NOTICE OF MEETING

AGENDA FOR THE CORPORATE PARENTING ADVISORY COMMITTEE

Tuesday, 17th November, 2026, 6.30 pm - Westbury Room - George Meehan House, 294 High Road, N22 8JZ.

Watch the meeting live here or view all of our meetings on Youtube

Members of the public are welcome to attend this meeting. If you wish to speak at the meeting please register by emailing the Democratic Services Officer. Contact details can be found at the end of the agenda front sheet.

Elected Members: Mark Blake (Chair), Georgia Twigg, Nelly Tackie, Imad Ahmed, Seema Chandwani, Sarah Williams and Mark Grosskopf

Quorum: 3

1. FILMING AT MEETINGS

Please note this meeting may be filmed or recorded by the Council for live or subsequent broadcast via the Council's internet site or by anyone attending the meeting using any communication method. Although we ask members of the public recording, filming or reporting on the meeting not to include the public seating areas, members of the public attending the meeting should be aware that we cannot guarantee that they will not be filmed or recorded by others attending the meeting. Members of the public participating in the meeting (e.g. making deputations, asking questions, making oral protests) should be aware that they are likely to be filmed, recorded or reported on. By entering the meeting room and using the public seating area, you are consenting to being filmed and to the possible use of those images and sound recordings.

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' judgement of the public interest.

5. MINUTES (PAGES 1 - 10)

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

To note the informal minutes of the meeting held on 21st September 2026.

6. MATTERS ARISING

7. VIRTUAL SCHOOL ANNUAL 2025-26 (PAGES 11 - 48)

8. HARINGEY CARE LEAVER EDUCATION, EMPLOYMENT AND TRAINING (ETE) STRATEGY 2026-2029 AND FAMILY BUSINESS STRATEGIC PLAN 2026-2027 (PAGES 49 - 76)

9. ADOPT LONDON NORTH ANNUAL REPORT (ALN) 25-26 (PAGES 77 - 140)

10. CHILDREN IN CARE HEALTH ANNUAL REPORT (PAGES 141 - 176)

11. ANY OTHER BUSINESS

The date of the next meeting is scheduled for the 27th January 2027.

Democratic Services Contact: Chris Liasi - Principal Committee Coordinator
Telephone: 0208 489 4323
Email: chrisovalantis.liasi@haringey.gov.uk

Fiona Alderman

Director of Legal & Governance (Monitoring Officer)
George Meehan House, 294 High Road, Wood Green, N22 8JZ

Monday, 09 November 2026

Public Questions
Any resident, council tax payer or national non domestic rate payer of the Borough may ask the Chair of any Committee or its sub bodies any question on anything for which the Committee is responsible at any ordinary meeting. Notice of questions must be given in writing to the Democratic Services Manager by 10 a.m. on such day as shall leave three clear days before the meeting (e.g. Tuesday for a meeting on the following Monday). The notice must give the name and address of the sender. Should a question be rejected, the questioner will receive a written response advising of this, including the reasons for the rejection.

Deputations
A deputation may only be received by a Committee or its sub bodies if a requisition signed by not less than ten residents of the Borough, stating the object of the deputation, is received by the Democratic Services Manager not later than 10am to leave three clear days prior to the Committee meeting.

Accessibility Requirements
If you would like to attend and you have any special requirements, please email Chris Liasi - Principal Committee Coordinator at chris.liasi@haringey.gov.uk. Please note that public seating is limited and will be allocated on a first come first served basis.

Advice To Members On Declaring Interests
Information on declaring an interest is set out in the Council's Constitution in Part 5 Section A. However, you may need to obtain specific advice on whether you have an interest in a particular matter.
If you need advice, you can contact:
• Monitoring Officer
• the Legal Adviser to the Committee; or
• Democratic Services.
If at all possible, you should try to identify any potential interest you may have before the meeting so that you and the person you ask for advice can fully consider all the circumstances before reaching a conclusion on what action you should take.

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Agenda Item 5

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 ……

MINUTES OF THE Corporate Parenting Advisory Committee HELD ON Monday, 21st September, 2026 – IN-QUORATE

PRESENT:

Councillors: Georgia Twigg, Seema Chandwani(On Teams), Imad Ahmed and Sarah Williams(On Teams then in person)

20. FILMING AT MEETINGS

The Democratic Services Officer advised that, due to the Chair's apologies for absence, they would chair the meeting until Agenda Item 3, at which point a Chair would be elected. It was also noted that, as the meeting was inquorate and therefore informal, it was not being filmed.

21. APOLOGIES FOR ABSENCE (IF ANY)

It was advised that there have been apologies from the Chair, Councillor Mark Blake, and as this is a Cabinet Sub Committee, please can there be a formal proposer and seconder for Councillor Twigg to Chair the meeting.

Councillor Twigg proposed herself to Chair the meeting and Councillor Imad Ahmed seconded the proposal.

The Democratic Service officer stated it was agreed that Councillor Twigg will now chair the meeting.

22. URGENT BUSINESS

There were no new items of urgent business.

23. DECLARATIONS OF INTEREST

There were no declarations of interest.

24. MINUTES

The minutes held on the Tuesday 4th November were infromally approved as a correct record but will be brought forward to the next scheduled meeting.

25. MATTERS ARISING

There were none.

26. CHILDREN IN CARE WITHIN THE YOUTH JUSTICE IMPACT REPORT (CIC ACTION PLAN)

The Committee received the report from Matthew Knights, Head of Service – Youth Justice to present this report.

The Head of Service for Youth Justice and Youth at Risk Strategy presented the annual update on outcomes for Children in Care (CiC) supported by the Youth Justice Service (YJS). Members noted that 45 of the 251 children who received a YJS disposal outcome during 2025/26 were Children in Care, representing 18% of the caseload. Of these, 23 were looked after by Haringey, 11 had been remanded to Youth Detention Accommodation and 19 had lived outside the borough during the year.

The Committee noted that Children in Care were disproportionately represented in the youth justice cohort, particularly in relation to violent, robbery and drug-related offences. Black children, males and 16-year-olds were overrepresented within the CiC group. Members also noted that a significant number of children had experienced out-of-borough placements and that many required additional support through Education, Health and Care Plans (EHCPs).

Members were advised of the range of interventions available through the YJS, including mentoring, CAMHS support, speech and language therapy, substance misuse services, education support and health services. The report highlighted several challenges affecting outcomes, including placement instability, differing agency responsibilities for out-of-borough placements, reliance on host authorities for assessments and difficulties maintaining consistent multi-agency engagement.

The Committee noted findings from a survey of young people aged 16 and over who were not in education, employment or training (NEET), which showed that most wished to enter employment but faced barriers relating to support, access and employability skills. Members also noted the continuing partnership between the YJS and Virtual School through the Skills Network platform and the proposed next steps, which included strengthening information sharing, reviewing key protocols, improving support for children placed outside the borough, implementing new mental health provision and developing initiatives to improve education, employment and training outcomes for Children in Care.
Members queried the impact of out-of-borough placements on outcomes for children. It was explained that placements outside Haringey can disrupt access to education, health services and established support networks. Frequent placement moves may also make it more difficult for young people to build and maintain trusted relationships with professionals. The Youth Justice Service therefore works closely with host authorities and is reviewing arrangements to strengthen support for children placed outside the borough.

In response to questions regarding support for Children in Care who are not in education, employment or training (NEET), Members were advised that the Youth Justice Service works in partnership with the Virtual School and other agencies to support young people into suitable opportunities. Survey findings indicated that many young people were motivated to work, with employment identified as the main aspiration, but often required practical support with CV writing, job applications and accessing opportunities.

Members sought assurance regarding the effectiveness of current interventions in improving outcomes for Children in Care. Officers advised that a range of targeted support is in place and continues to be reviewed. While the report demonstrated ongoing engagement with this cohort, it also highlighted areas requiring further improvement. New improvement targets have therefore been incorporated into the Youth Justice Plan 2024-27, with progress to be monitored and reported through future updates.

RESOLVED:

The Committee noted the contents of the report.

27. IRO ANNUAL 2025-2026

The Committee received the IRO Service Annual Report for 2025/26 from Nazim Hussain - Service Manager and noted that the service had maintained strong statutory performance. Members heard that the number of children looked after had reduced from 320 to 296 during the year and that 96% of children had an up-to-date review, with 88% of children aged over four participating in the review process.

The Committee noted the positive findings from Ofsted, which recognised the value of IROs in supporting children's participation and ensuring care plans remained child centred. Members heard that the service continued to provide effective oversight and challenge of care planning, safeguarding and permanence arrangements, supported by a stable team of five experienced IROs.

The Committee noted progress in securing permanence for children through adoption, Special Guardianship Orders and long-term fostering arrangements, as well as a reduction in formal dispute resolution activity, indicating that more concerns were being resolved through early professional dialogue.

Members also noted areas for further development, including strengthening participation, permanence planning, cultural competence, adolescent safeguarding and evidencing the impact of IRO challenge. The priorities for 2026/27 were noted, including enhancing oversight of safeguarding, health and education outcomes, improving participation for children with complex needs, and strengthening quality assurance and impact monitoring.

RESOLVED:

The Committee noted the contents of the report.

28. PERFORMANCE UPDATE

The Committee received the Children Looked After (CLA) Performance Report for Quarters 1 and 2 of 2026/27, including outcomes for 2025/26 and the latest position as at August 2026.

Members noted that the number of children looked after remained stable at 299 as of August 2026, compared with 325 in March 2025, representing one of the lowest rates

recorded by the borough. Foster care continued to be the most common placement type, with 73% of children placed with foster carers, and placement stability remained strong, with the majority of children experiencing one or no placement moves during the previous 12 months.

The Committee heard that educational outcomes for children in care remained strong, with attainment levels above the national average, while performance for children with Special Educational Needs and Disabilities (SEND) continued to be among the strongest nationally. Members also noted improvements in the timeliness of Education, Health and Care Plans (EHCPs).

It was reported that 96% of children in care had an up-to-date health assessment and that dental check performance remained high. Members noted that 14% of children in care had been reported missing during the previous 12 months, remaining below the statistical neighbour average, with robust safeguarding arrangements in place to respond to missing episodes.

The Committee noted that there had been 11 adoptions during 2025/26, an increase on the previous year, alongside a number of Special Guardianship Orders. Efforts to increase adoption opportunities and reduce disparities for children from global majority backgrounds were also highlighted.

Members further noted that the number of care leavers receiving support had reduced slightly since March 2026 and that performance remained strong in maintaining contact with care leavers, supporting them into suitable accommodation, education, employment and training, with outcomes exceeding both statistical neighbour and national averages.

The Committee noted the overall positive performance across Children Looked After services whilst recognising the ongoing challenges posed by levels of deprivation, sufficiency of local placements and the complexity of need within families.

Members sought clarification on the reduction in the number of children looked after and were advised that these reflected fewer children entering care, successful work to support children safely within their wider family networks, appropriate reunification arrangements, and young people reaching adulthood and leaving care. In response to questions regarding the high proportion of children placed outside the borough, officers explained that the availability of suitable local placements remained a national and regional challenge. However, Members noted that only 15% of children were placed more than 20 miles from home, which compared favourably with statistical neighbour and national averages, and that work continued with local providers, regional partners and the Council’s own residential provision to increase local placement capacity. Members also sought assurance on the key challenges facing the service and were advised that these included poverty and deprivation, the increasing complexity of children’s needs, and the availability and cost of suitable placements. Officers highlighted the ongoing work being undertaken to address these challenges through early intervention, permanence planning, partnership working and the development of local placement sufficiency.

RESOLVED:

The Committee noted the contents of the report.

29. ANY OTHER BUSINESS

There were none.

CHAIR:

Signed by Chair ……

Date ……

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Report for: CPAC 17 November 2026

Item number: 7

Title: Virtual School (VS) annual report 2025-26

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

Lead Officer: Eghele Eyituoyo, 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 2025-26 as well as an outline of attendance, suspensions, exclusions and attainment, for our children in care and reporting on its extended duties.

1.3 To note, that Ofsted validated data will not be available until late January 2027, for this reason the report has been watermarked as "draft".

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 2025-26

11. Background papers

N/A

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Haringey Virtual School Annual Report 2025 -2026

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



A child in our care (age 16) has kindly given us permission to reprint her amazing digital artwork.

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DRAFT

What is the Virtual School?

The Haringey Virtual School is a statutory local authority service whose purpose is to promote, champion and improve the educational outcomes of children and young people in care, previously looked-after children, and other groups for whom the Virtual School has responsibilities. It is not a physical school and does not provide education directly. Instead, it acts as the local authority's strategic education service, working with schools, social workers, carers, health professionals and other partners to ensure children receive the support they need to succeed educationally.

Legal basis

The role of the Virtual School Head was established through Children and Families Act 2014, which placed a duty on local authorities in England to have a virtual school Head (VSH) who monitors children in care. The role was extended in 2018 and 2021 to include previously looked after children, children in Kinship care and those children with a social worker. This responsibility is supported by statutory guidance from the Department for Education, which requires every local authority to appoint a Virtual School Head to oversee and monitor the education of its children in care.

