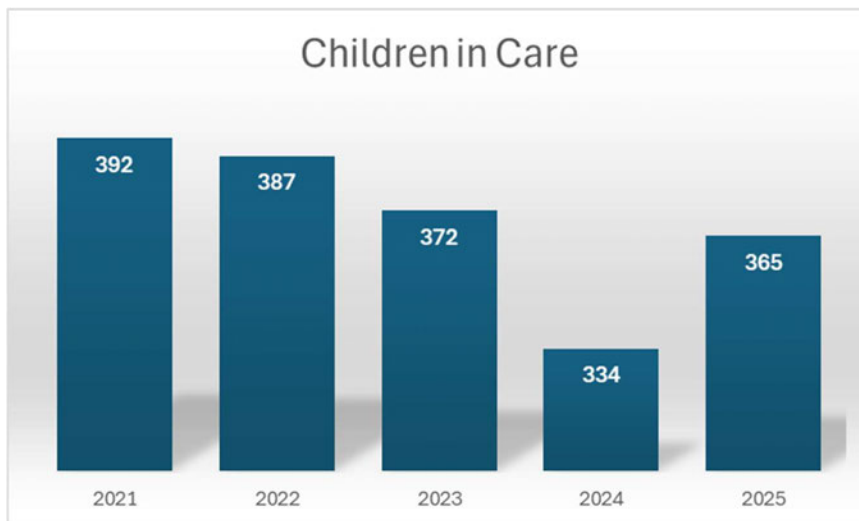
in place and that aspiration is high. With support from the Attendance and Inclusion Manager, they jointly challenge exclusions and suspensions, offering alternatives and supportive strategies, including staff training. The EIC will provide direct intervention work with the Educational Psychologist to ensure the need is understood and recommendations made, including statutory assessments. School places are overseen, and recommendations are made for those making normal transfers and those who need to move in year. Staff signpost children to opportunities, which includes organising and leading on several visits and projects. Additionally, the EIC role has been expanded to provide termly tracking of the English and Maths progression of their cohort. Following a whole staff consultation the Education Improvement Consultants job description has changed to better reflect the expectations and needs of the service.

The Attendance and Inclusion manager will take a larger responsibility of monitoring the attendance of statutory and non-statutory cohort and will be providing termly reports for Virtual School Management Committee. They will also lead attendance forums and will provide attendance training for foster carers, social workers and foster carers.

The changes that have been implemented will lead to greater transparency around the roles and responsibilities of the EIC. We are also focused on raising the profile of attendance to increase expectations across our entire cohort.

Our children who we look after: contextual data

There has been an 17% decrease in CiC in Haringey since 2021 and there has been a continual decline. Additionally, there has been a significant decline in the rate per 10,000 children aged under 18 it has fallen from 71 (2021) to 61 (2025).



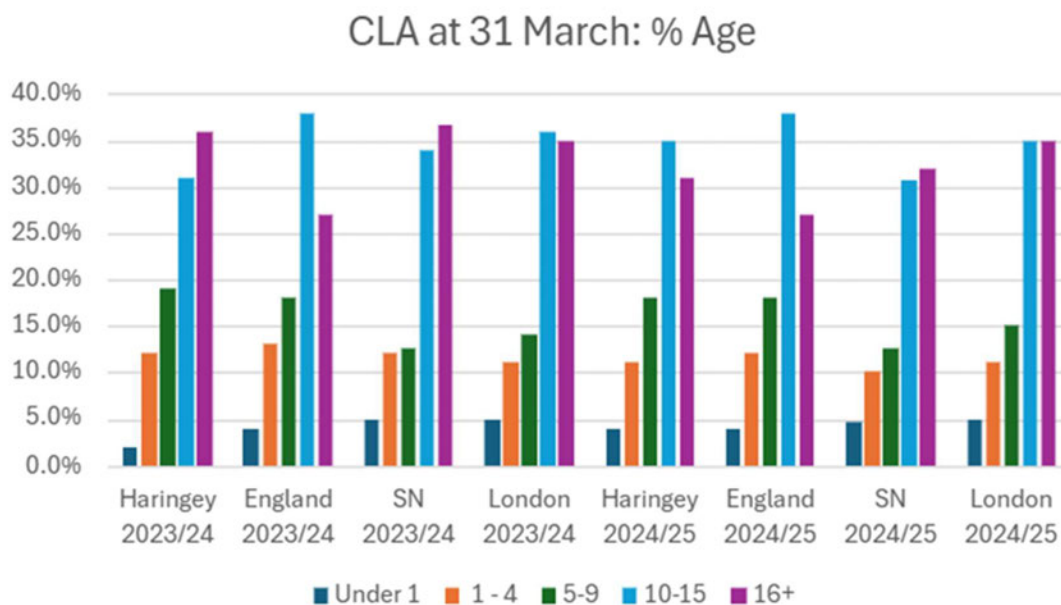
The number of children in care has increased by approximately 8%, following a previous downward trend. This rise aligns with a national increase in the number of children entering care. It remains difficult to predict whether the numbers will continue to rise or begin to decline. However, the government has committed to transforming early intervention through the development of multidisciplinary Family Help services, with the aim of reducing the number of children entering care. The current team could potentially manage a further increase of up to 10%. Should the numbers exceed this threshold, it would be necessary to consider options for increasing staff capacity.

Age distribution

In Haringey, the proportion of children under the age of one was particularly low in 2023/24 at 2%, but this figure doubled to 4% in 2024/25, aligning more closely with national and London averages. During the same period, the proportion of children aged 16 and over decreased from 36% to 31%, while those aged 10–15 increased from 31% to 35% indicating a movement away from older cohorts towards younger age groups.

At the national level, England's figures remained largely stable, with children aged 10–15 consistently representing the largest group at 38%, and those aged 16 and over accounting for 27%, reflecting a younger overall profile compared with Haringey. Statistical neighbours exhibited a similar trajectory to Haringey, with a relatively high proportion of children aged 16 and over in 2023/24 (36.6%) declining to 32% 2024/25, alongside a reduction in the proportion of 10–15-year-olds.

London, by contrast, demonstrated a more balanced and stable distribution, with children aged 10–15 and those aged 16 and over each comprising approximately 35–36% across both years, and only a modest increase in the proportion of children aged 5–9. Taken together, these figures suggest that while England and London have maintained consistent age profiles among children in care, Haringey and its statistical neighbours are undergoing a discernible shift, characterised by a slowing reduction in older children and a growing representation of younger cohorts.

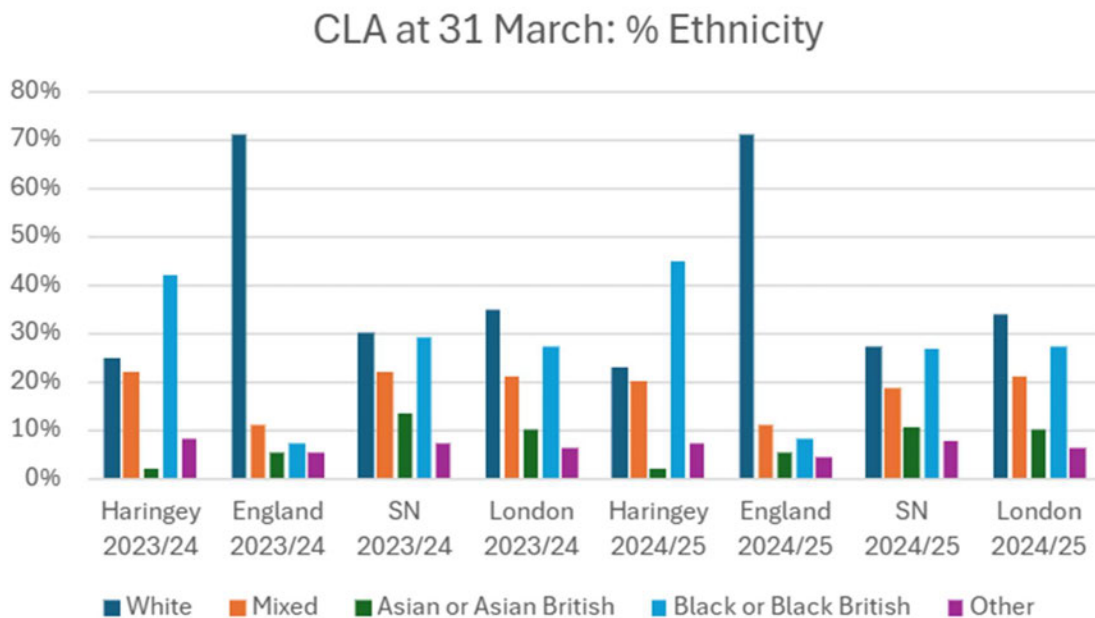


Ethnicity

The data on the ethnicity of children in care shows clear differences between Haringey, England overall, London, and Haringey's statistical neighbours, as well as changes between 2023/24 and 2024/25. In Haringey, children recorded as Black or Black British formed the largest group, increasing from 42% in 2023/24 to 45% in 2024/25. This proportion is higher than the figures for England (7–8%), London (27%), and statistical neighbours (around 27%). White children accounted for 25% in 2023/24 and 23% in 2024/25, compared with 71% nationally and 34–35% in London. Children of Mixed ethnicity represented 22% in

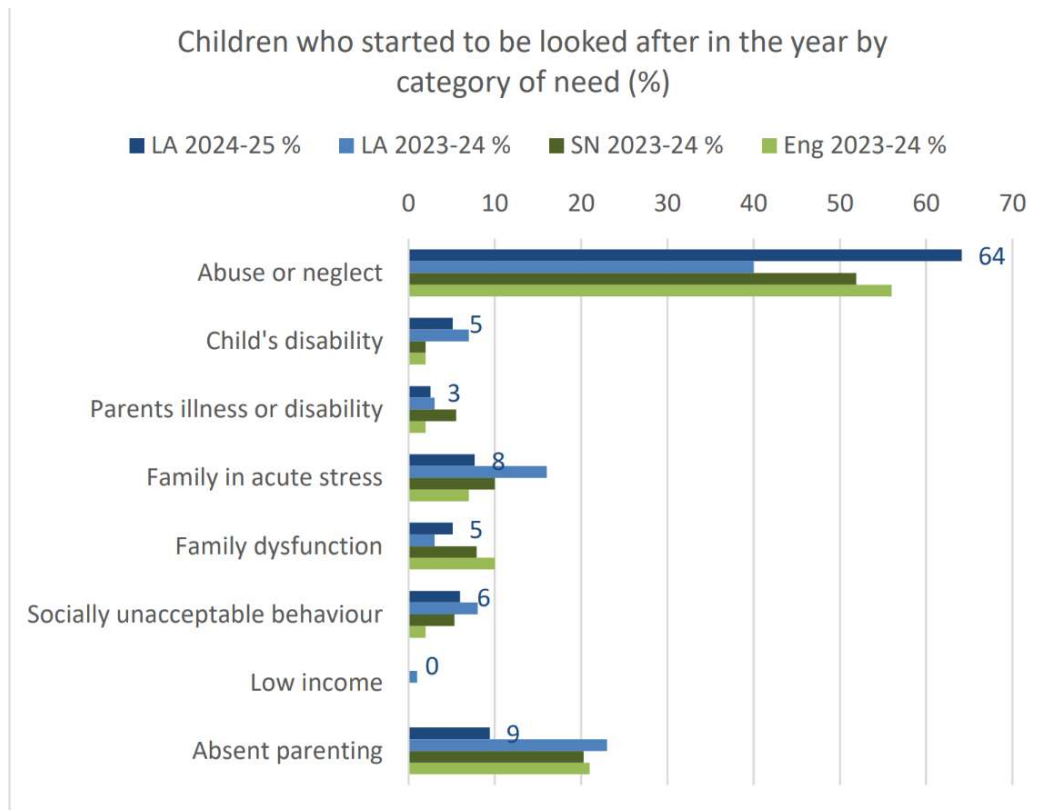
2023/24 and 20% in 2024/25, compared with 11% nationally and 21% in London. For Asian or Asian British children, Haringey's proportion remained at 3%, compared with 5% nationally, 10% in London, and 10–13% among statistical neighbours. The Other ethnic group category accounted for 7–8% in Haringey, compared with 4–5% nationally and 6% in London.