The duties of Virtual Schools have expanded over time and now include:

Promoting the educational achievement of children looked after by the local authority.

Providing advice and information in relation to previously looked-after children.

Championing the education of children with a social worker through the strategic duties introduced nationally.

What the Haringey Virtual School does

The Haringey Virtual School:

Tracks the attendance, attainment, progress and educational outcomes of children in care.

Ensures every child in care has an up-to-date and high-quality Personal Education Plan (PEP), a statutory element of the care plan.

Uses Pupil Premium Plus funding strategically to remove barriers to learning.

Challenges schools, local authorities and other agencies where provision is not meeting a child's needs.

Promotes educational stability and minimises disruption caused by placement moves and school changes.

Supports transitions into post-16 education, training, employment and higher education.

Works collaboratively with social care, SEND services, public health partners, foster carers and wider agencies to improve life chances for cohort.

It is strategic service, not simply a monitoring service

The Virtual School's role goes beyond monitoring data. It acts as a champion for children who are often among the most vulnerable learners in the education system. Its purpose is to ensure that educational disadvantage does not become an inevitable consequence of being in care or having social care involvement. The service seeks to raise aspirations, improve attendance, secure suitable provision, promote inclusion and ensure that children have access to the same opportunities as their peers.

DRAFT

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.

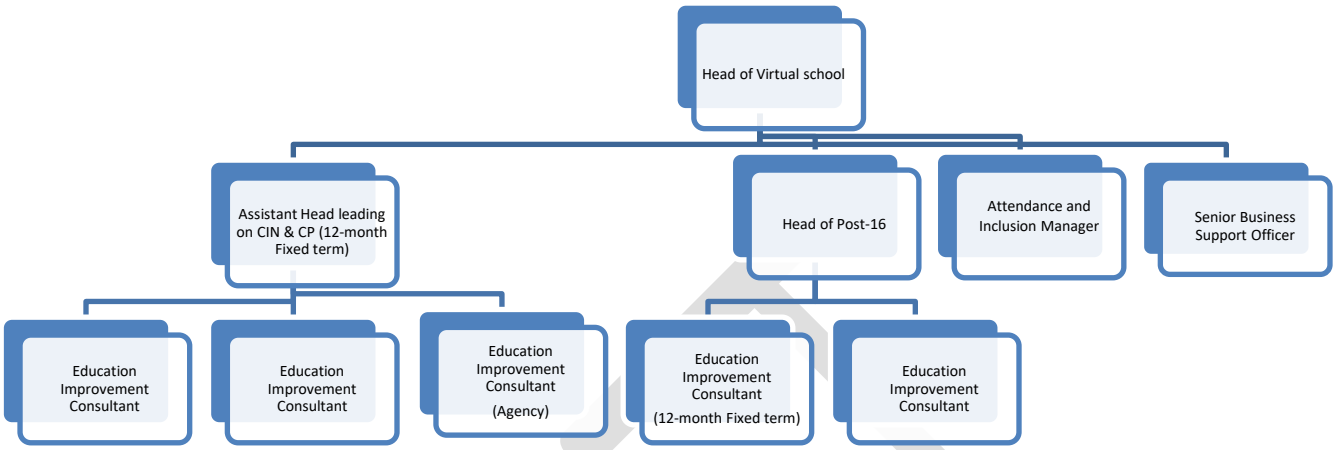
We are **courageous** in the decisions we make for our children using **creativity** to develop capacity and sufficiency as we know it is always the value not necessarily the cost that can secure the best outcomes for children.

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.

DRAFT

Staffing and structure of the Virtual School



The Virtual School

A key stage model previously operated within the Virtual School, whereby Education Improvement Consultants (EICs) were allocated responsibility for specific key stages. In 2024, this structure was revised to provide greater continuity of support for children and young people, with EICs remaining with their allocated cohort through to Year 11. As a result, the previous Year 9 and Year 10 cohorts have continued to be supported by the same EIC, ensuring established relationships and consistent oversight during key transition and examination years.

From the 2026 academic year onwards, EICs will hold responsibility for children and young people across a range of key stages, with the Year 11 cohort being shared across the team. This approach is designed to broaden practitioners' experience across all phases of education, strengthen resilience within the service, and promote a more multidisciplinary way of working. It will also ensure the team is well prepared for the implementation of the Virtual School's extended statutory duties from Autumn 2027, enabling all EICs to develop the knowledge, skills, and expertise required to support children and young people across a wider age range and cohort profile.

- Head of Virtual School Full time (F/T)
- Assistant Head with responsibility for Extended duties (Fixed term 12 months) (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)
- Three EIC (Permanent) (F/T)

- One EIC (Agency) (F/T)
- One EICs for post-16 (Fixed-term 12 months) (F/T)
- Two Educational Psychologists (Traded service cost at £46,000 per year) (Two days a week)

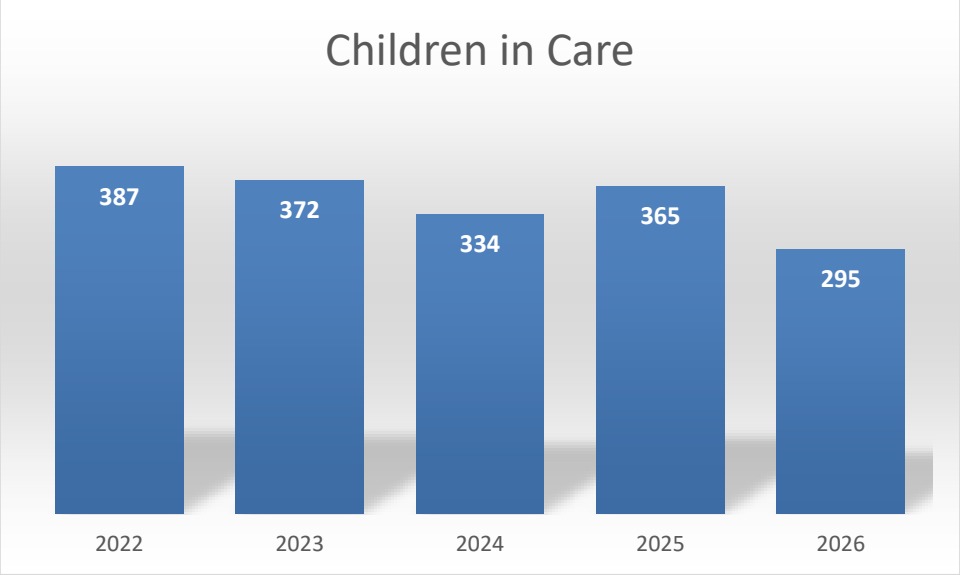
Education Improvement Consultants are responsible for monitoring children's progress, attendance, and behaviour, working with the network to ensure they have a quality ePEP, where they will challenge and support the network to ensure that the effective support is put in place and that aspiration is high.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

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.

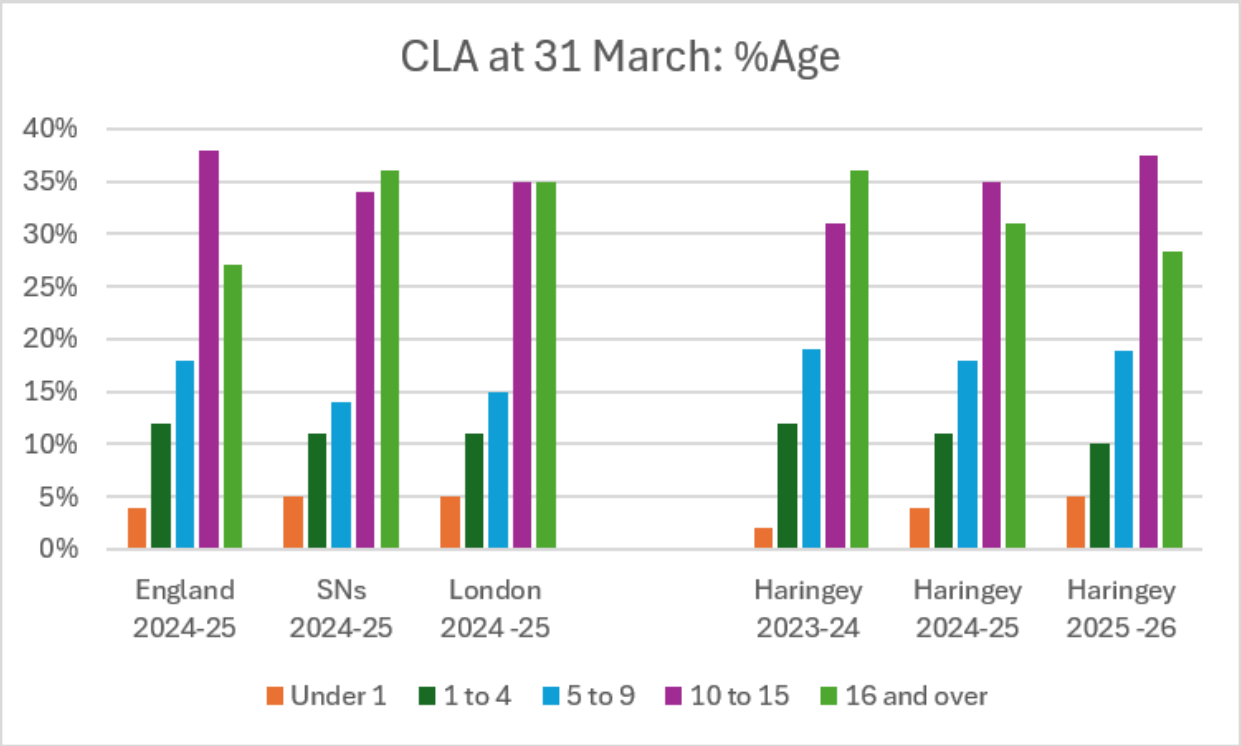
Our children who we look after: contextual data

The number of children in care has reduced significantly from 387 in 2022 to 295 in 2026, a decrease of 92 children (23.8%). This downward trend suggests that fewer children are entering care.



The number of children in care has reduced overall from 387 in 2022 to 295 in 2026, a decrease of 92 children (23.8%). While there was a temporary increase in the children in care population in 2025, the overall trend demonstrates a significant reduction across the five-year period. The most notable change occurred between 2025 and 2026, when the number of children in care fell by 70. This reduction will have implications for service delivery, resource allocation and planning, while maintaining a focus on securing positive outcomes for children who remain in care. Overall, the data shows a clear downward trend in the number of children in care, with a particularly marked reduction in 2026.

Age distribution



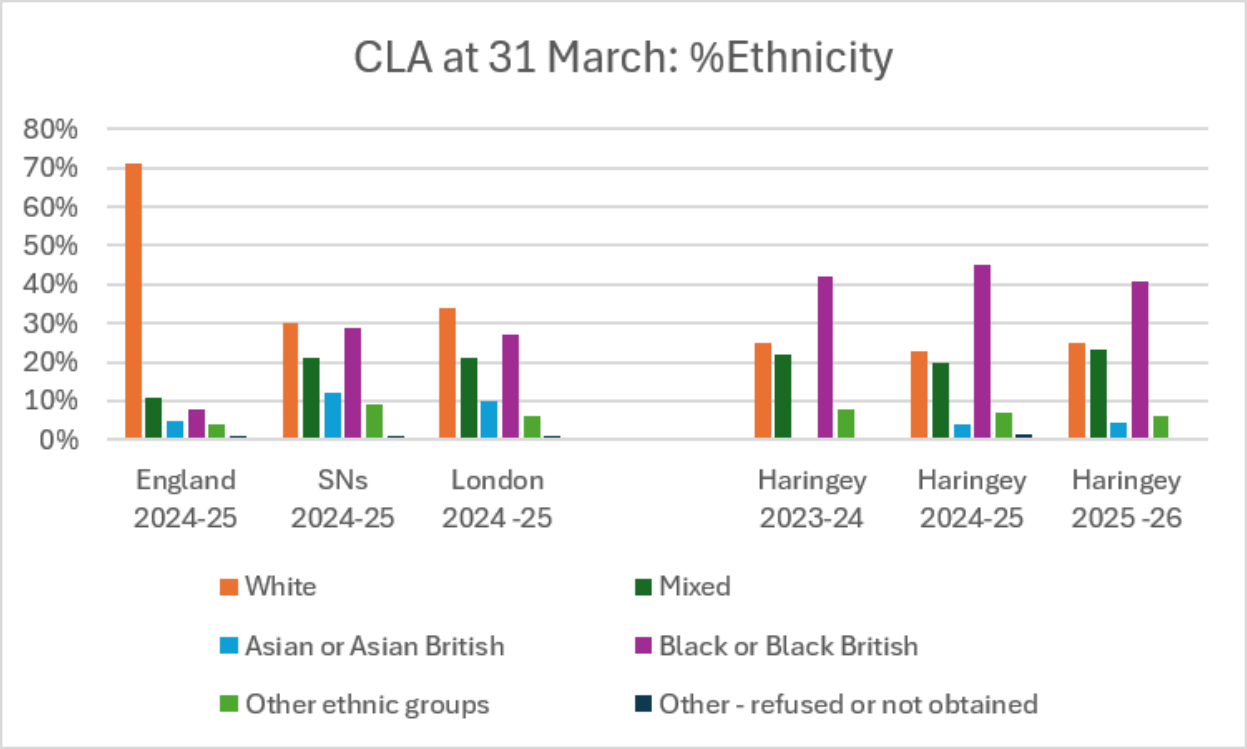
The age profile of Haringey's children looked after continues to evolve and shows a gradual shift towards a younger cohort when compared with previous years. In 2025-26, children aged 10 to 15 years represented the largest proportion of the children in care population at 37.5%, increasing from 31.0% in 2023-24 and 35% in 2024-25. This is slightly higher than both the London average (35%) and the national average (38%), demonstrating that a significant proportion of Haringey's cohort remains within statutory school age, with direct implications for educational attainment, attendance and transition planning.

The proportion of children aged 16 and over has reduced steadily over the last three years, falling from 36% in 2023-24 to 31% in 2024-25, and further to 28.4% in 2025-26. Whilst this remains broadly comparable with the national picture (27%), it represents a notable change in the composition of Haringey's children in care population and suggests a decreasing concentration of older young people requiring post-16 educational and employment support.

The proportion of children aged 5 to 9 years has remained relatively stable, accounting for 18.9% of the cohort in 2025-26, broadly in line with previous years and closely matching the England average of 18%. Similarly, children aged 1 to 4 years account for 10.1% of the cohort, a slight reduction from 12% in 2023-24, bringing Haringey in line with regional and national averages.

Overall, the data indicates that Haringey's looked after population is becoming slightly younger, with growth in the primary and lower secondary age ranges and a reduction in the proportion of older young people. For the Virtual School, this trend reinforces the importance of maintaining a strong focus on early educational engagement, school stability, attendance and attainment throughout compulsory school age, while continuing to provide targeted support for young people transitioning into post-16 education, employment and training.

Ethnicity



The ethnicity profile of Haringey's children in care cohort continues to reflect the diversity of the borough and differs significantly from national trends. In 2025-26, Black or Black British children represent the largest ethnic group at 40.9%, although this has reduced slightly from 45% in 2024-25. Despite this decrease, the proportion remains substantially higher than both the London average (27%) and the national average (8%).

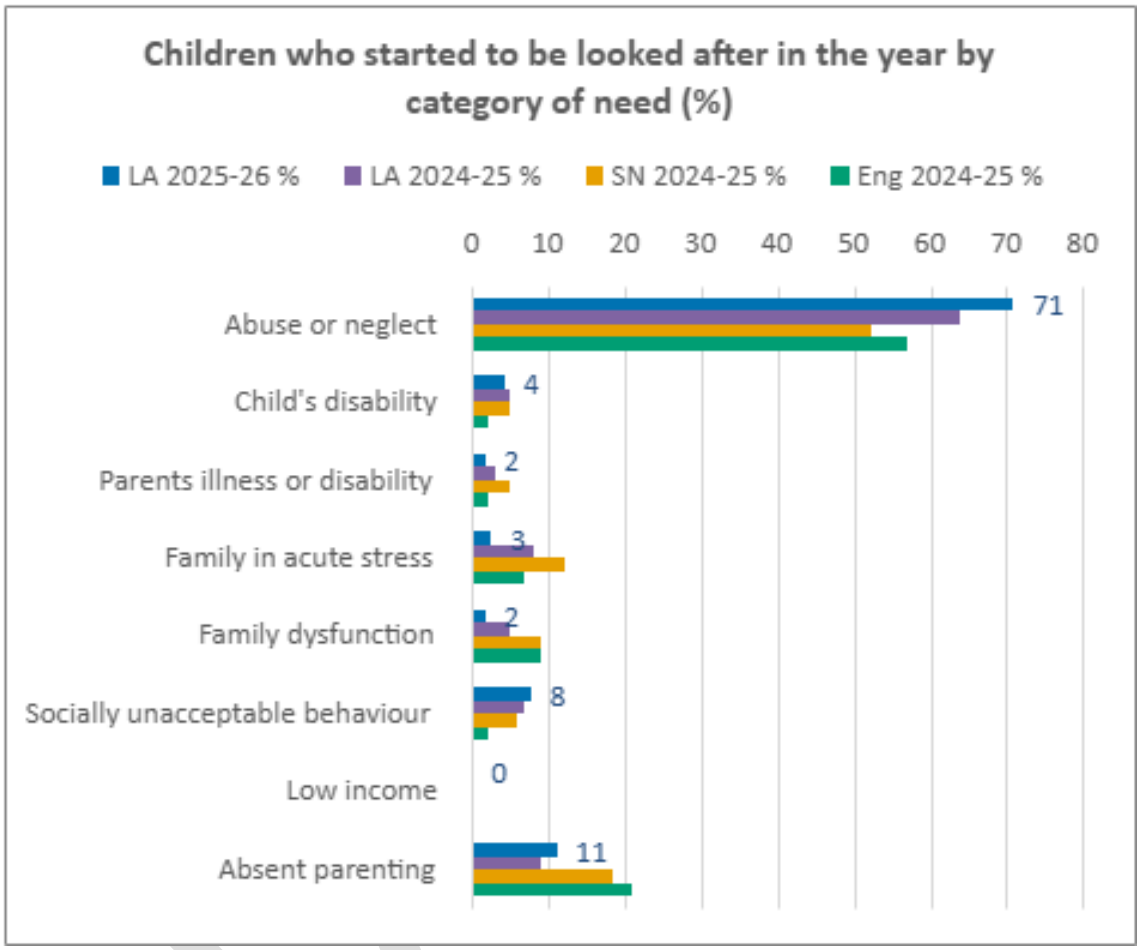
Children from White ethnic backgrounds account for 25% of the cohort in 2025-26, an increase from 23% in the previous year. This remains considerably lower than the national figure of 71% and below the statistical neighbour average of 30%, reflecting Haringey's diverse population.

The proportion of children from Mixed ethnic backgrounds has increased from 20% to 23.3%, making this the second largest ethnic group within the cohort. This figure is slightly above both the London and statistical neighbour averages of 21%.

Children from Asian or Asian British backgrounds represent 4.4% of the cohort in 2025-26, a small increase from 4% in 2024-25. The proportion remains below both London (10%) and statistical neighbour (12%) averages. Similarly, children from Other ethnic groups account for 6.1% of the cohort, continuing a gradual decline from 8% in 2023-24 and aligning closely with the London average of 6%.

Overall, the ethnic composition of Haringey's children in care population has remained relatively stable over the last three years, with Black or Black British children continuing to be significantly overrepresented when compared with national figures. This demographic profile highlights the importance of ensuring that Virtual School services, educational interventions, and commissioned support remain culturally responsive, inclusive, and reflective of the needs and experiences of Haringey's diverse children and young people.

Category of need or reasons for coming into care



The most striking feature is the proportion of children entering care due to abuse or neglect. At 71% in 2025-26, this is higher than the local authority's 2024-25 figure (approximately 64%), the statistical neighbour average (approximately 52%), and the England average (approximately 57%). This suggests that children entering care locally are more likely to be experiencing significant safeguarding concerns than in comparable areas. The increase from the previous year also indicates a growing concentration of care entries linked to abuse or neglect.

In contrast, absent parenting accounts for 11% of children becoming looked after locally. While this is the second largest category, it remains lower than both statistical neighbours (around 18%) and England (around 21%).

The authority records a notably higher proportion of children entering care due to socially unacceptable behaviour (8%) compared with statistical neighbours (approximately 6%) and England (approximately 2%). Although the numbers involved are likely to be small, this

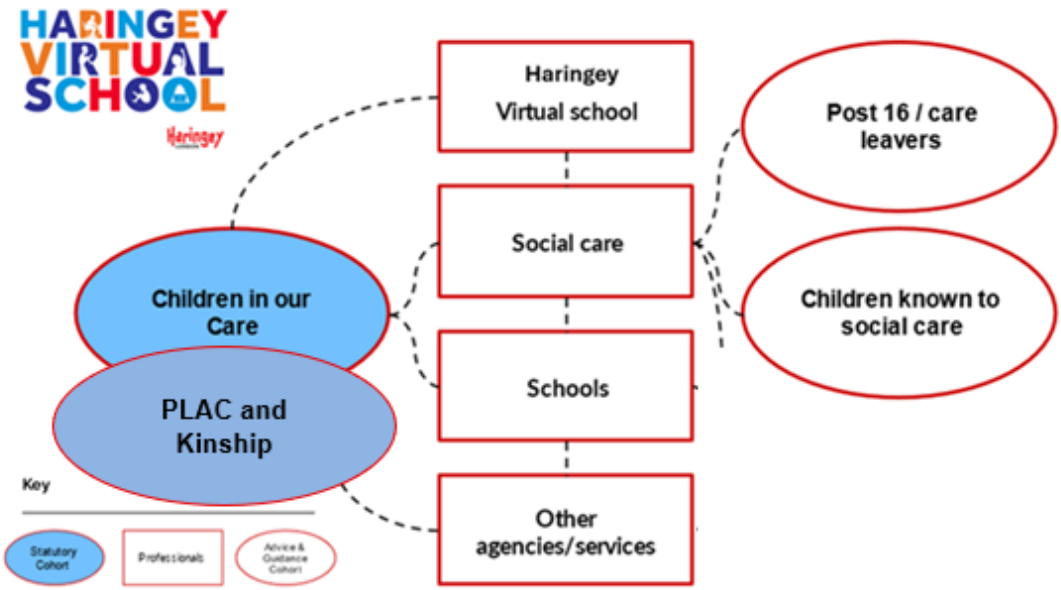
difference suggests that behavioural concerns may be a more significant factor in decisions to accommodate children than is seen nationally.

The proportion of children entering care because of child disability (4%) is broadly in line with comparator areas, indicating a similar pattern of need. Likewise, parents' illness or disability accounts for only 2%, which is lower than both statistical neighbours and England averages.

The authority reports particularly low levels of children entering care because of family dysfunction (2%) and family acute stress (3%). Both categories are considerably lower than statistical neighbour and national averages, where these reasons account for a larger proportion of care entries.

Compared with both statistical neighbours and national figures, the local authority's cohort of children becoming looked after is characterised by a significantly greater prevalence of abuse and neglect, which has increased from the previous year and now accounts for over seven in ten new entrants to care. Conversely, family-related factors such as family dysfunction, acute family stress, and absent parenting account for a smaller proportion of care entries than seen elsewhere.

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 LEET[1] (Looking for 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 59 children. These roles

[1] The From NEET to LEET campaign, led by the Be Free Campaign, seeks to replace the term NEET (Not in Education, Employment or Training) with LEET (Looking for Education, Employment or Training) to promote a more positive, strengths-based view of young people.

are partially funded by the Post-16 Pupil Premium Grant (PPG), which amounted to £78,148 for the 2025–2026 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 7% of the post-16 cohort have requested continued support beyond 18, typically those with an Education, Health and Care Plan (EHCP) or those completing BTEC Level 3 and A-levels who wish to maintain educational continuity and support transition into Higher Education.

Higher Education

University progression remains strong, with four young people from the Year 13 cohort securing places in higher education, consistent with the previous academic year.

However, it is important to recognise that educational achievement for care-experienced young people is not always linear. A further 11 care leavers progressed to university before their 21st birthday, demonstrating that some young people require additional time to reach this milestone.

Delayed progression can often be linked to the impact of educational disruption, placement instability, transitions between care and independence, and the need to establish personal, emotional, and financial stability before embarking on higher education. These figures highlight the importance of measuring outcomes over the longer term and recognising that success may be achieved at different stages of a young person's journey. The continued progression of young people into higher education beyond statutory school age demonstrates resilience, aspiration, and the lasting impact of sustained support and effective transition planning.

*Year 1 (First year) 2025 – 2026 Progression**

	University	Course
Young person 1	Kent	LLB Law
Young person 2	University of Nottingham	Sports Coaching and Sports Science
Young person 3	University of Greenwich	BSc (Hons) Computer Science (Cyber Security)
Young person 4	Goldsmiths University	Politics and Human Relations

*Year 2 (second year) 2024 – 2025 progression**

	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 3 (Final year) 2023-2024 progression**

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

*The total number of care leavers (former relevant), who currently attend university is 50. This figure represents those young people who successfully completed their post-16 studies and progressed directly into higher education.

Care Leavers Looking for Education, Employment and training (LEET)

At the end of the academic year 24/25 the Virtual School was monitoring 59 Children in Post-16. The percentage of children who were LEET was 10% (6) which is a 5% decrease in LEET cases compared to the last academic year 24/25 where 15% (13) out of a cohort 86 children being monitored by the Virtual School.

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 LEET children. They were to work with ten LEET 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 at the transition stage and became LEET. However, the multi-agency work of the post-16 team supported the young person back into EET.