Overall, the data indicates that Haringey's children in care population has a different ethnic profile compared with national and London averages, with relatively higher proportions of Black and Mixed ethnicity children and lower proportions of White and Asian children.

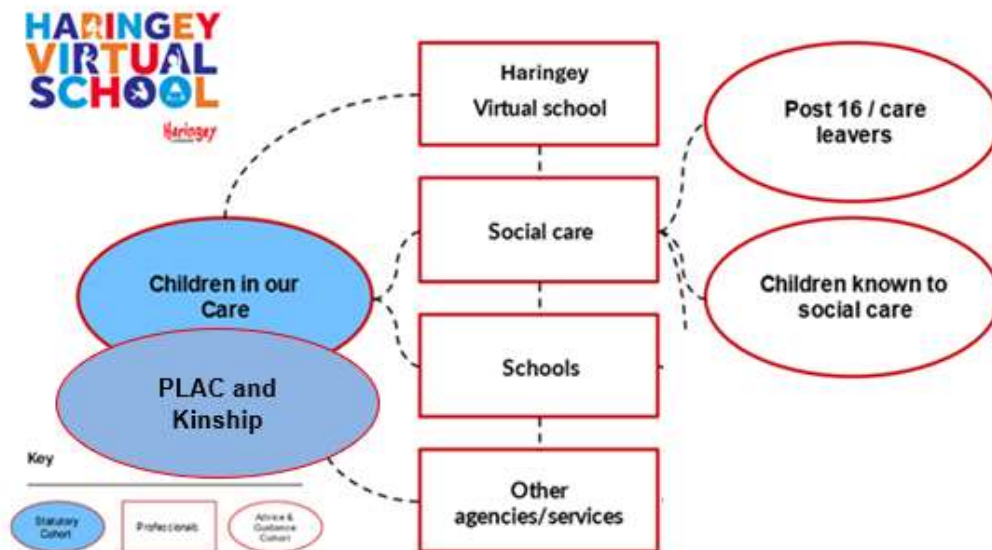


Category of need or reasons for coming into care

There has been a spike in Abuse and Neglect from 39% to 64%. This now surpasses both SNs and England, while significantly below last year. Families in acute stress decreased by another 8%, on 8% this year, now in line with England but under SNs'. Family dysfunction is slightly higher this year (5%), but still lower than both benchmarks. Absent Parenting down from 23% to 9%. SNs and England are both around 20%. The number of children whose need is Socially unacceptable behaviour has reduced to 6% from 8%, well above England, but similar to SNs.



Our extended duties



Post-16

We have a Post-16 Lead and a Post-16 Education Improvement Consultant who monitor the education of our post-16 cohort up to the age of 18. The Post-16 Lead is responsible for driving the strategic aims of reducing NEET (Not in Education, Employment or Training) figures and ensuring effective transitions from Year 11 into Post-16 education. Together, the post-16 team manage a caseload of approximately 90 children. These roles are partially funded by the Post-16 Pupil Premium Grant (PPG), which amounted to £78,148 for the 2024–2025 financial year. Additional funding is drawn from the general Pupil Premium Plus Grant (PPPG) to support the roles. The total cost to the service for these positions is approximately £150,000 per year. The team continues to monitor education using Post-16 Personal Education Plan (PEP). At age 18, young people have the option to opt out of receiving support. Currently, only 5% of the post-16 cohort have requested continued support beyond 18, typically those with an Education, Health and Care Plan (EHCP) or those completing A-levels who wish to maintain educational continuity.

Feedback from Social worker on Post-16 Team

I just wanted to put into words my recognition of Dianne's fantastic support and practice. She has an infinite enthusiasm for supporting our young people. Her advocacy is second to none, and she has championed our young people in more ways than one. We've had a particularly difficult time in the last month trying to support the enrolment of one of our young people (NK) who has an EHCP and who also underwent an operation on GCSE results day. She has followed this up daily with the relevant parties in education and SEND. I would love for her to be acknowledged for the true brilliance that she evokes every single day.

Higher Education

Four young people from the Year 13 cohort will progress to university which is a 100% increase on last year number of two people. Whilst numbers are small, we are encouraged by the increase in the take up.

Year 1

	University	Course
Young person 1	UCL	Sociology BSc
Young person 2	UCL East	Business and Health BSc
Young person 3	Greenwich University	Social Work BA
Young person 4	Exeter University	BSc Finance: Investment Banking

Year 2 (Last year cohort)

	University	Course
Young person 1	University of Sussex	Creative Writing BA (Hons)
Young person 2	Northumbria University	Psychology BSc (Hons)

We have worked with young people at UCL to support their access to the UNITE Foundation Scholarship, which provides fully funded accommodation and covers utility bills for the duration of their university course. In addition, students currently attending university will continue to receive support from the Virtual School through regular check-ins. Students will be invited to participate in holiday activities with younger children, for which they will be paid helping to build their CVs and develop transferable skills. The team will support students in securing summer internships aligned with their course of study.

This year, three additional care leavers have started university. Two of them began their studies at the ages of 19 and 20. The third care leaver ceased to be monitored by the Virtual School in June and is therefore not included in our statistical data.

Care Leavers not in Education, Employment and training (NEET)

At the end of the academic year 24/25 the Virtual School was monitoring 87 Children in Post-16. The percentage of children who were NEET was 15% (13) which is a three percent decrease on the 23/24 figure.

The post-16 team have been working directly with the children to support them back into Employment, Education and Training (EET). We did plan to work with an organisation to support and mentor our NEET children. They were to work with ten NEET children. However, the spending reviews meant this work could not be pursued. The post-16 team have taken the responsibility of directing children into EET, by making referrals and meeting the children.

The following case study is based on a child who had severe absence from Year 9 and did not sit their GCSEs exams. Following their GCSEs they had been NEET. However, the work by the post-16 team supported the young person back into EET.

Case study

Child V is transgender female, 17 years of age. They have been a Child Looked After since November 2022. During this time, she has experienced significant instability, with nine placement moves, a high number of missing-from-placement episodes and very low school attendance, resulting in no formal qualifications.

In September 2024 Child V was enrolled at a college, however this was disrupted by another placement move of the area. Unfortunately, her attendance was low, and she was involved in several behavioural incidents, culminating in an exclusion following threats made to another student.

The Virtual School EIC attended the college disciplinary meeting to advocate for Child V. Although the college upheld the exclusion, they agreed to allow her to continue submitting work to complete her course. Haringey VS funded 12 weeks of English & Maths tutoring to support her with this work, providing structure and one-to-one educational input. The EIC maintained regular contact with Child V through visits, phone calls, and WhatsApp messages, and attended both of her PEP meetings in person. The VS EIC also advised Child V of employment & training opportunities she might be interested in and supported her in making applications to ensure she had a range of options available.

Recognising Child V's desire to return to college in September, the EIC supported her through the application process, attending two open days and helping her explore course options. Child V chose a childcare course, and the EIC facilitated meetings with the course team to discuss her educational history and support needs. The EIC also liaised with Haringey VS Educational Psychologist and the college to ensure staff were informed and prepared to support her. To ensure a smooth start, the EIC attended enrolment with Child V, arranged for her to be assessed when she starts college for additional support in English and Maths. The VS EIC organised the purchase and delivery of necessary stationery to her placement.

What Difference This Made:

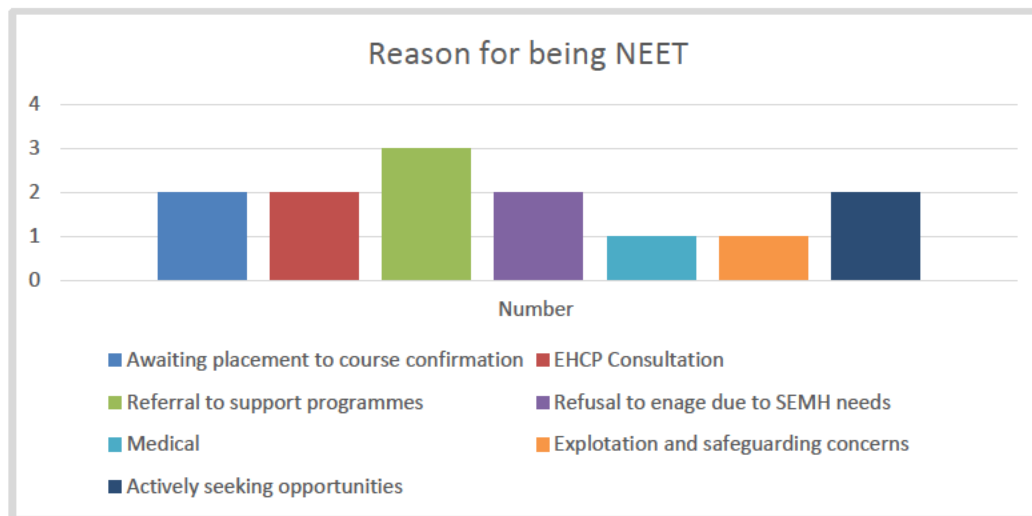
Child V is now enrolled on a childcare course and attending regularly. College staff are in contact with her Virtual School EIC and Social Worker, ensuring a joined-up approach to her support. Her number of missing episodes has significantly decreased, and she has remained in her current placement. The tutoring and consistent engagement have helped her re-establish a routine and build confidence in her educational journey.