Case study: Supporting R's Transition into Post-16 Education after being LEET

R is a young person with an EHCP who experienced significant challenges following his transition into Year 12. Difficulties adjusting to a large college environment, travel disruption at the start of term, and the bereavement of his mother led to increased anxiety, social withdrawal and disengagement from education.

The Virtual School played a central role in supporting R throughout this period. The Educational Improvement Consultant (EIC) maintained regular home visits, providing consistent support and a trusted relationship when R was unable to engage with formal education. Working closely with SEND colleagues, social care and carers, the EIC explored education pathways aligned to R's interests in nursing and psychology and supported applications to suitable post-16 provision.
The Virtual School coordinated a personalised transition plan, attending enrolment with R, liaising with college staff, advocating for adjustments linked to his EHCP and eating disorder, and supporting a bursary application to remove financial barriers. On R's first day, the EIC accompanied him to college, helped establish relationships with key staff and remained available throughout the day to provide reassurance.

Through extensive planning, strong multi-agency collaboration and a relationship-based approach led by the Virtual School, R successfully enrolled on a college course matched to his aspirations and re-engaged with education. His comment at the end of his first day, *"I think this might work, Dianne,"* reflected a renewed sense of confidence, hope and belief in his future.

The Post-16 Team have been working closely with Haringey Works as part of the Haringey Trailblazer steering group, which launched in October 2025. The aim of the programme was 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

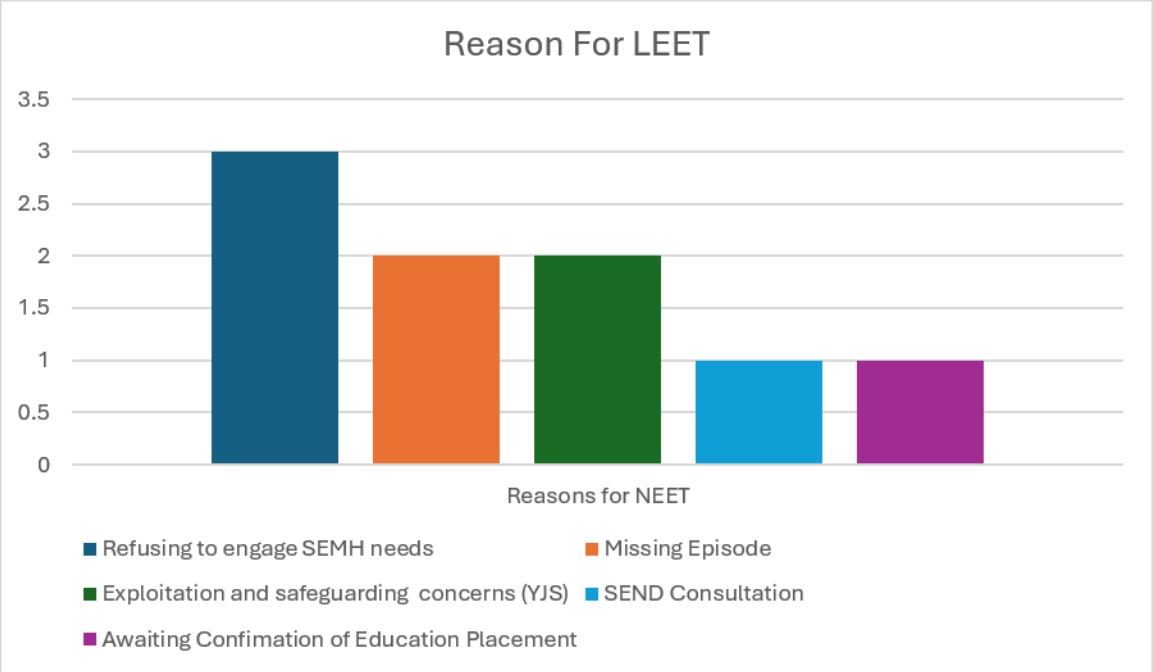
training, CV help and interview practice and connecting with potential employers and a paid three-month placement with Haringey Council.

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 LEETs.

Reasons for Post 16 LEET

Analysis of young people identified as LEET highlights a range of factors contributing to their disengagement from education, employment or training. The most common factor was Social, Emotional and Mental Health (SEMH) needs, with other contributing factors including exploitation, safeguarding concerns and missing episodes, involvement with the Youth Justice Service, SEND-related needs, and delays in securing an appropriate school placement. It should be noted that these categories are not mutually exclusive, and a young person may experience multiple factors simultaneously. As a result, the number of reasons recorded may exceed the total number of young people identified as LEET
These figures demonstrate the complex barriers faced by some of our most vulnerable young people and reinforce the importance of a coordinated, multi-agency approach to identify needs early and provide targeted support to promote sustained engagement and positive outcomes.

LEET data 2025-2026



By the end of the reporting period, 8% (5) LEETS were recorded in a cohort of 59. The majority of the LEET cohort were in Year 13, with five young people identified, compared to one young person in Year 12. Notably, 100% (5) of LEET of the Year 13 Cohort 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. Alongside this 67% of the LEET (4) cohort became Children in Care during the academic year missed key enrolment during September 2025. Virtual School Post 16 Team identified there was a lack of provisions locally to support cohort who had missed the September enrolment deadline. As a result of this there is limited opportunity for LEET's who come into care after the September enrolment deadline to engage in education and training for the remainer of the academic year impacting on attainment, progression.

The data highlights a range of complex and individualised reasons why children in care are currently LEET. Several are awaiting placement confirmations or consultations, including those with health needs 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.

The Post 16 Virtual School Team has identified a significant gap in provision for 16-18-year-olds who are Looking to Engage in Education, Employment or Training (LEET). As of August, there were an estimated:

- **118 NEET young people aged 18** across the borough (non-CIC)
- **49 NEET young people aged 17** across the borough (non-CIC)
- **5 post-16 NEET young people** within the Virtual School cohort

A key challenge is 16–18-year-olds who miss the September enrolment deadline often have limited opportunities to access education or training for the remainder of the academic year.

The Post-16 Virtual School Team has worked collaboratively with the SEND and Early Help teams to gain a greater understanding of LEET figures and the barriers preventing young people from engaging in education, employment, or training. Discussions with both services identified similar themes to those experienced by the Virtual School, including limited availability of suitable placements, complex additional needs, and barriers to sustained participation. As a result, the Post 16 Virtual School is working alongside Commissioning to develop a coordinated local authority response that reduces expenditure, addresses the underlying causes of LEET, and improving educational outcomes for young people in the borough. This includes exploring the development of additional provision that can offer teaching, learning, and tuition opportunities for young people who are unable to secure an appropriate education placement due to limited local capacity or other barriers to participation.

2. Inclusion, Attendance and Exclusions

A key priority for the Virtual School has been reducing exclusions and strengthening inclusive practice within post-16 education settings.

There was 1% (1) out of a total cohort of 86 of the virtual school cohort had a permanent exclusion recorded during the 25/26 academic year, however another post 16 provision was sourced within a week. There has been a marked improvement in the reduction of children

experiencing permanent exclusion at Post-16 because of the early intervention and working with post-16 settings to ensure our children are understood and supported.

Post 16 partnerships with college providers

During the 2025 academic year, the largest post-16 provider supporting Haringey's Children in Care underwent a significant organisational restructure, resulting in several newly appointed Designated Teachers being unfamiliar with the PEP process and their statutory responsibilities. In response, The Post-16 Lead was invited by the senior leadership team to provide strategic leadership and support to safeguarding teams, SENCOs, and Designated Teachers in strengthening systems, processes, and practice to ensure compliance with statutory duties and improve outcomes for Children in Care. To support this work, The Post-16 lead developed a culture of openness and collaboration across the college group, providing targeted training, one-to-one support, and shadowing opportunities for new Designated Teachers. This work increased staff confidence, improved the quality and consistency of the ePEPs, strengthened accountability, and enhanced the provider's ability to effectively identify and respond to the educational needs of Children in Care.

The Virtual School continues to work in close partnership with post-16 providers to promote inclusion, improve retention, and embed trauma-informed practice across education settings. Through collaborative working with colleges, designated staff, and specialist services, the Virtual School seeks to ensure that vulnerable young people can access the right support at the right time, reducing the risk of disengagement, exclusion, and poor educational outcomes.

Case Study: Educational Psychology Support Preventing Exclusion and Promoting Engagement

A young person within the Post-16 Virtual School cohort was identified as being at significant risk of exclusion due to presenting behaviours that were impacting her ability to engage successfully in college. Prior to joining the post-16 cohort, she had not completed a full academic year in education for four years, resulting in considerable disruption to her learning and educational progression.

To support both the young person and the college, the Educational Psychologist (EP) undertook a consultation with her key worker to explore the difficulties she was experiencing. Using a trauma-informed approach, the consultation focused on understanding the underlying reasons for her behaviours and identifying why certain support strategies had been successful while others had been less effective. The EP also provided practical resources and guidance on the use of **PACE (Playfulness, Acceptance, Curiosity and Empathy)** and **Emotional Coaching** to strengthen relational practice and support emotional regulation.

Following the consultation, several agreed actions and targets were implemented and reviewed six weeks later. At the follow-up meeting, the college reported that the young person was managing significantly better and was demonstrating improved engagement within the setting. Collaborative adaptations were agreed between the college and the young person, ensuring clarity around expectations and support arrangements. The EP's involvement increased the confidence of the key worker and enhanced staff understanding of the relational dynamics between the young person, her key worker, and teaching staff. This enabled more consistent and effective responses to her needs and contributed to reducing the risk of exclusion.

This case study highlights the impact of effective partnership working between the Virtual School, Educational Psychology Service, and a post-16 college in supporting a young person at significant risk of exclusion. It demonstrates how a trauma-informed and relationship-based approach can strengthen staff understanding, build capacity within education settings, and enable personalised strategies that support attendance,

engagement, and sustained participation in learning. By working collaboratively to understand and respond to underlying needs, the college was able to create a more inclusive environment that supported the young person to remain in education and make positive progress.

Children known to social care and previously looked after children

CIN (2024 – 2025)	CP (2024 - 2025)	CIN (2025 -2026) *	CP (2025-2026) *
1118	219	1051	238

*Data taken from CIN Management report 24/08/2025

Educational outcomes for CIN and CP

Key stage 4 verified data available November 2026

Key Stage 2 Expected standard*

Group	2024-2025 total number	2025-2026 Total number	RWM 24-25	RWM 25-26	Reading 24-25	Reading 25-26	Writing 24-25	Writing 25-26	Maths 24 -25	Maths 25-26	GPS 24-25	GPS 24-25
CIN all matched students Haringey	60	80	34%	36%	50%	53%	41%	53%	52%	43%	45%	41%
London CIN	1,590	1,930	37%	37%	47%	48%	43%	45%	45%	46%	51%	47%
National CIN	14,990	14,940	31.4%	32%	46.9%	45.9%	40.8%	42.5%	42.4%	43.4%	43.2%	43.1%
Haringey all pupils	2,709	2,775	69%	70.7%	80%	79.6%	77%	77.6%	80.2%	80%	78%	78.2%

The 2025-26 Key Stage 2 outcomes for Children in Need (CIN) in Haringey present a mixed picture. While there have been improvements in the combined Reading, Writing and Maths (RWM) measure, Reading and Writing outcomes, attainment in Maths and Grammar, Punctuation and Spelling (GPS) has declined.

The proportion of CIN pupils achieving the expected standard in Reading, Writing and Maths (RWM) increased from 34% in 2024-25 to 36% in 2025-26. Although this represents a modest improvement, outcomes remain significantly below those achieved by the wider Haringey pupil population, where 70.7% met the expected standard. Haringey's CIN cohort performed marginally below the London CIN average (37%) but above the national CIN average (32%).

Performance in Reading improved by three percentage points, rising from 50% to 53%. This places Haringey above both the London CIN average of 48% and the national CIN average of 45.9%, demonstrating a relative strength within the cohort. The most notable improvement was seen in Writing, where attainment increased significantly from 41% to 53%, an increase of 12 percentage points. This places Haringey well above both London (45%) and national (42.5%) CIN averages and suggests that targeted literacy interventions may be having a positive impact.

However, outcomes in Mathematics declined substantially, falling from 52% to 43%. This places Haringey below the London CIN average (46%) and only marginally below the national CIN average (43.4%). Given the importance of mathematical fluency in supporting successful transition to secondary education, this area should be a priority for further investigation and intervention.

Similarly, outcomes in Grammar, Punctuation and Spelling (GPS) decreased from 45% to 41%. While the decline is relatively small, Haringey now performs below both London (47%) and national (43.1%) CIN averages in this measure. This suggests that improvements in writing attainment are not yet being consistently matched by gains in sentence construction, grammar and technical accuracy.

Phonics

2026 outcomes

			Mark						Outcome				
	Cohort	No Score	0-15	16-23	24-30	31-36	37-40	APS	Q	A	D	WT	WA
NCER National (CIN pupils)	12,360	15.0%	20.0%	6.0%	6.0%	26.0%	28.0%	27.4	-	1.0%	14.0%	31.0%	54.0%
DfE Region - London (CIN pupils)	1,420	20.0%	15.0%	5.0%	6.0%	22.0%	31.0%	28.8	0.0%	1.0%	20.0%	26.0%	53.0%
LA - Haringey (all pupils)	2,601	4.0%	6.2%	2.7%	2.9%	22.1%	62.1%	34.0	0.0%	0.2%	3.7%	11.8%	84.2%
LA - Haringey (CIN pupils)	50	18.0%	16.0%	-	-	27.0%	29.0%	29.3	0.0%	-	16.0%	25.0%	57.0%

2025 outcomes

			Mark						Outcome				
	Cohort	No Score	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 2026 Phonics Screening Check data shows that outcomes for Children in Need (CIN) in Haringey remain significantly lower than outcomes for the overall Haringey Year 1 population.

Haringey's CIN cohort consisted of 50 pupils, with an average point score (APS) of 29.3, which is above the national CIN average of 27.4 and slightly above the London CIN average of 28.8. This suggests that, overall, Haringey's CIN pupils performed better than their CIN peers nationally and across London.

The proportion of Haringey CIN pupils achieving the expected phonics standard (31 marks or above) was 57%, compared with 54% nationally for CIN pupils and 53% across London CIN pupils. This indicates that Haringey is performing marginally better than both national and regional averages for this vulnerable group.

However, a substantial attainment gap remains when compared with all pupils in Haringey. While 84.2% of all Haringey pupils met the expected standard, only 57% of Haringey CIN pupils achieved this benchmark, representing a gap of over 27 percentage points. Similarly, 25% of CIN pupils were working towards the standard, compared with only 11.8% of all Haringey pupils.

Analysis of the score distribution further highlights this picture. Whilst 29% of Haringey CIN pupils scored within the highest band (37-40 marks), almost a third of pupils failed to reach the expected standard. Additionally, 34% of the cohort scored below 24 marks, indicating that a sizeable group continues to require intensive early literacy intervention.

Overall, the data demonstrates that Haringey's Children in Need are performing better than equivalent CIN cohorts nationally and regionally. Nevertheless, the significant gap between CIN pupils and the wider Haringey population reinforces the importance of continued investment in early language development, phonics interventions, school attendance, and multi-agency support to ensure vulnerable learners can access the curriculum and achieve age-related expectations.

Comparing 2024-25 with 2025-26 shows mixed outcomes. The proportion of Haringey CIN pupils achieving the expected standard increased slightly from 56% to 57%, while the proportion working towards the expected standard rose from 16% to 25%. The APS decreased from 31.8 to 29.3, suggesting a reduction in overall attainment despite a marginal increase in pupils reaching the expected standard.

The data indicates that Haringey continues to achieve outcomes for Children in Need that exceed national and London CIN averages. However, the persistent gap between CIN pupils and the wider Haringey population demonstrates the ongoing need for targeted intervention, strong school partnerships, attendance support, and multi-agency working to improve educational outcomes for vulnerable children.

Attendance data for Children on the Child Protection Plans

CP Attendance, suspensions and exclusions

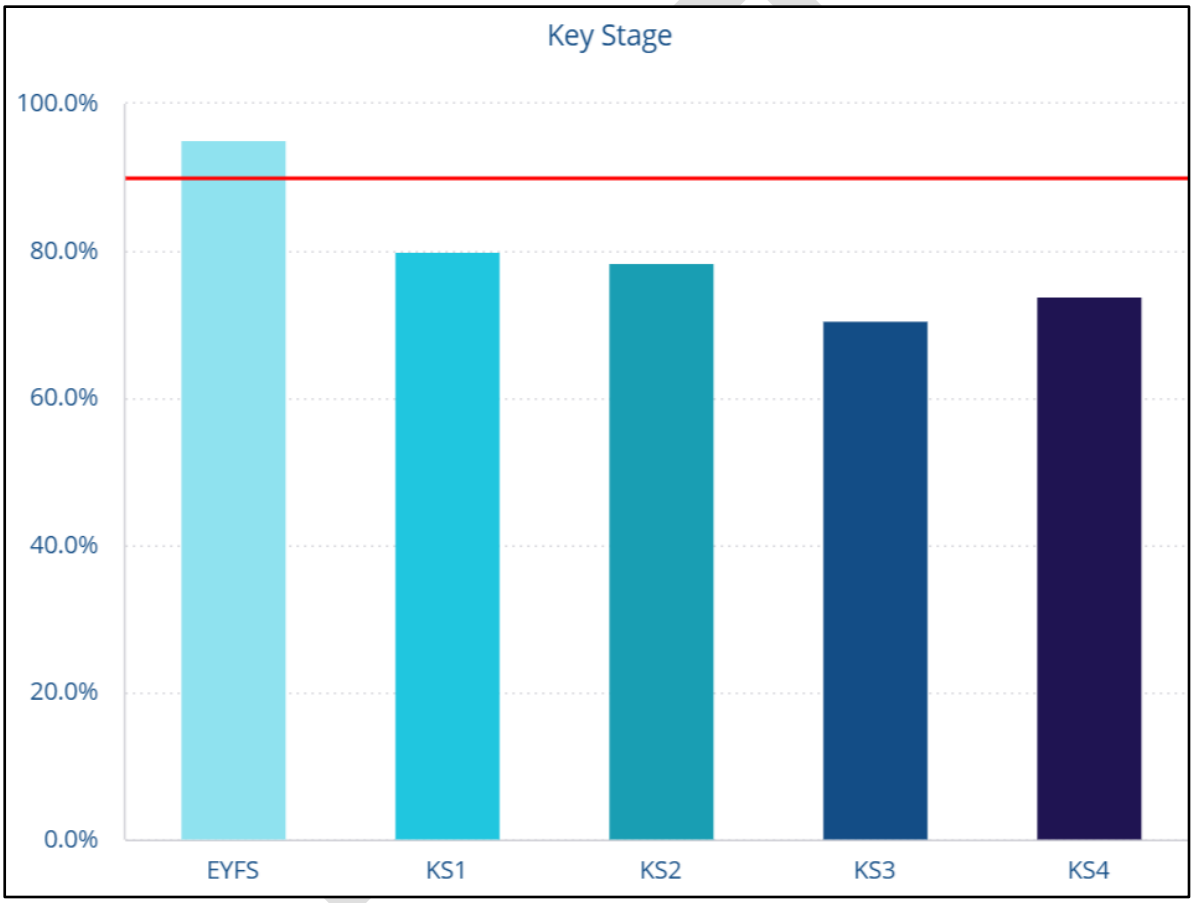
At the start of the academic term, the virtual school tracked the attendance of children on child protection plans. At the start of the academic year, we were tracking 125 children. The attendance for our CP cohort is much lower than other groups.

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. The recruitment of an Assistant Head of Virtual School with responsibility for Children in Need and Children on a Child Protection Plan will enable us to drive forward our strategic vision to improve the overall attendance of our vulnerable cohort.

The overall strategic vision for our vulnerable children cohort is:

The Virtual School will lead a whole-system approach to improving attendance for CIN/CP pupils. National data shows that CIN and CP children are significantly more likely to be persistently or severely absent and are more likely to experience exclusion. Attendance responsibilities apply across parents, schools and the local authority; however, the Virtual School provides the strategic leadership to ensure that children with a social worker are visible in attendance planning across the system.

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.



EYFS	KS1	KS2	KS3	KS4
95.3%	80%	78.5%	70.6%	73.8%

Eight children were suspended and there were twelve suspensions over 49 sessions. There was no recorded permanent exclusion for our recorded CP cohort.

Kinship and PCiC[2] work through the academic year (Kinship and PCiC Lead)

[2] Throughout this report, we use the term PCiC (Previously Child in Care), recognising that many children and professionals consider this language to be more child-centred, reflective of lived experience and is language that cares. We also acknowledge that PLAC (Previously Looked After Child) remains the formal terminology used by the Department for Education (DfE) and within

This was the first year of the Kinship and PCiC Lead role, with a focus on establishing the position, increasing awareness of the support available through the Virtual School, and developing relationships with kinship carers, schools, and professionals. A Kinship Action Plan was created at the start of the year to provide a strategic framework for the role, prioritising awareness raising, improving access to advice and support, strengthening partnership working, developing professional networks, and improving the identification of children living in kinship arrangements.

A significant achievement has been the successful establishment and promotion of the role across Haringey. Awareness has been raised through engagement with kinship carers, social workers, Designated Teachers, and colleagues across Children's Services, resulting in growing recognition of the support available through the Virtual School. Relationships have been developed with the Haringey Kinship Peer Support Group, including attendance at two support group meetings and two meetings with the group's Chair and Vice-Chair, providing valuable opportunities to hear directly from carers and better understand the challenges faced by kinship families.

As awareness of the role has increased, demand for support has grown. During the year, direct advice and support was provided to at least ten kinship families on issues including EHCP applications, Pupil Premium Plus, school admissions, school transfers, educational concerns, and school processes. Support ranged from information and signposting through to more intensive involvement, including attendance at meetings, liaison with schools, and ongoing support in complex cases.

Partnership working has been a key strength of the role. Strong relationships have been developed with colleagues across Children's Services, including support provided on at least three education-related cases with the Fostering and Adoption Team, one of which required sustained involvement over a period of more than six months. Professional networks have also been strengthened through attendance at termly Kinship Care and PCiC Network meetings, enabling the sharing of resources, good practice, and emerging national developments.

A major area of work has focused on improving the visibility and identification of children living in kinship care. During Kinship Care Week, an information leaflet was developed and distributed to all Designated Teachers across the boroughs supported by the Virtual School. The resource highlighted the role of kinship carers, the barriers often faced by families, and the importance of identifying children living in kinship arrangements within school communities. To support this work, schools were provided with a template letter and information-gathering form to help identify and better understand their kinship cohorts. The leaflet also promoted two dedicated kinship training sessions, with five Designated Teachers registered at the time of reporting and further promotion planned.

Professional development has remained a priority throughout the year. Attendance at the National Kinship Conference at the Department for Education provided valuable insights into the National Kinship Care Strategy and emerging National Kinship Standards, helping to shape future priorities around improving identification, increasing professional awareness, and strengthening support for kinship families.

Reflecting on the first year in post, the most significant achievement has been establishing the Kinship Lead role and creating stronger connections between carers, schools, professionals, and the Virtual School. Quantitatively, this has included direct support to at

statutory guidance. Where relevant, references to PCiC should be understood as aligning with the DfE's definition of PLAC.

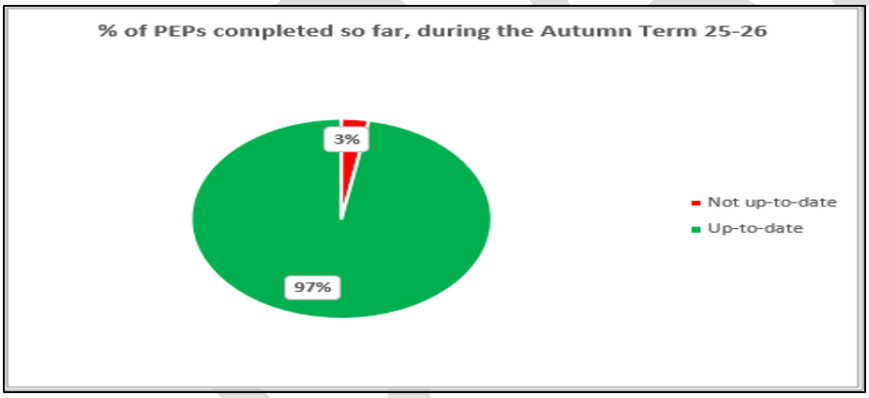
least ten kinship families, engagement through four meetings with kinship support representatives, collaboration on at least three education-related cases with Children's Services colleagues, borough-wide awareness raising through communication with all Designated Teachers, and the delivery planning of two specialist training sessions. While further work is needed to improve the identification of kinship children and strengthen support within schools, strong foundations have now been established that provide a clear platform for future development and improved outcomes for children living in kinship care and who are previously looked after.