Implications for Practice:

This case highlights the importance of persistent advocacy, personalised support, and multi-agency collaboration in re-engaging vulnerable young people in education. The proactive involvement of the Virtual School, including attending disciplinary meetings, open days, and enrolment, was key to building trust and ensuring Child V felt supported. The case also reinforces the value of flexible educational pathways and the need for colleges to be informed and prepared to meet the needs of care-experienced young people.

The Post-16 Team have been working closely with Haringey Works as part of the Haringey Trailblazer steering group, which will launch in October 2025. The aim of the programme is to support children and young people between the age of 17 -25 into Employment, Education and Training (EET). It includes 1:1 support, group sessions, pre-employment training, CV help and interview practice and connecting with potential employers and a paid three-month placement with Haringey Council.

Additionally, The VSH is the lead for the Transformations workstream for Education and Employment Benefits which is a task and finish group. The group is responsible for developing robust systems and processes that will ensure young people within the scope of the transitions programme have access to education and employment opportunities. It is helping the Virtual School to create strong internal and external partnerships to reduce the number of NEETs.

NEET data 2024-2025

A higher proportion of the NEET cohort are in Year 13 (eight pupils), compared to five in Year 12. Notably, four of the Year 12 children who are NEET did not sit their GCSEs in Year 11, highlighting a significant barrier to progression into post-16 education or training. This underscores the importance of ensuring children in care are supported to complete their Key Stage 4 qualifications, as the absence of GCSEs can severely limit access to further education pathways and vocational opportunities.

The data highlights a range of complex and individualised reasons why children in care are currently NEET (Not in Education, Employment, or Training). Several are awaiting placement confirmations or consultations, including those with health needs or under EHCP and Youth Justice Service review. Others are actively seeking opportunities such as apprenticeships or college enrolment. A number have been referred to targeted support programme - Full Potential Haringey. Some children have declined sixth form placements due to social, emotional, and mental health (SEMH) challenges, while one case involves safeguarding concerns related to exploitation and missing episodes. Overall, the data reflects the need for flexible, trauma-informed, and multi-agency approaches to re-engage these children in education or training.

Children known to social care and previously looked after children

CIN (2023 – 2024)	CP (2023 -2024)	CIN (2024 -2025) *	CP (2024-2025) *
1044	192	1118	219

*Data taken from CIN Management report 04/08/2025

***Educational outcomes for CIN and CP**

Key stage 4 verified data available November 2025

Key Stage 2 Expected standard*

	2024-2023 total number	2024 - 2025 total number	RWM		Reading		Writing		Maths		GPS	
			23-24	24-25	23-24	24-25	23-24	24-25	23-24	24-25	23-24	24-25
<i>CIN all matched students Haringey</i>	80	60	53%	34%	64%	50%	63%	41%	58%	42.20%	60%	45%
<i>Statistical neighbours CIN</i>	570	X	41%	X	57%	X	52%	X	51%	X	54%	X
<i>London CIN</i>	1,920	1,590	40%	37%	54%	47%	49%	43%	50%	45%	51%	51%
<i>Haringey all pupils</i>	2,714	2,709	67.80%	69%	79%	80%	77.60%	77%	77.10%	80.2	76.70%	78%

The latest data reveals a decline in educational outcomes for Children in Need (CIN) in Haringey between the 2023–2024 and 2024–2025 academic years. Across all key performance indicators—Reading, Writing, and Maths (RWM), Reading, Writing, Mathematics, and Grammar, Punctuation and Spelling (GPS)—CIN students in Haringey have experienced significant drops in attainment. Most notably, RWM outcomes fell from 53% to 34%, with Writing showing the steepest decline from 63% to 41%. This downward trend is concerning when contrasted with the performance of all pupils in Haringey, whose outcomes have remained stable or improved slightly over the same period.

The attainment gap between CIN and their peers has widened considerably, with the RWM gap increasing from 14.8 to 35 percentage points. When compared to statistical neighbours and the London CIN average, Haringey's CIN students had previously outperformed their counterparts in 2023–2024, but by 2024–2025, their performance had dropped to levels at or below the London average in most subjects.

Phonics

	Cohort	No Score	Mark						Outcome				
			0-15	16-23	24-31	32-36	37-40	APS	Q	A	D	WT	WA
NCER National (CIN pupils)	11,670	15.0%	21.0%	7.0%	6.0%	26.0%	25.0%	26.5	0.0%	1.0%	14.0%	34.0%	51.0%
DfE Region - London (CIN pupils)	1,230	19.0%	18.0%	6.0%	4.0%	22.0%	30.0%	27.8	0.0%	1.0%	19.0%	28.0%	52.0%
LA - Haringey (all pupils)	2,617	3.9%	6.6%	2.9%	3.6%	26.4%	56.6%	34.0	0.0%	0.4%	3.5%	13.1%	83.0%
LA - Haringey (CIN pupils)	60	27.0%	-	-	-	22.0%	35.0%	31.8	0.0%	0.0%	27.0%	16.0%	56.0%

The 2025 Phonics Benchmark data for Children in Need (CIN) reveals a slight decline in performance compared to 2024, both nationally and locally. Nationally, the average point score (APS) dropped from 27.4 to 26.5, and the proportion of CIN pupils working at or above the expected standard decreased from 53% to 51%. In the London region, similar trends were observed, with a reduction in APS and 3% drop-in pupils meeting the expected standard. Most notably, Haringey's CIN cohort experienced a decline: the percentage of pupils working at or above the standard fell from 68% in 2024 to 56% in 2025, while those working towards the standard rose from 15% to 27%. Additionally, the proportion of Haringey CIN pupils scoring in the lowest band (0–15) increased markedly from 15% to 27%, indicating a growing attainment gap. In contrast, the performance of all pupils in Haringey remained stable, with consistent APS and high attainment levels, suggesting that the decline is particularly concentrated among CIN pupils. The Virtual School in its strategic capacity will consider the plans primary schools have to minimise the attainment gap using Haringey Education Partnership. It will aim to identify the schools which may need support and will ensure they are aware of the training and support provided by Haringey council and services.

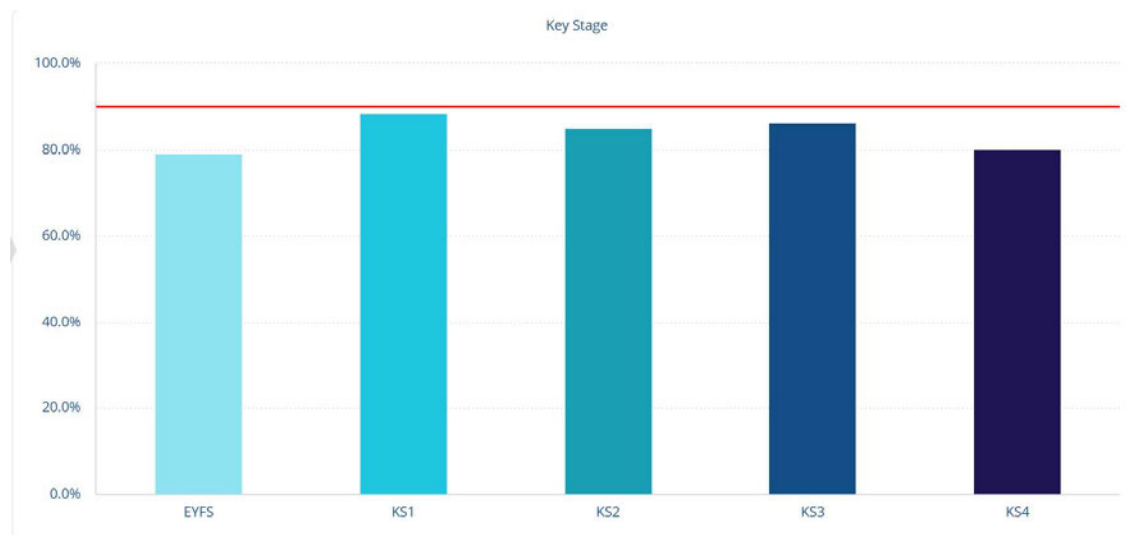
Attendance data for CP & PLAC

CP Attendance, suspensions and exclusions

At the start of the academic term, we started to track the attendance of children on child protection plans. At the start of the academic year, we were tracking 99 children. The attendance for our CP cohort is much lower than other groups.

The strategic oversight has been working with Education Welfare Service to understand the offer to schools and develop training to social workers to help them understand the processes if there is poor attendance. The work is ongoing and there is a need to support schools in Haringey to record their CP and CIN students to ensure the DfE VYED data accurately captures the cohort. There are established processes in place to monitor attendance on a weekly basis. To support this work, we will provide schools and social care teams with a guidance document developed in collaboration with the Education Welfare Service (EWS). Haringey Virtual School is represented on the EWS Attendance Board, which enables us to contribute to borough-wide strategies. Through this partnership, we will explore how best to support schools in improving attendance, particularly for vulnerable pupils across Haringey.

Attendance rates across the key stages show the highest levels in Key Stage 1 (KS1) at 88.6%, followed closely by KS3 (86.2%) and KS2 (85.1%), indicating strong engagement during these phases. Early Years Foundation Stage (EYFS) has the lowest attendance at 79.2%, with KS4 slightly higher at 80.2%. These figures suggest that while attendance is generally strong in the primary and lower secondary stages, there may be underlying challenges affecting attendance in EYFS and KS4.



EYFS	KS1	KS2	KS3	KS4
79.2%	88.6%	85.1%	86.2%	80.2%

Seven children were suspended and there were ten suspensions over 36 sessions. There was no recorded permanent exclusion for our recorded CP cohort.

PLAC attendance*

Term	Attendance %	Absence %	Unauthorised absence %
Autumn 2024-2025	90.7%	9.3%	3.4%
Spring 2024-2025	89.9%	10.1%	4.1%
Summer 2024-2025	90.1%	9.9%	3.6%
Overall 2024-2025	90.3%	9.7%	3.7%

*Data taken from DfE VYED recorded 214 PLAC

The attendance for the PLAC cohort is steady, however it is below the expected or target of 95% attendance. The PLAC data encompasses all children who are PLAC to other boroughs. In 2024 we started work with North London Adopt to provide education support to adoptive parents. The work will continue through 2025. The Virtual School has provided advice and guidance to adoptive parents to support transition and support at school.

Feedback from adoptive parent:

But my reason for writing today is to thank you for recommending Tutors Green. They have been excellent. Education Programme Coordinator, K has been very responsive and found a good selection of tutors for E. N and K worked together to develop an appropriate timetable for E. E is producing some good work and is generally far happier at school.

Kinship

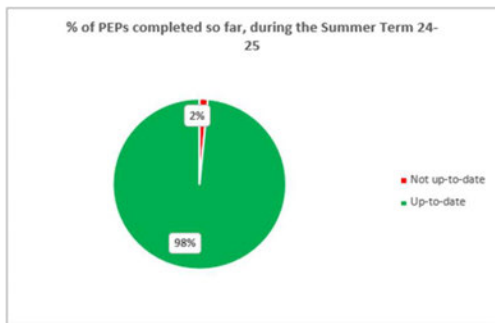
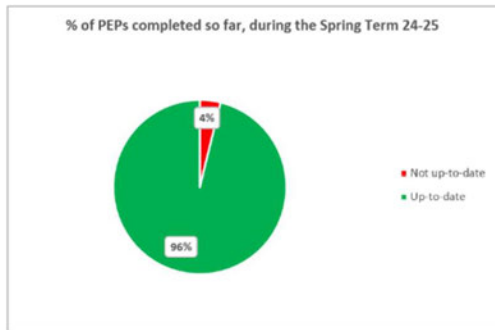
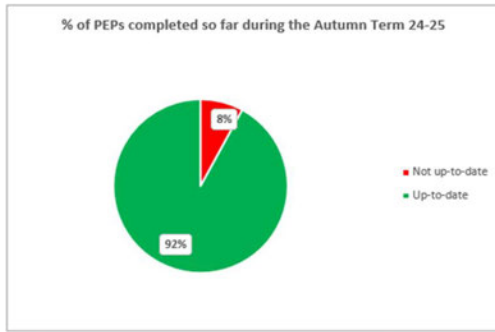
There is currently no standalone attendance data available for our Kinship cohort. However, during the 2024–2025 academic year, we have developed a meaningful partnership with the Haringey Kinship Network. As part of this collaboration, we have attended the weekly meetups to provide educational guidance and support to carers. This partnership has strengthened our engagement with the Kinship community and will continue under the leadership of the Kinship and PLAC lead.

Personal Education Plans (PEPs)

There has been a marked improvement in both the completion and quality of Personal Education Plans (PEPs). The number for incomplete ePEPs 2023 -2024 was 14% (Autumn) 13% (Spring) and 5% (Summer). However, there has been a marked increase 2024-2025 (figures below).

The number of incomplete PEPs is influenced by the fluctuating number of children entering care throughout the year. Please see the table below for data on statutory school-age and post-16 children entering care during the year. The changes in numbers during the autumn and spring terms likely had a significant impact on completion rates due to the proximity of deadline dates. However, during the summer term, fewer children entered care, and the deadline period was longer, which contributed to improved completion.

We are actively working to improve practice to ensure that all children have a PEP within ten days of entering care. While there is currently a lag between a child entering care and being added to Welfare Call, we are embedding procedures to ensure that initial PEPs are completed within ten days, with a record of the meeting or discussion added to Liquidlogic.



New SSA & Post 16s in Care from Sept-25 - July-25

Year Group	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Total SSA	w/EHCP
Yr13	3			1	2		1	1				8	
Yr12	1	2	2	1	2	1	7		2		2	20	1
Yr11				1	2	2		1	1	2	1	10	
Yr10			2									2	1
Yr9			4				4	1				9	2
Yr8		1					1		1		3	6	1
Yr7						1	1				1	3	
Yr6						1					1	2	
Yr5						1						1	
Yr4						1	1					2	2
Yr3				1	1							2	2
Yr2								1			1	2	1
Yr1		2				1	1	1				5	
REC						1		1				2	
EYs						3	2					5	
Total pm.	4	5	8	4	7	12	18	6	4	2	9	79	10

Changes have been made to the statutory school-age ePEP form to place greater emphasis on the voice of the child, career aspirations, and quality assurance. The updated form will be

implemented from September 2025. As part of our ongoing commitment to a more purposeful and child-focused approach, we also plan to revise the sixth form ePEP in 2026. A sample of ePEPs will be quality assured each term to support staff training, professional development, and continuous improvement in both the completion and overall quality of ePEPs.

Tracking and Attainment for Phonics, KS2 and KS4*

The Virtual school started to track the attainment of our CiC cohort throughout the year for English and Maths. We have attainment tracking meetings at the start of new academic term for Autumn, Spring and Summer, to focus on children who are underachieving and consider the interventions and support that can be offered throughout the term.

Tracking data 2023 -2024

English Tracking

	Year Group	Number of CiC	On Target	Not on Target	No mark
Autumn 2024	Yrs1–6	70	34	34	2
	Yrs7–11	99	40	39	20
	Total	169	74	73	22
Spring 2025	Yrs1–6	76	36	36	4
	Yrs7–11	109	44	37	28
	Total	185	80	73	32
Summer 2025	Yrs1–6	71	27	36	8
	Yrs7–11	113	33	58	22
	Total	184	60	94	30

Across the 2024–2025 academic year, English attainment data for Children in Care (CiC) reveals a downward trend in performance, particularly in the summer term. In Autumn 2024, 74 out of 169 children were on target, representing a relatively balanced start to the year. This figure rose slightly to 80 out of 185 in Spring 2025, suggesting some progress.

However, by Summer 2025, the number of children on target dropped significantly to 60 out of 184, indicating a decline in sustained attainment. The drop is most pronounced in the secondary cohort (Years 7–11), where the number of children on target fell from 40 in Autumn to just 33 in Summer, despite an increase in the overall cohort size.

This suggests that older children in care may face greater challenges in maintaining progress, potentially due to curriculum pressures, placement instability, or reduced engagement. In contrast, the primary cohort (Years 1–6) showed more stability, with on-target figures of 34 in Autumn and 36 in Spring, though this also declined to 27 in Summer.

**We no longer report on Key Stage 1 outcomes due to the increasing variation in schools opting out of KS1 assessments, which has impacted the consistency and reliability of the data.*

Maths Tracking

	Year Group	Number of CiC	On Target	Not on Target	No mark
Autumn 2024	Yrs1–6	70	35	34	1
	Yrs7–11	99	42	28	29
	Total	169	77	62	30
Spring 2025	Yrs1–6	76	38	35	3
	Yrs7–11	109	37	44	28
	Total	185	75	79	31
Summer 2025	Yrs1–6	71	26	37	8
	Yrs7–11	113	33	58	22
	Total	184	59	95	30

Maths attainment for Children in Care shows a decline in performance over the academic year, with a widening gap between those on target and those not on target. In Autumn 2024, 77 children were on target compared to 62 not on target. By Spring 2025, the number on target remained relatively stable at 75, but those not on target increased to 79. This trend declined in Summer 2025, where only 59 children were on target while 95 were not, indicating a drop in attainment.

The decline is particularly evident in Years 7–11, where the number of children on target fell from 42 in Autumn to 33 in Summer, while those not on target more than doubled from 28 to 58. In Years 1–6, the drop was also notable, with on-target figures falling from 35 to 26. These patterns suggest that children in care face increasing challenges in maintaining progress in Maths as the year progresses, especially in secondary education.

Tracking data through the academic year allows us to provide support and to ensure we are focusing on children who are underachieving. Also being able to track the patterns of underachievement we can implement package of support and intervention. For example, to support our Year 11 exam preparation, we organised group online tuition support for English and Maths. Also, tuition was provided by an EIC to a primary age child over the summer holidays to address the gaps in his learning.

Feedback from foster carer

Thank you for your kind words and all the support you've given J over the summer. He has really enjoyed working with you and benefitted so much from your tuition. I will certainly pass on your best wishes to him as he begins his new school year.

Phonics (4-year-olds)

	Cohort	Mark							Outcome				
		No Score	0-15	16-23	24-31	32-36	37-40	APS	Q	A	D	WT	WA
NCER National (CLA)	2,820	9.0%	19.0%	7.0%	7.0%	29.0%	28.0%	<div><div></div></div> 27.8	0.0%	0.0%	9.0%	<div><div></div></div> 33.0%	<div><div></div></div> 57.0%
DfE Region - London (CLA)	220	9.0%	17.0%	9.0%	4.0%	26.0%	35.0%	<div><div></div></div> 28.9	-	-	9.0%	<div><div></div></div> 30.0%	<div><div></div></div> 61.0%
Local Authority - Haringey (all schools)	2,617	3.9%	6.6%	2.9%	3.6%	26.4%	56.6%	<div><div></div></div> 34.2	0.0%	0.4%	3.5%	<div><div></div></div> 13.1%	<div><div></div></div> 83.0%
Virtual School - Haringey	8	12.5%	12.5%	12.5%	0.0%	25.0%	37.5%	<div><div></div></div> 29.3	0.0%	0.0%	12.5%	<div><div></div></div> 25.0%	<div><div></div></div> 62.5%

The data highlights encouraging progress among Children Looked After (CLA), particularly within the London region and Haringey's Virtual School. CLA pupils in London outperform the national CLA average, with 61% achieving the expected standard and a higher APS of 28.9. Haringey's Virtual School, despite its small cohort, shows promising outcomes with an APS of 29.3—above the national CLA average—and a quarter of pupils scoring in the 32–36-mark band.

Key Stage Two (11-year-olds) Expected standards

2025	Haringey (CiC)	London (CiC)	National (CiC)	2024 (Verified)	Haringey (CiC)	London (CiC)	National (CiC)	Change from 2024	Haringey (CiC)	London (CiC)	National (CiC)
11	300	3,770		15	350	3,800					
RWM	36.4%	36%	34%	RWM	53.3%	43%	34%	RWM	-16.9%	-7%	0%
Reading	63.6%	54%	51%	Reading	60%	59%	53%	Reading	3.6%	-5%	-2%
Writing	45.5%	47%	51%	Writing	66.7%	53%	46%	Writing	-21.2%	-6%	5%
Maths	54.5%	48%	46%	Maths	53.3%	53%	47%	Maths	1.2%	-5%	-1%
GPS	45.5%	47%	47%	GPS	66.7%	56%	47%	GPS	-21.2%	-9%	0%

The 2025 KS2 outcomes for Children in Care (CiC) in Haringey show encouraging signs of progress in key areas, particularly in reading and maths. Reading performance rose to 63.6%, placing Haringey above both London and national averages, while maths remained stable at 54.5%, continuing to outperform national figures. While writing and GPS outcomes were lower than the previous year, they remain broadly in line with regional and national benchmarks, highlighting areas for renewed focus and development. The combined Reading, Writing and Maths (RWM) measure was 36.4%, which, although lower than in 2024, still matches the national average. It is important to note that the 2025 cohort was smaller and at least three children were working at pre-key stage levels.