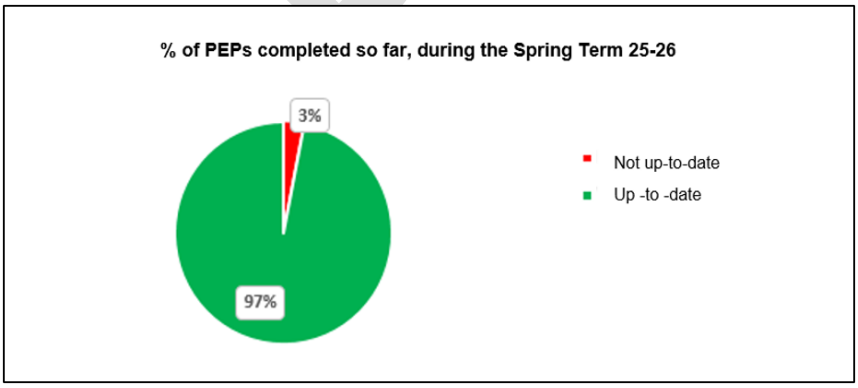
Personal Education Plans (PEPs)

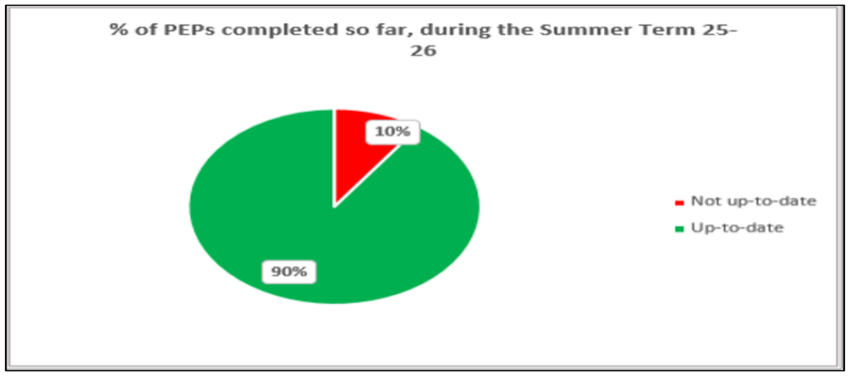
The Virtual School maintained strong PEP completion rates throughout the 2025-26 academic year, achieving 97% completion in Autumn 2025 and 97% completion in Spring 2026. Completion rates fell slightly to 90% in Summer 2026, largely due to the admission of 12 children newly entering care during the reporting period and staff absence impacting administrative capacity.

Despite these challenges, all children had a Personal Education Plan (PEP) completed. However, a few PEPs were finalised after the data collection deadline and were therefore not included within the reported completion figures. The lower summer completion rate reflects timing and reporting constraints rather than a failure to complete PEPs for children in care.

Overall, the Virtual School continued to demonstrate a strong commitment to ensuring that every child had an up-to-date PEP in place, with completion rates remaining consistently high across the year.







To drive continuous improvement, a sample of ePEPs will continue to be quality assured each term. This process will support staff training and professional development, help identify areas of effective practice, and strengthen the overall quality and consistency of ePEP completion across the service.

In addition, from September 2026, Education Improvement Consultants will participate in a programme of monthly PEP meeting observations. These observations will provide opportunities for reflection, coaching and feedback, supporting the ongoing development of high-quality, child-centred PEP meetings and ensuring that ePEPs remain meaningful, outcome-focused documents that effectively promote educational progress and achievement for children in care.

Attainment for Phonics, KS2 and KS4*

Phonics (4-year-olds) 2026

		Mark						Outcome				
	Cohort	No Score	0-15	16-23	24-30	31-36	37-40	APS	Q	A	D	WT	WA
NCER National (CLA)	2,810	8.0%	18.0%	6.0%	6.0%	29.0%	32.0%	28.5	0.0%	0.0%	8.0%	31.0%	61.0%
DfE Region - London (CLA)	210	11.0%	12.0%	4.0%	8.0%	26.0%	39.0%	31.3	-	-	11.0%	24.0%	65.0%
Local Authority - Haringey (all schools)	2,601	4.0%	6.2%	2.7%	2.9%	22.1%	62.1%	34.8	0.0%	0.2%	3.7%	11.8%	84.2%
Virtual School - Haringey	11	18.2%	27.3%	0.0%	9.1%	27.3%	18.2%	25.0	0.0%	0.0%	18.2%	36.4%	45.5%

Phonics (4-year-olds) 2025

		Mark						Outcome				
	Cohort	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%	27.8	0.0%	0.0%	9.0%	33.0%	57.0%
DfE Region - London (CLA)	220	9.0%	17.0%	9.0%	4.0%	26.0%	35.0%	28.9	-	-	9.0%	30.0%	61.0%
Local Authority - Haringey (all schools)	2,617	3.9%	6.6%	2.9%	3.6%	26.4%	56.6%	34.2	0.0%	0.4%	3.5%	13.1%	83.0%
Virtual School - Haringey	8	12.5%	12.5%	12.5%	0.0%	25.0%	37.5%	29.3	0.0%	0.0%	12.5%	25.0%	62.5%

The phonics cohort for Haringey Children in care was small, consisting of 11 pupils, and outcomes should therefore be interpreted with caution as the performance of individual pupils has a significant impact on overall percentages.

Overall, 45.5% of Haringey Children in care (CiC) achieved the expected standard (WA) in the Phonics Screening Check, compared with 61.0% nationally for CiC and 65 % for CiC across London. This indicates that Haringey's CiC cohort performed below both national and regional CiC comparators.

A further 36.4% were working towards the expected standard (WT), compared with 31.0% nationally and 24.0% across London CiC cohorts. Additionally, 18.2% of pupils were assessed as having a disapplied outcome (D), reflecting the complexity of need within the cohort. No pupils were recorded as absent or not taking the assessment.

The average point score (APS) for Haringey CiC was 25.0, which was lower than the national CLA average of 28.5, the London CiC average of 31.3, and the Haringey all-schools average of 34.8.

There was considerable variation in attainment across the score ranges. Whilst 18.2% of pupils achieved scores in the highest band (37-40 marks), 27.3% scored within the lowest band (0-15 marks), highlighting a polarised profile with some pupils performing very well while others require significant additional support.

Compared with 2025, phonics outcomes for Haringey Children in Care declined, with 45.5% are achieving the expected standard in 2026, reflecting the continued challenges associated with a small cohort and complex needs. The proportion of pupils working towards the expected standard increased, indicating that more children were accessing the assessment but had not yet secured the required phonics knowledge and skills. Despite the lower attainment profile, individual pupil progress remains encouraging, and the Virtual School will continue to prioritise and support early reading interventions, attendance, and placement stability to improve outcomes.

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

2026	Haringey (CiC) 13	London (CiC) 310	National (CiC) 3,830	2025	Haringey (CiC) 11	London (CiC) 300	National (CiC) 3,770	Change from 2025	Haringey (CiC)	London (CiC)	National (CiC)
RWM	53.8%	45%	35%	RWM	36.4%	36%	34%	RWM	+17%	+9%	+1%
Reading	76.9%	62%	51%	Reading	63.6%	54%	51%	Reading	+13.3%	+8%	0%
Writing	69.2%	52%	46%	Writing	45.5%	47%	51%	Writing	+23.7%	+5%	-5%
Maths	61.5%	59%	49%	Maths	54.5%	48%	46%	Maths	+7%	+11%	+3%
GPS	61.5%	55%	46%	GPS	45.5%	47%	47%	GPS	+16%	+8%	-1%

The 2026 Key Stage 2 outcomes for Haringey's Children in Care (CiC) demonstrate strong performance across all assessed subjects and significant improvement compared with 2025. Although the cohort is small (13 pupils), outcomes are notably above both London and national averages for children in care in almost every measure.

The most striking improvement was in the combined Reading, Writing and Maths (RWM) measure, where attainment increased from 36.4% in 2025 to 53.8% in 2026, an increase of 17 percentage points. This places Haringey 8.8 percentage points above the London average (45%) and 18.8 percentage points above the national average (35%).

Reading was the strongest performing subject, with 76.9% of pupils meeting the expected standard. This represents an increase of 13.3 percentage points from 2025 and exceeds both the London average (62%) and national average (51%).

Outcomes in Writing showed the greatest year-on-year improvement, rising from 45.5% to 69.2%, an increase of 23.7 percentage points. This is substantially higher than both London (52%) and national (46%) outcomes for children in care.

In Mathematics, attainment increased from 54.5% to 61.5%, exceeding both London (59%) and national (49%) averages. Although the improvement of 7 percentage points was more modest than in other subjects, Haringey remained above its statistical neighbours.

Performance in Grammar, Punctuation and Spelling (GPS) also improved considerably, increasing from 45.5% to 61.5%. This represents a 16-percentage point improvement and places Haringey above London (55%) and significantly above the national average (46%).

Overall, the 2026 outcomes indicate a strong upward trajectory for Haringey's children in care. Improvements were recorded across every measure, with particularly notable gains in Writing, RWM and GPS. Haringey outperformed both London and national children in care averages in all reported subjects, suggesting that targeted support and educational interventions have had a positive impact on pupil achievement at Key Stage 2.

Case Study: Successful progress at the end of KS2 and Transition to Secondary School

J came into care in February 2025 and joined a new primary school in September 2025 following significant changes in his circumstances. While he settled well and demonstrated strengths in reading, mathematics and relationships with others, professionals recognised the need for coordinated support to strengthen his literacy skills, emotional wellbeing and preparation for secondary school.

The Virtual School played a central role in coordinating support and maintaining high aspirations for J's educational progress. Through regular PEP meetings, the Virtual School brought together the foster carer, social worker, school staff and secondary school colleagues to ensure a consistent, joined-up approach. The Educational Improvement Consultant (EIC) helped oversee targeted academic support, transition planning and emotional wellbeing provision.

To support a successful move to Year 7, the Virtual School coordinated early transition activities, including meetings with secondary school staff and additional visits to help J build confidence and establish relationships with key adults before starting secondary school. The Virtual School also arranged Trauma-Informed Practice training for school staff, helping to strengthen understanding of J's needs and promote a supportive educational environment.

As a result of this coordinated approach, J made excellent progress in Year 6, achieving the Expected Standard in Reading, Mathematics and Science. He successfully completed his SATs, developed strong relationships with peers and adults, and moved into secondary school feeling confident, supported and ready to succeed.

Key Stage 4 (16-Year-olds) (Statistical data will be verified in November 2026)

At the beginning of July 2026, there were 29 children in Year 11. Of this cohort, two young people were following an ESOL programme and five were not entered for GCSE English and Mathematics. One young person left care on 31 July 2026, reducing the cohort to 28 by the end of the academic year. Overall, 21 pupils sat GCSE Mathematics, 21 sat GCSE English Language and 16 sat GCSE English Literature. A total of 19 young people sat both GCSE English Language and GCSE Mathematics, meaning that 90% of those expected to access these qualifications completed examinations in both subjects. This demonstrates a strong level of engagement with core GCSE qualifications across the cohort.

GCSE results *non -statistical data*

GCSE	Grade 1-9 (2026)	Grade 1-9 (2025)	Grade 4-9 (2026)	Grade 4-9 (2025)
English Literature	100%	100%	42%	40%
English Language	100%	100%	38%	45%
Mathematics	95%	87.50%	47%	30%

31% of the cohort who sat English Language and Mathematics obtain a grade 4 and above in both subjects.

GCSE outcomes for Children in Care show strong performance in English and notable improvement in Mathematics in 2026 compared with 2025. Achievement at grades 1-9 remained at 100% in both English Literature and English Language, maintaining the same high level as in 2025. At grades 4-9, English Literature improved slightly from 40% to 42%, while English Language declined from 45% to 38%.

Mathematics outcomes improved significantly. The proportion of pupils achieving grades 1-9 increased from 87.5% in 2025 to 95% in 2026, while attainment at grades 4-9 rose from 30% to 47%, representing a substantial improvement of 17 percentage points. Overall, the data indicates sustained strength in English and particularly strong progress in Mathematics, although improving higher-grade attainment in English Language remains a key area for development.

Case Study: Supporting N at risk of permanent exclusion and to remain engaged in KS4 education

N is a highly able young person who experienced significant disruption during Year 11 due to placement instability, non-attendance, risk of permanent exclusion, and emerging SEND needs. These challenges placed her at increased risk of becoming disengaged from education and not progressing into post-16 learning.

The Virtual School played a pivotal role in ensuring N remained connected to education. The Educational Improvement Consultant (EIC) and Headteacher coordinated regular multi-agency meetings, worked closely with school leaders to prevent permanent exclusion, and ensured N could continue accessing education and sit her GCSE examinations.

Listening to N's voice was central to the Virtual School's approach. When online learning was not meeting her needs, the Virtual School secured funding for face-to-face tuition, provided learning resources, and maintained regular contact through home visits and telephone calls. A carefully matched mentor was also arranged to provide additional emotional and relational support.

The Virtual School further supported N through enrichment and aspiration activities, helping her build confidence, broaden her horizons and maintain positive engagement during a difficult period. As she approached the end of Year 11, the Virtual School worked with SEND services and post-16 providers to secure a college placement aligned with her interests and ambitions.

As a result, N successfully completed her GCSEs, achieved outcomes she was proud of, received an Education Achievement Award, and progressed into college to study Level 3 Psychology and Criminology.

This case demonstrates the impact of the Virtual School's relentless advocacy, relationship-based practice and effective multi-agency coordination. By maintaining high aspirations, challenging barriers

to learning and providing consistent support, the Virtual School helped prevent a NEET outcome and enabled N to move successfully into the next stage of her education.

Attendance and Inclusion

Pupil Profile

During the 2025–26 academic year, the Virtual School monitored a total of 205 Statutory School Aged Children Looked After across mainstream, specialist, alternative provision and independent educational settings – using Welfare Call.