Key Stage 4 (16-Year-olds) (Statistical data will be verified in November 2025)

At the end of July 2025 there were 31 children in Year 11.

- 20 Children sat their GCSE exams
- 3 Children were following an ESOL curriculum
- 4 Children did not sit their GCSE exams
- 4 Children came into care after exams (June/July)

GCSE exam predictions for English and Maths

The accuracy of mock exam predictions was relatively low across core subjects:

- English Language: Predictions matched results for only 3 out of 20 children (15%).
- English Literature: Predictions were accurate for 4 out of 20 children (20%).

Mathematics: Only 1 out of 20 children had a result that matched their mock prediction (5%)

Based on the mock predictions the outcomes for year 11 would be:

30% achieving 4+ English Language

25% achieving 4+ Maths

20% achieving 4+ in English Language and Maths

However, a significant number of children performed better in their final exams compared to their mock results:

9 students (45%) achieved a higher final grade in English Language.

6 students (30%) improved in English Literature.

8 students (40%) scored higher in Mathematics.

There was careful planning of interventions following the mock result, we offered tuition to year 11s who were working below their expected target between February half-term until the start of exams. We identified the children who were underachieving they were invited to attend an early Year 11 aspirations day. Additionally, in the PEP meeting schools were encouraged to provide a plan of exam support and to use the PPPG for tuition.

GCSE results non -statistical data

	Grade 1-9	Grade 4-9 (2025)	Grade 4-9 (2024)
English Literature	100%	40%	X
English Language	100%	45%	34%
Maths	87.50%	30%	26%

20% obtained five GCSEs including English and Maths at grade 4 and above. An improvement on 2023/2024 non- statistical data which was 15%.

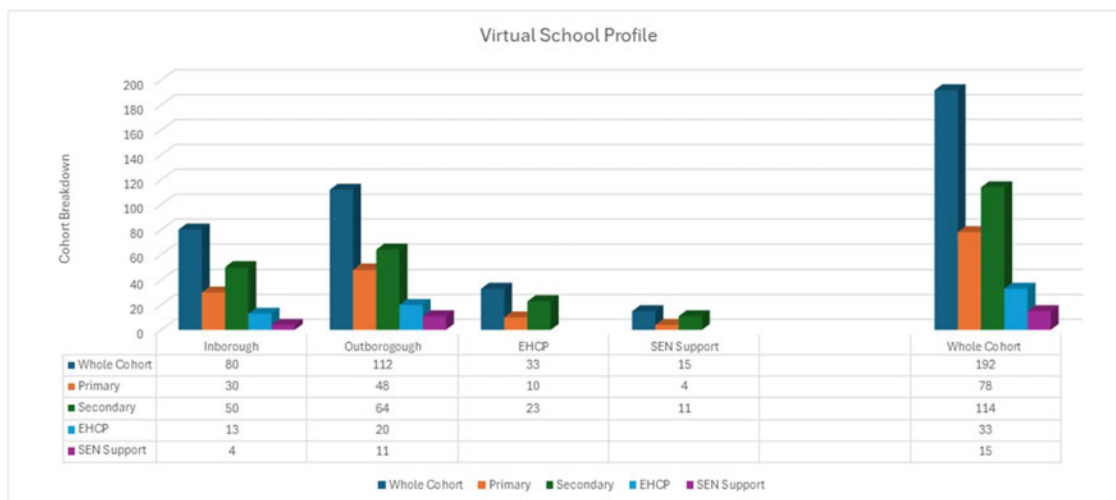
In 2025, the proportion of children achieving a standard pass (Grade 4–9) showed improvement across all core subjects compared to 2024. English Language saw the most notable increase, rising from 34% in 2024 to 45% in 2025, indicating a positive shift in attainment. Maths also experienced a modest improvement, with Grade 4–9 outcomes increasing from 26% to 30%. These trends suggest targeted interventions and post-mock support may be contributing to improved outcomes, particularly in English Language.

Attendance

Haringey Virtual School monitor statutory school-aged children [5-16] via Welfare Call. The snapshot captured on the 04 August 2025 from 01 September 2024 to the 31 July 2025 identified that there were 192 children monitored by Welfare Call.

The table below shows the breakdown of the children being monitored by the end of the Summer Term [192]

Total School aged CLA	192	Total Primary aged	78	Total Secondary aged	114
Total School aged CLA in borough	80	Total Primary Aged in borough	30	Total Secondary Aged in borough	50
Total School aged CLA Out borough	112	Total Primary Aged Out borough	48	Total Secondary Aged Out borough	64
Total School aged CLA with an EHCP	33	Total Primary aged with an EHCP	10	Total Secondary aged with an EHCP	23
Total School aged CLA with SEN Support	15	Total Primary aged with SEN Support	4	Total Secondary aged with SEN Support	11



NB: All Children with No Recorded School are logged as in borough [by WC].

Attendance by stage

Whole School Cohort Attendance average for the term 85% (2024 - 87%)

In borough	73.48%
Out borough	86.04%
EHCP	81.21%
SEN Support	87.72%

Primary School Cohort Attendance average for the term 89% (2024 - 94%)

In borough	84.47%
Out borough	91.85%
EHCP	85.33%
SEN Support	97.17%

Secondary School Cohort Attendance average for the term 75% (2024- 82%)

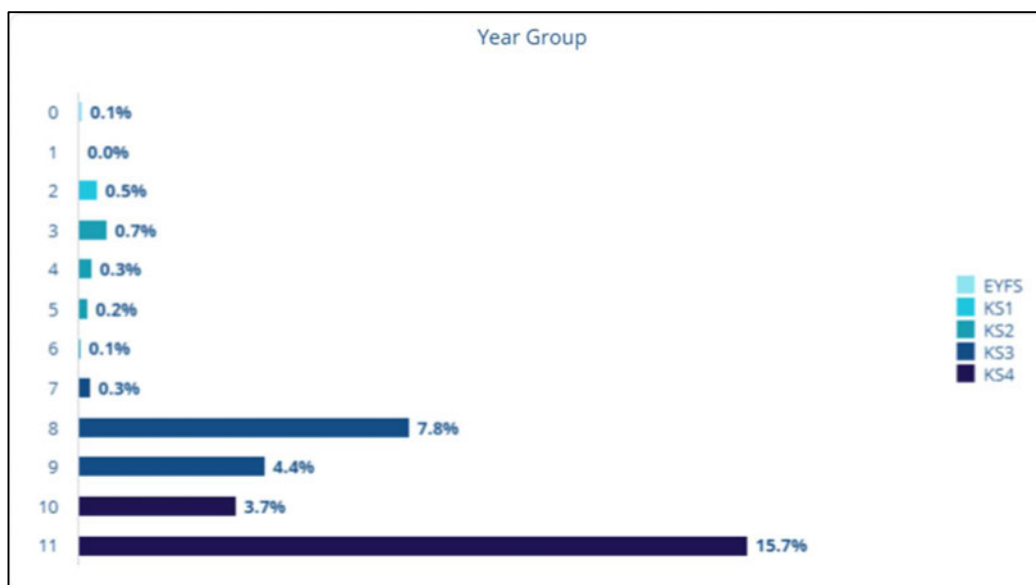
In borough	67.46%
Out borough	81.69%
EHCP	79.42%
SEN Support	84.28%

The attendance data presents a mixed but insightful picture across the Whole School, Primary, and Secondary cohorts, with several areas of strength and some clear opportunities for improvement. Whole School attendance stands at 85%, slightly below last year's 87%, yet still reflects a generally stable pattern. Notably, SEN Support children continue to show strong engagement with an attendance rate of 87.72%, and out borough children also perform above the school average at 86.04%.

In the primary phase, overall attendance remains high at 89%, with SEN Support children achieving an exceptional 97.17% and out borough students reaching 91.85%. EHCP children in primary also show promising attendance at 85.33%. In contrast, the secondary cohort shows a more significant decline, with overall attendance at 75% compared to 82% in 2024. However, within this group, SEN Support and out borough children still performed relatively better at 84.28% and 81.69%.

Whole School Cohort Absences – Authorised & Unauthorised Academic Year 2024/25

Whole School Cohort Absences for the Academic Year were 14.58%. Authorised 10.80% and Unauthorised 3.78% (2024 – Authorised 9.56 and Unauthorised 3.22%)
Primary School Cohort Absences for the Academic Year were 8.4%. Authorised 8.1% and Unauthorised 0.32% (2024 – Authorised 5.77% and 0.34 Unauthorised)
Secondary School Cohort Absences for the Academic Year were 21.04%. Authorised 13.98% and Unauthorised 7.07%. (2024 – Authorised 12.54 and 5.49 Unauthorised)

Unauthorized absence by year group

The absence figures for the academic year show a mix of positive patterns and areas requiring attention. Whole School absences totalled 14.58%, with authorised absences at 10.80% and unauthorised at 3.78%, both slightly higher than in 2024.

The primary school cohort continues to perform well, with the lowest overall absence rate of 8.4%. Although authorised absences increased to 8.1% from 5.77%, unauthorised absences decreased slightly to 0.32%.

In contrast, the secondary school cohort shows a total of absences rising to 21.04%, up from 18.03% in 2024. Both authorised (13.98%) and unauthorised (7.07%) absences have increased. We had three Year 11s who came into care in 2025, who had either persistent or severe absence, as they came in during the exam year it was challenging to reengage them in school, and we focused on post-16 engagement. Two are engaged in education at Post 16. Unfortunately, one continues to have missing episodes and is not in education employment or training. For our cohort who were in care for 12 months or more - two-year 11s refused to attend school, tuition was put in place for them, but their attendance record was severely affected by their non-attendance to school. School refusal was the most common reason for absence with this being the reason for 27 children. It is probable for most of our children that Emotionally Based School Avoidance (EBSA) may be an increasing reason why they are not attending school. We continue to utilise our Educational Psychologists to ensure schools feel supported to enable children with EBSA to return to school.

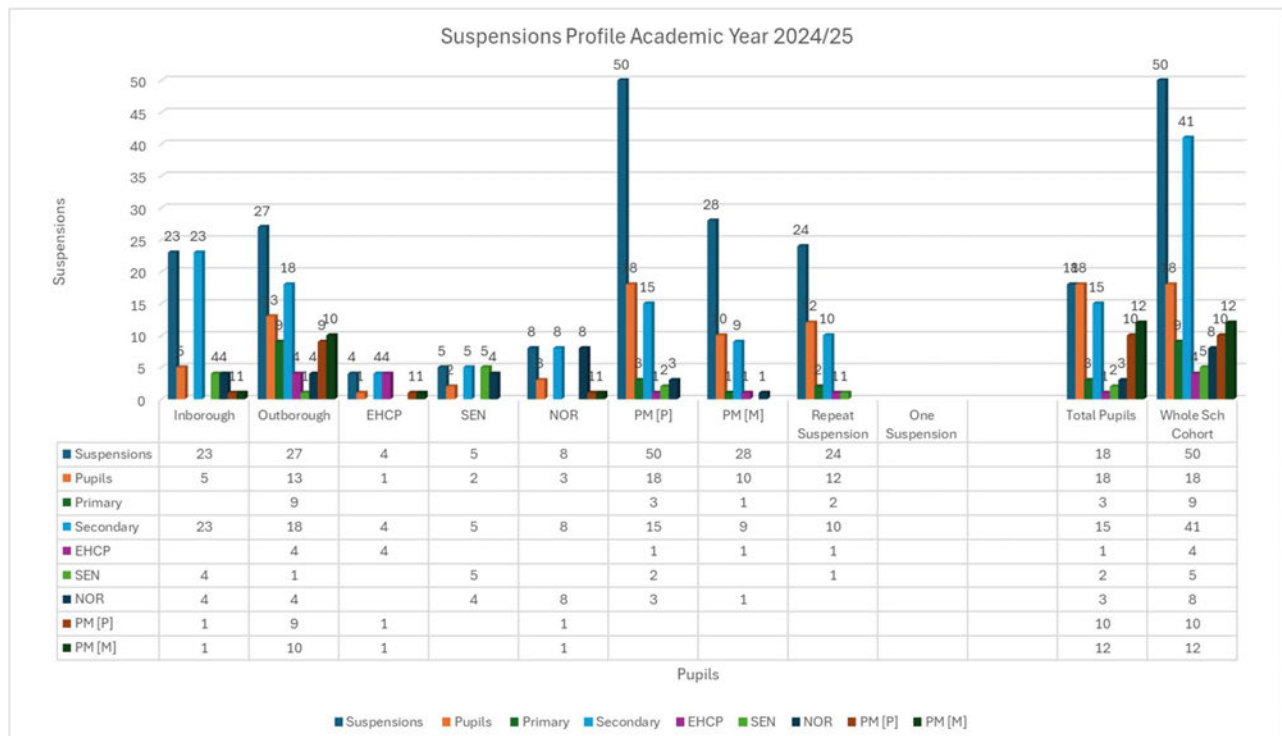
Suspensions and exclusions

There were no permanent exclusions recorded during the academic year, as two potential cases were successfully prevented through timely and strategic intervention. In one case, a Year 10 child was supported to transfer to a different school after the original school was asked to rescind the exclusion. She is now thriving in her new setting. In another case, a Year 11 child facing exclusion was provided with tuition support to prepare for her exams. Arrangements were made for her to sit her exams in a private setting at another school, and later, when appropriate, on the original school site. She has since progressed to Year 12, is studying a Health and Social Care BTEC, and has expressed a desire to become a midwife. These outcomes reflect the impact of proactive advocacy and personalised support in preventing exclusion and promoting positive educational progression.

Suspensions

Suspensions have increased with the most common reason being disruptive behaviour. We have worked with schools to avoid escalation, and we will continue to ensure the schools are trauma informed and use relational practice/framework.

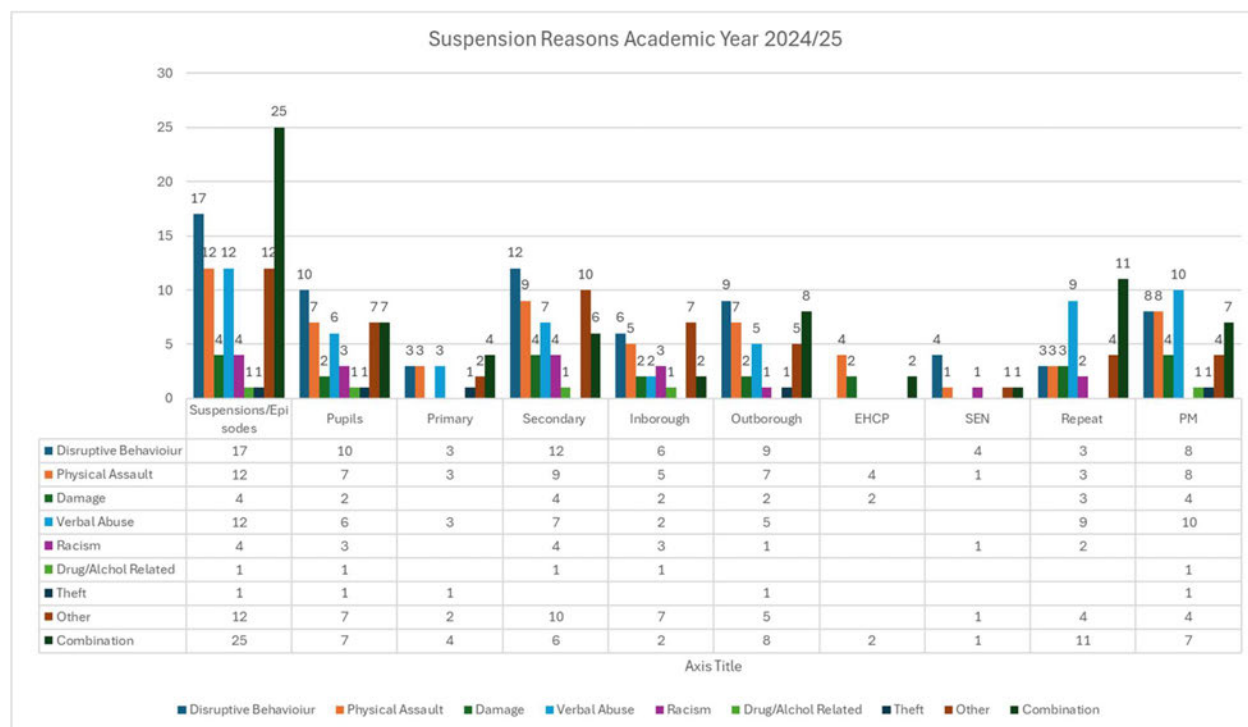
Whole School Suspensions for the ACY	50.
Total children Suspended for the ACY	18
Total children issued more than one suspension for the ACY	12.



The suspension data includes if a child had a placement move which is indicated by PM (P) which counts the number of children who had a placement move. PM (M) indicates the number of moves. Additionally, we have checked if at any time the child did not have a school place or was not on roll, which is represented as NOR.

A total of 50 suspensions were recorded, with 18 children affected. Out borough children accounted for the highest number of suspensions (27), involving 13 children, while in borough children had 23 suspensions involving 5 children. The secondary phase saw significantly more suspensions (39) compared to primary (11), indicating a higher incidence of secondary schools using suspensions. Children with EHCPs and those receiving SEN support were also represented in the suspension data. Notably, 12 children were suspended more than once, highlighting a large group of children who were being suspended multiply times. There were nine children who had a placement move, and there were ten placement moves which means one child was moved more than once. Eight children had a one time not been on roll during the academic year.

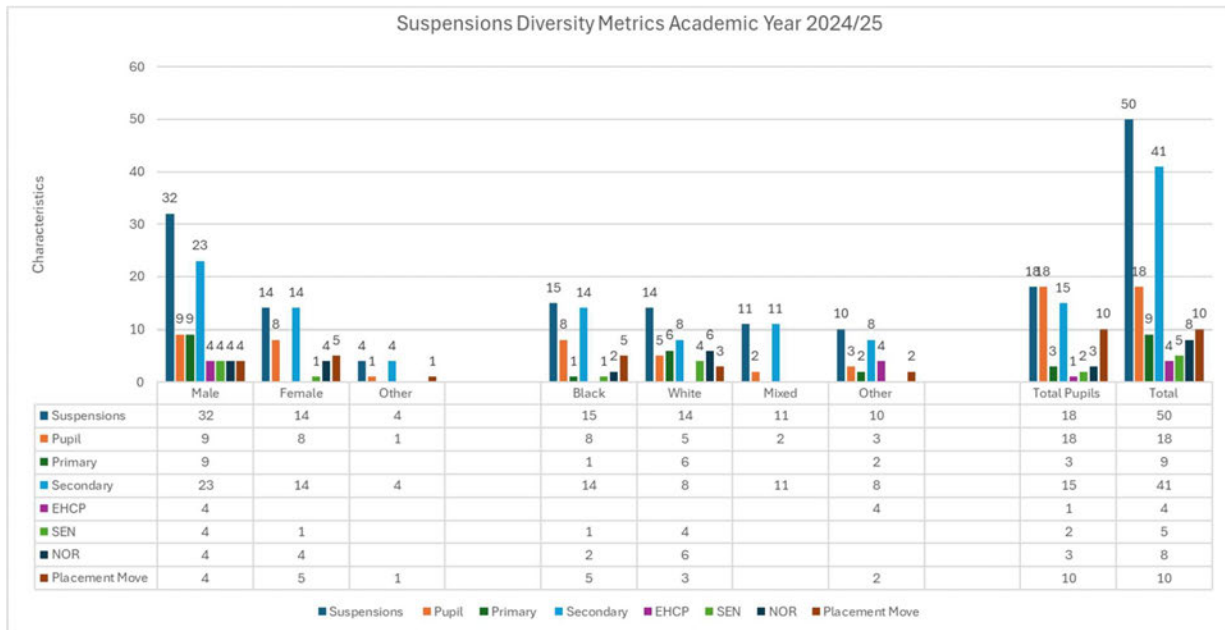
Reason for suspension



The most common reason for suspension was Disruptive Behaviour, accounting for 17 episodes and involving 10 children, predominantly in the Secondary phase and among Out borough placements. Combination reasons—where multiple behaviours contributed to a suspension—were also significant, with 25 recorded episodes.

Other notable reasons include Verbal Abuse and Physical Assault, each with 12 episodes. Racism, Damage, and Drug/Alcohol-related incidents were less frequent but still present. Suspensions were more prevalent in Secondary than Primary, and more common among out borough than in borough children. Pupils with EHCPs and those receiving SEN support were represented across multiple categories.