The cohort was predominantly secondary-aged, with 121 children (59.0%) attending secondary schools and 84 children (41.0%) attending primary schools. 37 children (18.0%) had an Education, Health and Care Plan (EHCP).

In terms of placement location, 95* children (46.3%) attended schools within Haringey, while 110 children (53.7%) were educated in out-of-borough settings. This indicates that just over half of the monitored cohort accessed educational provision outside the borough.

**Of the 95 children collated as attending school within Haringey, eight children were not enrolled which is automatically recorded as an in borough 'school' something that is to be explored with WC for a code change. This number would have also fluctuated throughout the academic year and has been captured at eight due to the day of the snapshot.*

This profile demonstrates a predominantly secondary-aged cohort, with a significant proportion requiring specialist support through EHCPs and a notable reliance on out-of-borough educational provision.

Based on a total cohort of **205 children monitored**:

Measure	Number	Percentage
Children Monitored	205	100%
Primary	84	41%
Secondary	121	59%
EHCP	37	18%
In Borough	95	46.3%
Out Borough	110	53.7%

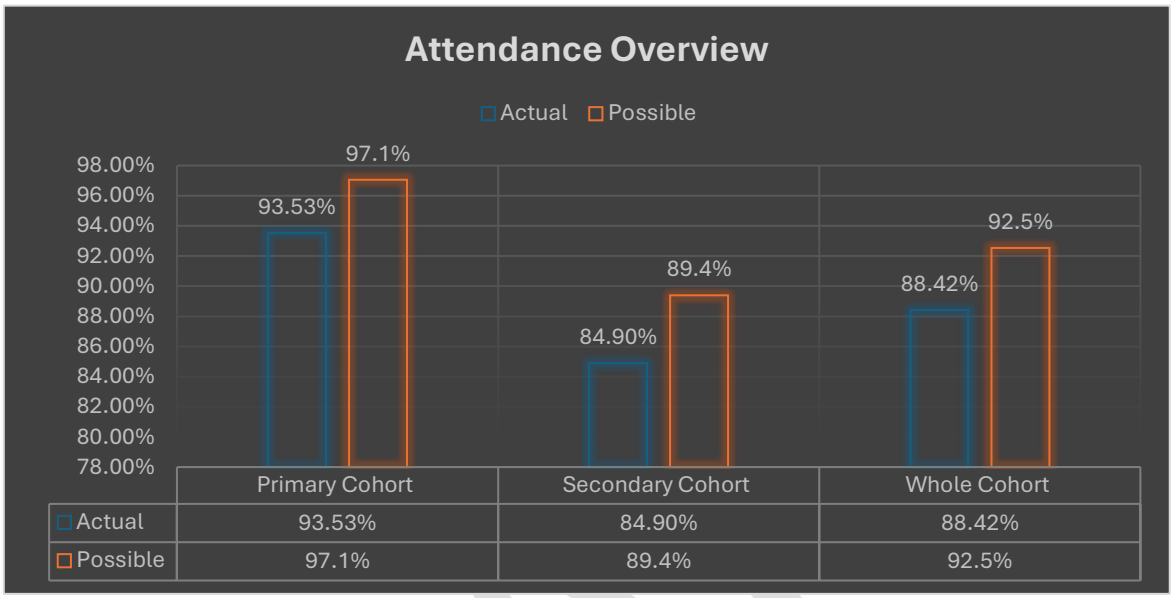
Attendance Summary

On average children have a possible attendance of 60 to 70 school days per term, with a school year divided into three main terms: Autumn, Spring & Summer. Each term lasts an estimated 10 to 12 weeks with pupils attending school on average 190 days per year.
190 School days x 205 Haringey CLA [pupils], totals an average of 38,950 school days.

The entire cohort recorded 41,741 available school days via Welfare Call (although the variation in numbers on comparison is due to: incorrect coding, all-through Specialist Schools/Home Tuition and secure facilities).

Possible School days totalled 32020.5 of which 28,313.5 school days were attended, resulting in an overall attendance rate of **88.4%.** When non-fault/unavoidable absences are removed days went up to 29634 increasing overall attendance to **92.5%.**

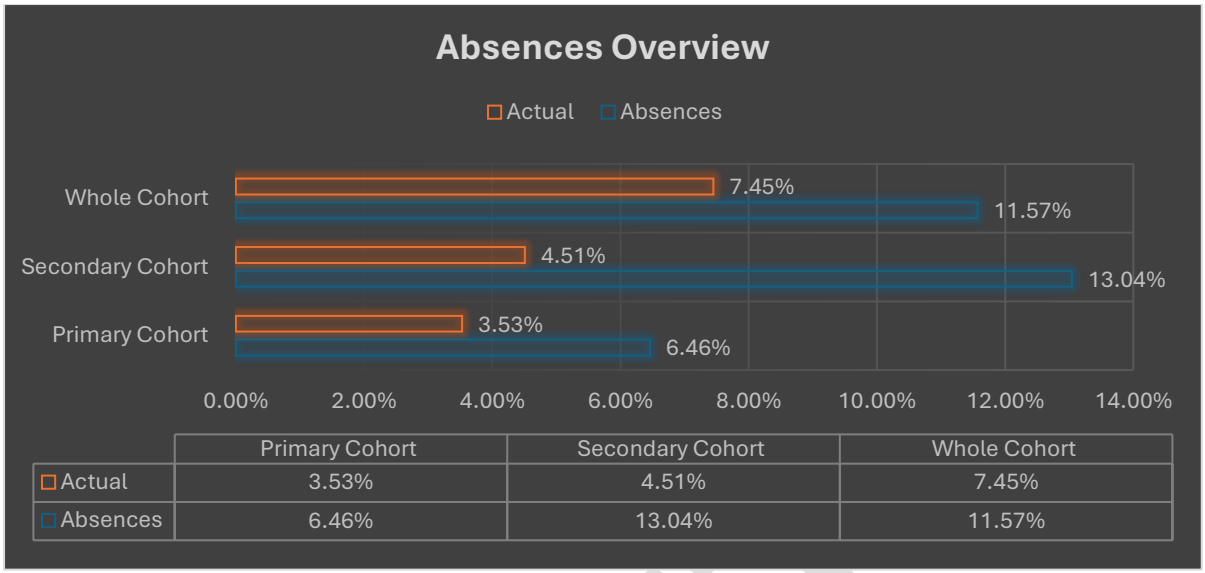
Overall attendance including all codes	88.4%
Overall attendance removing non-fault avoidable absence	**92.5%**



Authorised & Unauthorised Absences summary

3,707 school days were missed with a total of thirteen separate codes being utilised. Nine authorised absence codes totalled 2587 days of absence, and four unauthorised codes resulted in 1120 days being missed throughout the academic year resulting in an overall absence of 11.5%.

When non-fault/unavoidable absences are removed a total of 1320.5 days were deducted, reducing absence to 2386.5 days and a lesser total of seven codes being used. Five authorised absence codes totalling 1111.5 days replaced the initial Nine authorised absence codes reducing total authorised absences to 1475.5 days, and two unauthorised absence codes replaced the four unauthorised codes reducing total unauthorised absences to 209 days. This resulted in a lower overall absence of **7.4**



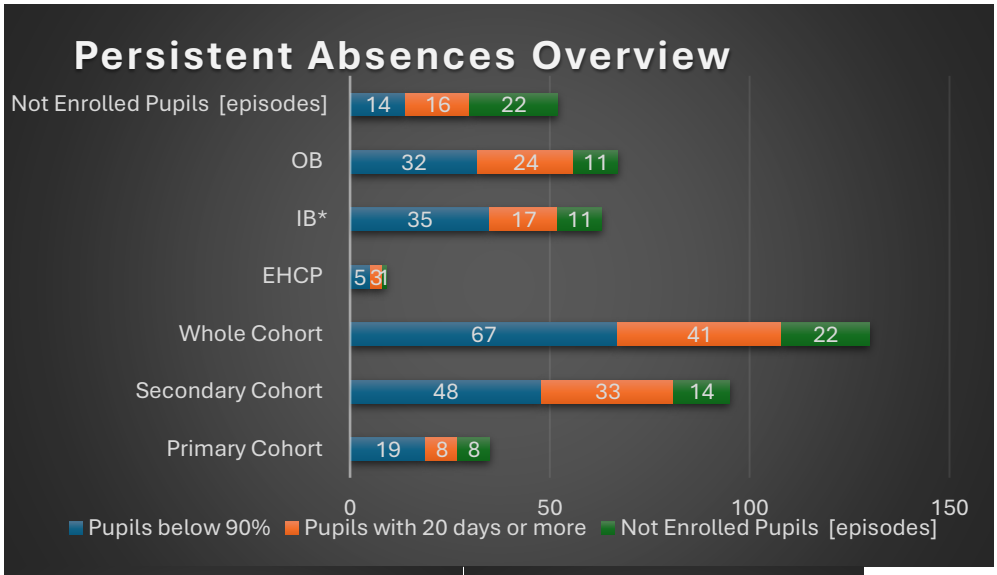
	Primary Cohort	Secondary Cohort	Whole Cohort
Actual	3.53%	4.51%	7.45%
Absences	6.46%	13.04%	11.57%

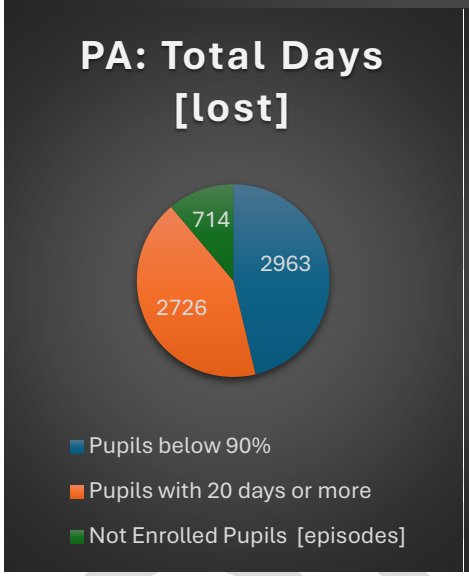
Persistence Absence Summary

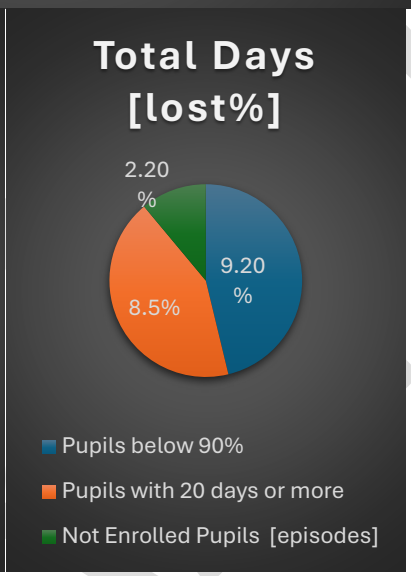
Persistent Absence (PA) continues to be defined as attendance below 90% and/or children with 20 days absence or more [whichever is the greatest].
67 (32.6%) pupils acquired attendance below 90% with 41(20%) children missing 20 days or more. 22 (10.7%) children experienced a not enrolled episode over the duration of the academic year 2025-26.

Not on Roll periods account for the highest levels of missed education and persistent absence with a total of 714 days being missed over the duration of the academic year, with the largest contributor to lost school days being unauthorised absence at 2.8% and illness at 2.0%.

DRAFT





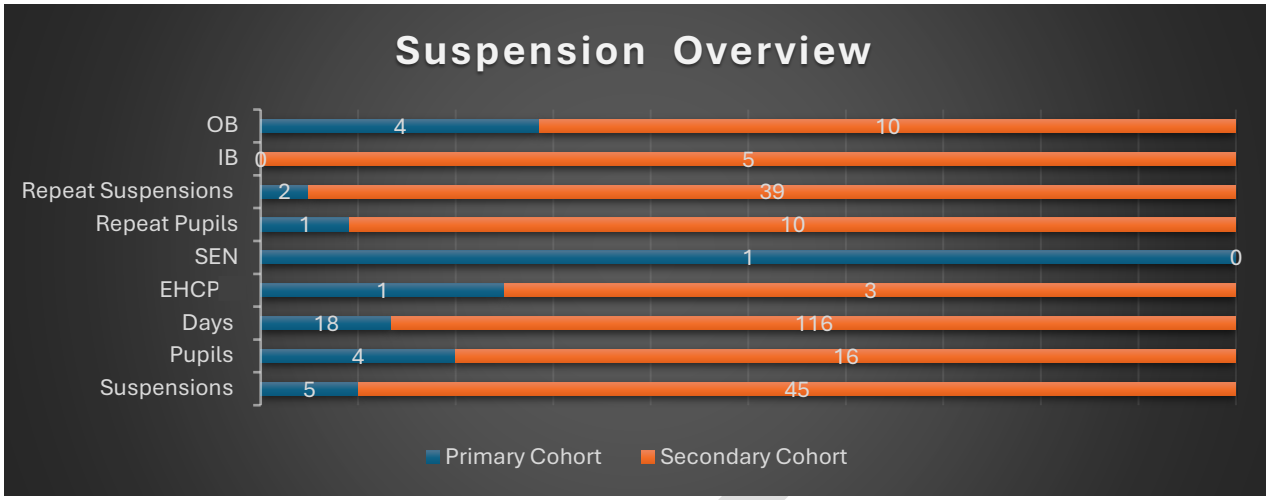


Suspension Overview

During 2025–26, 20 children received one or more suspensions, representing 9.8% of the monitored cohort. Many children monitored (185 children; 90.2%) did not receive a suspension.