Gender & Ethnicity

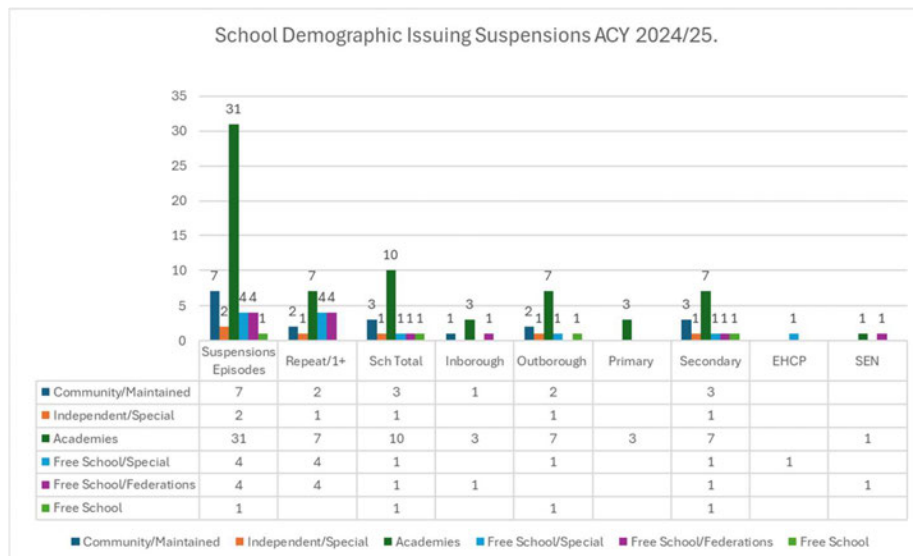


The ethnicities encompassed within the **Black** category are: *Any Other Black Background*, *Black Caribbean*, and *Black African*. The **White** category includes *White British* and *White Any Other Background*. The **Mixed** category refers to: *Any Other Mixed Background*, and the **Other** category includes: *Any Other Ethnic Group*.

A total of 46 suspensions were recorded, involving 17 children, with the majority occurring in the Secondary phase. Male children accounted for 32 suspensions and 9 children, while female children were involved in 14 suspensions, affecting 8 pupils.

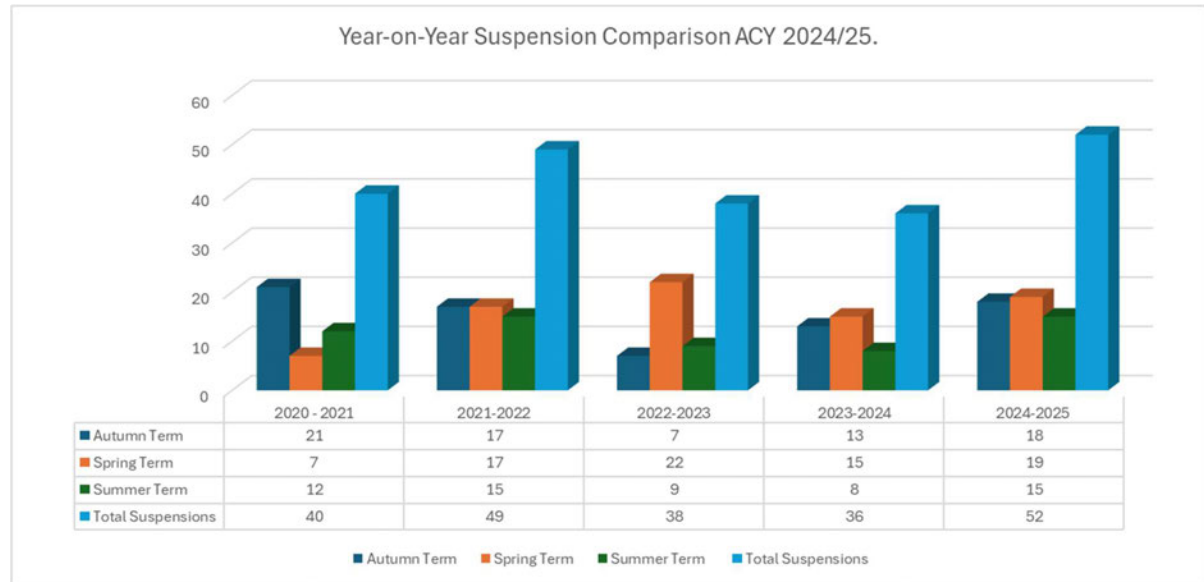
The data shows that suspensions are most prevalent among pupils from Black ethnic backgrounds, followed closely by White and Mixed ethnic groups. While the Black ethnic groups had the highest number of suspensions, the White ethnic group had fewer pupils involved, suggesting a higher rate of repeat suspensions.

School type



Suspensions are predominantly issued by Academies, which show the highest number of suspension episodes and repeat suspensions, as well as broad representation across different categories including in borough, out borough, primary, Secondary, EHCP, and SEN. Other school types—such as Community/Maintained, Independent/Special, and Free Schools—contribute fewer suspensions. However, this may be influenced by the fact that a large proportion of our children attend academies, making them a more likely setting for suspensions to occur and naturally resulting in higher figures. This context is important when interpreting the data, as it suggests that the concentration of suspensions in academies may reflect pupil distribution rather than solely the suspensions trends of school types.

Suspension trends



Suspensions in 2024/25 have risen significantly, surpassing the previous peak in 2021/22, which had been the highest to date. This marks a concerning shift in local trends. Nationally, there was a 21% increase in suspensions between 2022/23 and 2023/24, and for Haringey Virtual School, the increase is even more pronounced—a 38% rise compared to the previous year. While this may reflect broader national patterns, it also signals a need for deeper reflection on local practice.

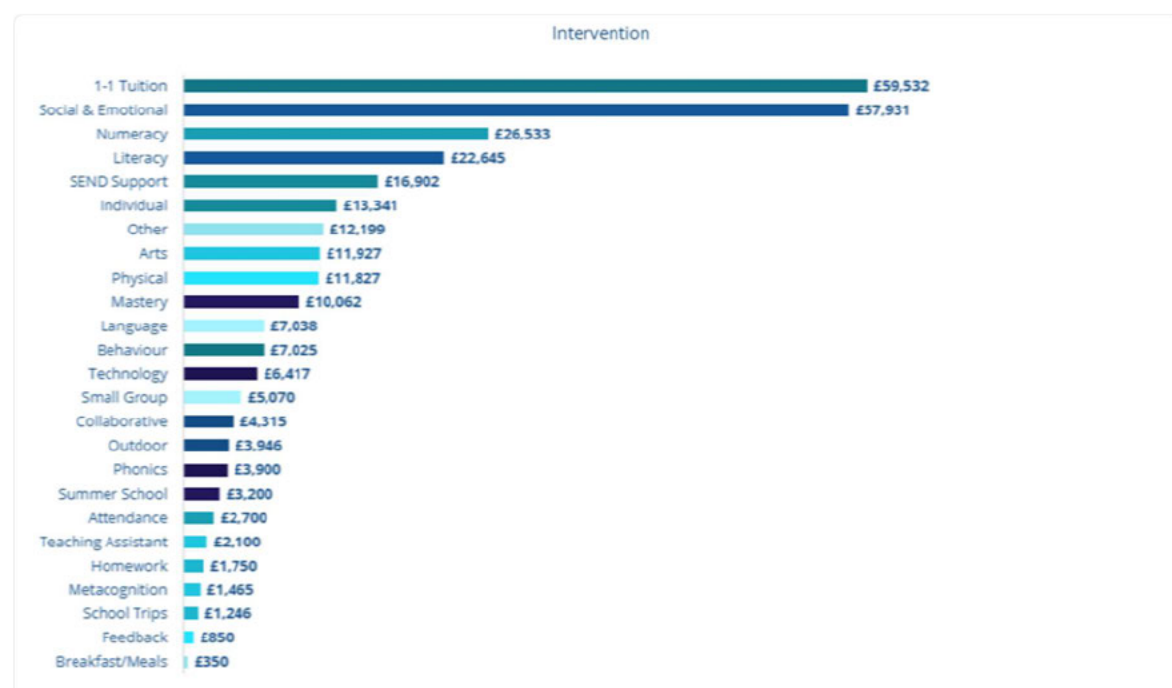
Importantly, 66% of children suspended in 2024/25 experienced repeat suspensions, suggesting that current approaches may not be effectively addressing underlying behavioural needs. This highlights the urgency of encouraging schools to adopt relational and restorative approaches that focus on understanding and supporting children, rather than relying on repeated disciplinary measures. Without such shifts, there is a risk of perpetuating a cycle of exclusion that disproportionately affects vulnerable learners.

Pupil Premium Grant distribution and impact

Children in local authority care for one day or more attracted £2,570 Pupil Premium funding in 2024/2025. This funding does not go directly to the schools but is managed by the Virtual School in the local authority that looks after the child. The Conditions of Grant require the Virtual School Headteacher to distribute funding. Funding should support children in meeting their targets in the PEP.

The Virtual School top slices the PPG funding and provides the schools up to £700 per term. The school will need to ensure the proposed spending of the PPG is linked to SMART targets, which are reviewed by the VS and approved. The total money paid to schools from the Pupil Premium budget was £306,176. School funding was mostly used for academic interventions e.g. one-to-one tuition and Social and emotional support, such as small groups.

PP+ Academic Year 2024/25					
TERM	Total CLA	Total PP+ Claims	Claims %	Total Projected	Total Spend
Summer 2023	205	147	71.7%	£143,500.00	£112,359.00
Autumn 2023	183	140	76.5%	£128,100.00	£95,088.00
Spring 2024	180	143	79.4%	£126,000.00	£98,729.00
				£397,600.00	£306,176.00



The expenditure data reveals a strategic emphasis on targeted academic support, which accounts for most funding (£158,941), followed by wider strategies (£114,101) and high-quality teaching (£21,229). The highest individual spend is on 1-1 Tuition (£59,532) and Social & Emotional Learning (£57,931), highlighting a dual focus on academic catch-up and pupil wellbeing. Substantial investment in Numeracy (£26,533), Literacy (£22,645), and SEND Support (£16,902) further reflects a commitment to closing attainment gaps and supporting vulnerable learners. Overall, the data indicates a well-rounded approach, with strong prioritisation of personalised support and emotional resilience, though opportunities exist to strengthen pedagogical practices.

There was additional cost in the year which was paid towards tuition which was not part of PPPG paid to schools. In Summer 2024 we paid £11,656.98 for four students to access tuition. There was a high-cost arrangement, which was a legacy agreement. We paid £6,521.48 in one term for a child who had been placed out of borough without a school place. The Virtual School has removed high cost extended tuition; by ensuring we are part of the plan to move and use DfE direction options to ensure a child is placed in an education provision.

We also use £422,397 for staffing which covers the cost of five EICs, the traded Educational Psychologists cost and partial cost of the Senior Business Officer.

Enrichment & Springboard



Education Achievement Awards 2024

A brilliant night held in November 2024 to celebrate the achievements of the children. Over 100 children were nominated.

Year 11 Aspiration days February and April 2025

February was targeted to children who were underachieving in English and Maths. We partnered with Waltham Forest Virtual School. It was a fun filled day, and we had a business owner fly in from Lisbon to give an encouraging talk to the children. The hotel manager spoke to the children about her career journey, and the best part was hearing from a care experienced adult speaking about their journey to obtaining two degrees!



Easter Egg Hunt 2025

Easter Egg hunt for our primary school children took place during the Easter holidays and included an Easter egg hunt around the stadium and included art and craft activities, games and face painting. It was well attended as 22 children and 22 foster carers enjoyed the day.

Feedback from foster carer

The Easter egg hunt was such a joyful and inclusive event. The children were genuinely excited and fully engaged—the basket-making, arts and crafts, and face painting were all fantastic additions that really enhanced the experience. It was heartwarming to see the children running around, laughing, and working together to find the eggs.

To top it all off, the children were absolutely thrilled to get a glimpse inside the stadium. Their faces lit up with excitement, and it added an extra layer of magic to an already unforgettable day. Spurs Foundation and the Virtual School truly went the extra mile to make the day special. From the thoughtful organisation to the warm, individual interactions with each child, it was clear that a lot of care and effort went into making sure everyone felt valued and included.

A huge thank you to everyone involved—it really made a difference to the children.

Haringey Virtual School KS3 STEM Day 2025

This event was organised and led by the KS4 team held on Saturday 17th May. It was held in conjunction with LAET it included building Rube Goldberg machines, Engineering challenges and catapults and maths puzzles.



Chrysalis accelerator programme Highgate school & University Trip (Chrysalis) – Goldsmiths University 2025

Three children attended the project (one child last year). The project aims to build a culture of high aspiration and self-confidence and narrow the educational attainment gap between children in care and their peers. It also endeavours to raise their awareness of higher education and prepare them for the world of work. Pupils cover topics such as robotics, creative writing, art, architecture, mindfulness, conservation, and the development of life, as well as soft skills like first aid, orientation, and the development of confidence.

Shining Stars Awards July 2025

Two Sixth form children were nominated for a Shining star award for their outstanding achievement, excellent attendance and attitude to learning. It was a wonderful night held at the Livery Hall, Guildhall in the City. The Deputy Mayor of London and the Town Clerk of City of London gave out the prestigious awards on the night.





Pan London Virtual School Athletics day August 2025 Year 5 -7

It was an afternoon of athletics with the aim to inspire and motivate children. Children were guided through various athletic activities such as running, jumping and throwing. It was held at Queen Elizabeth Olympic Park with special guests Fatima Whitbread and Fire from Gladiators (Montell Douglas)

Spring Forward mentoring

Three year 13 students were referred to the Spring Forward mentoring programme which included ten one hour 1:1 online session with an independent schoolteacher which covered university courses where to study, the university application process and what it involves and how to write and improve your personal statement. Post UCAS – it covered preparing for university life, available funding and support and independent living.

Working with Springboard – Independent school place for Year 7 child with full bursary

Our year 6 child was awarded a 100% Bursary Award for the duration of her schooling at an independent school from Year 7 until the end of Sixth Form. The approximate amount of the bursary was £350,000. The application process was started by the allocated EIC, with the support of the social worker and foster carer. It was a joint effort to support the application process, and we were excited when she received a full bursary.

Vision for the Virtual school – Development plans 2025 – 2026

Haringey Virtual school Development plan 2025 -2026



Foundation

Our Mission

To champion the educational success of children in care by challenging stereotypes, amplifying their voices, and ensuring every child receives the support they need to thrive.

Our Core Values

1. Child-Centered Practice – Every decision is made with the child's best interest at heart.
2. Equity and Inclusion – We advocate for fair access to education and support.
3. Collaboration – We work in partnership and take a multi-agency approach.
4. Evidence-Informed Practice – Our work is grounded in research and data.
5. High Aspirations – We believe in the potential of every child
6. Trauma-Informed Approach – We promote understanding and inclusion through relational practice.

Advantages

What we do best

1. Strong inter-agency collaboration
2. Data-driven decision-making
3. Moving the team to move with the child not the stage.
4. Trauma-informed and relational practice expertise
5. Borough-wide training and guidance infrastructure
6. Commitment to continuous improvement

Corporate Delivery Plan

'Fitting into the bigger story'

Improve educational outcomes for children in care, with a focus on better attendance and better support through well written Personal Education Plans (PEP).

- Implement an approach where the Education Improvement Consultant will at the start of the new academic year remain with their child - September 2024
- Monitor attendance and educational outcomes for children in care – annually September 2024 to 2026

Strategic Objectives and Service Delivery Goals

A: Facilitate and promote high standards of attendance

A1: Attendance under 95% is targeted in a meaningful and proactive and impactful way. A1: Bi-weekly attendance meetings focused on attendance under 95% to target and challenge attendance. (Sept 25) Offer termly training to SWs/ FCs and DTs focused on attendance. (Sept 25) Focused training to schools who need to improve the attendance for our vulnerable cohort (Dec 2025)

A2: Responsive tracking of attendance for CiC and CWSW. A2: Welfare call services extended to CP using Wonde and recording suspensions and exclusions (in place). Termly reports on CWSW and CiC attendance presented at VSMC* (Sept 25)

Formulation of CWSW panel to provide guidance and advice for social workers to support children with extended non-attendance (Dec 2025) DIE attendance YVED to be used to monitor the attendance of CWSW (CIN & CP) and to monitor the attendance of schools (Jan 2026).

A3: Preventative strategies to improve attendance implemented at transition stages. Implementation of inclusion and attendance manager who will lead on data and training (in place). Monthly meeting with EWS to ensure close working (in place). Transition plan to be included for Year 6/ Year 11 children in care and a transition plan to be provided for in-year transfers (Jan 2025). All Year 11 to have a September guarantee (May 2026).

B: Create a culture of high educational aspirations focused on improving outcomes at KS4 in English and Maths

B4: Targeted support and tracking of children at risk of underachieving Termly progress review meetings to target children not on target who will be monitored during the term (in place). Tracking of all children – through reception to Year 11 of English and Maths (in place). Feb half term Aspiration Day targeted at Year 11s who are not on target to obtain 4 or more in English and Maths (Dec 2025). Offer of tuition for Year 11s not on target to obtain 4 or more in English and Maths after Feb half term until May (in place).

B5: Creation of conditions for success - Monthly meeting with senior team in social care to examine placements of Year 10 and 11 (Nov 2025). A partnership between social care, SEND and the

HVS to develop procedures of minimizing disruption to education when there is a placement move (Jan 2026). Working with schools (focus – Secondary schools) to develop relational practice using ARC and 'When Adults Change' programme (Sept 2025).

B6: Targeted early intervention Enrichment activities for Primary children to have a STEM focus – provide three sessions a year (Sept 2025) Provision of Maths and Literacy software to support KS1 & KS2 learning (Jan 2025). Training provided to foster carers to support homework and reading with children (Jan 2026). ePEP format changed to include carer section from Year 8 (Sept 2025)

C: Improve post-16 outcomes and increase the EET retention across the cohort

C7: Support services to reduce NEETs at Post -16 Explore with colleges/online providers to create a preparation programme for children who have been out of education but want to start post-16 (Jan 2026). Post -16 Monthly meetings to review NEET children and provide tailored opportunities for Children to social workers/PAs (Sept 2025). At risk of NEET to be identified in Autumn Term Year 11/ Year 12 – tailored intervention to be considered (in place). Support post 16 children with EHCPs to explore supported internship (Sept 2025).

C8: Development of a PAN London VS Post-16 group to support our children at post-16 Post-16 Lead role who will continue to lead and develop the PAN London VS group (recruited in place). The PAN London VS group will create a 'good practice guide' that will be distributed to all 16-19 provisions in London (draft stage – Sept 25)

To continue work to engage CEOs/Headteacher of colleges and standalone sixth forms to provide trauma informed training and to ensure financial support is provided to our children (Jan 2026)

C9: To provide opportunities to obtain qualifications to progress to EET pathways Consult with colleges/ online providers to provide an on-rolling Maths and English provision for children for GCSEs and Functional skills (Jan 2026) Restructure the PPP payment at the end of Year 11 to purchase laptops to ensure children have access online opportunities (in place). Fortify partnership with provisions funded by UKSPF to ensure the referral process is accessible to our children (in place). Commission NEET service to focus on children with significant barriers to entering EET (in place awaiting payment)

D: Clarify and establish the HVS extended duties offer

D10: Continuity of advice and guidance provided to CIN/CP for schools and social workers

Development of advice and guidance and training lead roles within the team (in progress). CIN/CP panel for social workers to discuss their children and be provided with guidance. Leading training for DTs to support them to understand their wider remit in school (in place). Working with EWS to identify children who are CIN/CP being home educated to support the monitoring of the home provision (Sept 2025).

D11: Pathway of support for Kinship carers and adoptive parents - Continuing our partnership with Kinship and offering support training to our Kinship carers (Nov 2025). Supporting the development of Kinship support forum for Haringey and offering a VS drop-in to discuss education (in place). Joined working with the North London Adoption and corresponding Virtual schools to offer half-termly

evening training sessions.

D12: Support the inclusive strategy and practice within LA schools Working with four identified secondary school to develop the best attachment and trauma practice through Attachment Research Community (ARC) and 'When adults change' (in progress). Supporting schools to develop an audit tool to evaluate their attachment and trauma practice (Jan 2026). Build on the attachment and trauma provision available in the borough to embed audit and impact measures (in progress).

Key Performance Indicators

How we measure success

Measure

Improved attendance across the cohort 5% increase for whole cohort.
Available data for CIN/CP cohort – termly attendance
All Year 11/Year 6 and in-year transfers to have a transition plan on LL.
Termly tracking for all cohort
Document detailing conditions for success outlining processes
Reduced NEET by 5%
Service Strategy document for CIN/CP cohort

Vision

What our service will look like

Roles and responsibilities in the team will be clearly defined as EiCs move through with their children, which develops a **child-centered service** as EiCs build **relationships** and understand the child's needs and work in partnership with educational provision to meet the needs of the child. Children will feedback into service provision and provide advice and comments to **improve** service delivery. **High expectations** for children are embedded in the culture of the virtual school and wider services to ensure our children are expected to have **strong outcomes**.

Implementation

How we make strategy a habit

Obtain at least twice-yearly feedback from children and care leavers on service provision.
Appoint Attendance and Inclusion manager (appointed), Post-16 Lead (appointed), Lead for PLAC and Kinship (in progress) and a fixed term Assistant Head (lead on the HVS extended duties) (in progress).
Senior Business officer, Attendance and Inclusion manager and EiCs to reflect Key objectives in 'My conversation' KPO.
New job description for EiCs which reflects the mission, core values and vision of the Haringey Virtual school.
Development plan to be standing item in the VSMC
Fortnightly Practice improvement meeting with VS team to focus on practice aligned with development plan.
Staff development aligned with strategic objectives

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