There were 50 Suspensions over the duration of the academic year, totalling 134 days with 116 days issued to the secondary cohort and 18 days issued to the primary cohort.

Of the 20 Children in receipt of the 50 Suspensions, the secondary cohort totalled 16 pupils with a total of a 45 suspensions, of which three pupils held EHCPs and there was one SEN Support Pupil. The primary cohort totalled four pupils with a total of five suspensions with one child holding an EHCP.



Attendance remains a key strength, with many children achieving attendance rates above 95% and receiving Gold, Silver and Bronze Attendance Awards. Strong attendance outcomes were particularly evident among primary-aged pupils. In addition, 185 children (90.2%) were not suspended, there were no permanent exclusions across the cohort, and effective partnership working with the Education Welfare Service supported a range of strategic interventions for children in borough. When non-fault absence, such as transport-related issues, is excluded, overall attendance increases to a strong 92.5%.

Looking ahead, attendance will continue to be a priority area, particularly reducing the time children spend out of education when moving to a new home and awaiting a school placement. There is also a need to strengthen strategic partnership working further through training and collaborative approaches, underpinned by the shared vision that attendance is everyone's responsibility.

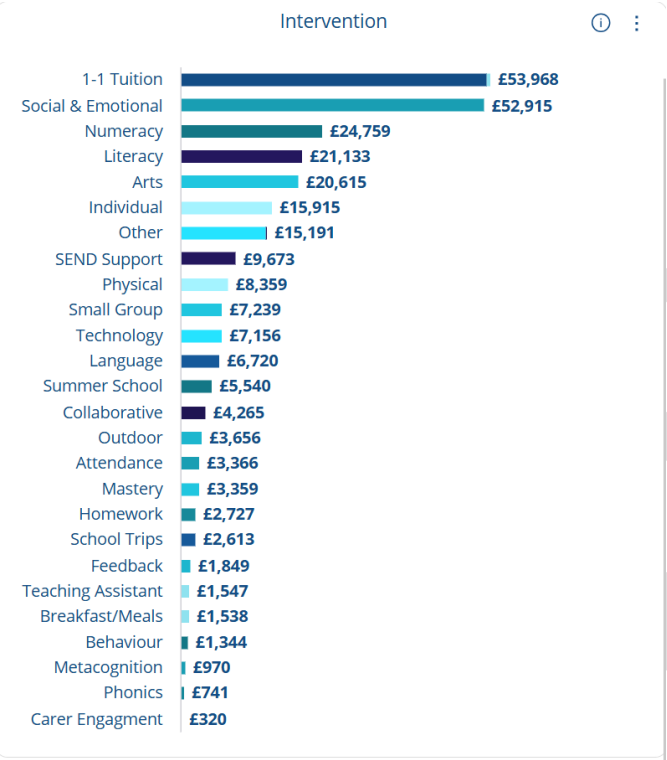
Pupil Premium Grant distribution and impact

Children in local authority care for one day or more attracted £2,630 Pupil Premium funding in 2025/2026. 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 ePEP.

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 £309,042.49. 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 2025/26							
TERM	Total CLA	Total PP+ Claims	Claims %	Total Projected	CLA Spend	Tuition Costs	Grand Total Spend
Summer 2025	197	136	69%	£137,900.00	89.630.29	£34,338.60	£123,968.89

Autumn 2025	181	141	78%	£126,700.00	£92,179.00	£0.00	£92,179.00
Spring 2026	183	137	75%	£128,100.00	£92,894.60	£0.00	£92,894.60
				£392,700.00			**£309,042.49**



The Pupil Premium Plus expenditure demonstrates a strong focus on interventions designed to accelerate academic progress and support emotional wellbeing. The largest areas of investment were one-to-one tuition (£53,968) and social and emotional support (£52,915), reflecting the Virtual School's commitment to addressing both educational attainment and the wider barriers that can affect learning for children in care.

Significant funding was also directed towards core academic subjects, including Numeracy (£24,759) and Literacy (£21,133), alongside investment in the Arts (£20,615) and individualised support packages (£15,915). This suggests a balanced approach that seeks to improve attainment while promoting personal development, engagement and creativity.

Additional funding was used to provide SEND support (£9,673), physical activities (£8,359), small group interventions (£7,239), technology (£7,156) and language support (£6,720). These interventions enabled schools and carers to respond to individual needs and ensure that children could access the curriculum effectively.

Targeted support for key transitions and wider educational engagement included investment in summer schools (£5,540), collaborative learning (£4,265), outdoor learning (£3,656) and attendance interventions (£3,366). Smaller amounts were allocated to areas such as mastery learning, homework support, educational visits, teaching assistant support, breakfast provision, behaviour interventions, metacognition, phonics and carer engagement.

Overall, spending patterns show that funding was predominantly directed towards evidence-informed interventions with the greatest potential impact on educational outcomes. The emphasis on personalised tuition, emotional wellbeing, literacy and numeracy support reflects a strategic approach to raising attainment, reducing barriers to learning and improving the life chances of children in care.

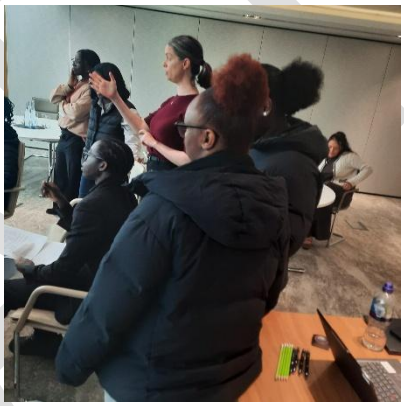
We also use £461,534 for staffing which covers the cost of six Education Improvement Consultants, the traded Educational Psychologists cost and partial cost of the Senior Business Officer.

Enrichment & Springboard

Post-16 Ice Skating Alexandra Palace October 2025 & June 2026
Post-16 lead obtained free tickets for our post-16 children who attended a lovely ice-skating session and were served lunch following the activity.

VS in conjunction with social care – Visit to Hogan Lovells Law firm (Holborn) March 2026
Children attended a jam-packed day at the law firm and learnt about the role of a solicitor and the different routes into law. They excelled at an interactive negotiation session.

VS End of Year Party December 2026
We had a party for our children and foster carers. Children were given gifts (sponsored). They enjoyed the food and most children received certificates for their brilliant attendance.





Year 11 Aspiration Day April 2026
It was a fun filled day we took the children to a hotel for Afternoon Tea. 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 university journey at Oxford. The children finished the day at Frameless, Marble Arch.

Post-16 Dare Skywalk and Stadium Tour at Tottenham Hotspurs 2026
In collaboration with BeeNSpired, students took part in a visit to Tottenham Hotspur Stadium, which included a behind-the-scenes stadium tour and the exciting Dare Skywalk experience. Several young people demonstrated exceptional courage by choosing to abseil from the stadium, challenging themselves and building confidence through this unique opportunity.



Shining Stars Award – July 2026
Two children from Haringey 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.





London Marathon Athletics Day - August 2026
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.

VS in conjunction with Aspire Thorpe Park - August 2026
Children enjoyed a visit to Thorpe Park, where they challenged themselves on a variety of rides and attractions, building resilience, confidence, and positive peer relationships whilst creating lasting memories.

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

One child is currently attending an independent school through a 100% scholarship. This brings the total number of Haringey children in care accessing independent school education through the Royal Springboard programme to two, providing them with opportunities to benefit from a fully funded independent school placement.

DRAFT

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Report for: CPAC 17 November 2026

Item number: 8

Title: Haringey Care Leaver Education, Employment and Training (ETE) Strategy 2026-2029 and Family Business Strategic Plan 2026-2027

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

Lead Officer: **Emma Cummergen**

Ward(s) affected: N/A

Report for Key/ Non Key Decision: For Information, Endorsement and Noting

1. Describe the issue under consideration

1.1 This report presents Haringey's new Care Leaver Education, Employment and Training (ETE) Strategy 2026-2029 alongside the Family Business Strategic Plan 2026-2027. Together, these documents set out Haringey's strategic approach to improving education, employment and training outcomes for care experienced young people through a whole-council corporate parenting approach.

1.2 The strategies respond to local data which shows that while many care leavers achieve positive outcomes, a significant proportion remain not in education, employment or training (NEET), particularly between the ages of 19-25. The strategies focus on prevention, early identification of risk, employer engagement, co-production and the creation of sustainable pathways into education, training and employment.

2. Cabinet Member Introduction

N/A

3. Recommendations

3.1 That Members note contents of this report, the contents of the Haringey Care Leaver Education, Employment and Training Strategy 2026-2029 and the contents of the Family Business Strategic Plan 2026-2027.

3.2 That Members endorse the strategic priorities and whole-council approach outlined within both documents.

3.3 That Members support the ongoing delivery and monitoring through the existing Corporate Parenting governance arrangements.

4. Reasons for decision

4.1 As Corporate Parents, the Council has both a statutory and moral responsibility to support care experienced young people to achieve positive outcomes in adulthood.

4.2 The ETE Strategy provides the overarching framework for improving participation and progression in education, employment and training, whilst the Family Business Strategic Plan sets out the practical delivery model for engaging employers, partners and council services to increase opportunities and reduce barriers experienced by care leavers. Together, the documents provide a coordinated approach to improving long-term outcomes and reducing NEET rates amongst care experienced young adults.

5. Alternative options considered

N/A

6. Background information

6.1 The ETE Strategy is informed by local performance data, needs and gap analyses, feedback from care experienced young people and national research relating to care leaver outcomes. The strategy identifies three strategic objectives:

- Access and Inclusion
- Support and Enablement
- Progression and Sustainability

6.2 Key commitments include introducing a Risk of NEET Indicator (RONI) framework, strengthening transition planning, improving multi-agency support and increasing access to employment, apprenticeships and education opportunities.

6.3 The Family Business Strategic Plan complements the ETE Strategy by setting out how Haringey Council, employers, education providers and partners will work together as part of a whole-system corporate parenting approach. The plan focuses on:

- Leadership and governance.
- Employer engagement and labour market development.
- Employment pathways and opportunity creation.
- Participation and co-production.
- Partnership working.
- Performance and continuous improvement.

6.4 The Family Business model recognises that employment is everybody's business and seeks to increase access to high-quality opportunities through stronger

employer partnerships, social value commitments and targeted support for care experienced young people.

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

7.1 The strategies contribute directly to the Council's ambition to ensure children and young people have the best start in life and can thrive into adulthood. They support the Corporate Parenting commitment to improving outcomes for care experienced young people through education, skills, employment, independence and economic wellbeing. They also support delivery of the Families First approach through a focus on prevention, early intervention and sustainable outcomes.

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: Haringey Care Leaver Education, Employment and Training Strategy 2026-2029.

Appendix 2: Family Business Strategic Plan 2026-2027.

11. Background papers

N/A

Haringey Care Leaver Education, Employment and Apprenticeship Strategy

2026-2029

Enhanced ETE Support for Care Leavers

June 2026

Mark McGovern

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Executive Summary

Our Vision

Haringey is ambitious for its Care Leavers and is committed to ensuring every care experienced young person can achieve economic independence, stability and fulfilment in adulthood.

Whilst many Care Leavers make successful transitions into Education, Employment and Training (ETE), our analysis demonstrates that opportunities are not experienced equally. Outcomes are influenced by earlier experiences of care, educational disruption, SEND, exploitation, mental health needs and wider structural inequalities. These factors increase the likelihood of young people experiencing barriers in education, employment and training during early adulthood.

With 46% of Haringey Care Leavers currently recorded as Looking for Education, Employment or Training (LEET), particularly within the 19-25 age group, this strategy sets out how we will strengthen prevention, improve transitions and create sustainable pathways into education, employment and apprenticeships.

Through a whole-system Corporate Parenting approach, we will remove barriers, target support where need is greatest and improve long-term outcomes for Care Experienced Young Adults.

Why This Strategy Matters

Poor ETE outcomes rarely emerge suddenly in adulthood. They are often preceded by educational disruption, instability in care, unmet SEND needs, exploitation, criminalisation, mental health difficulties or weak support networks.

Our local analysis demonstrates:

- ETE participation declines significantly from age 19 onwards.
- Young men experience disproportionately poorer outcomes.
- Some ethnic groups experience significantly higher rates of increased risk of barriers to ETE.
- Young adults with SEND, experiences of exploitation or criminal justice involvement face additional barriers to employment and training.
- Stable accommodation alone does not guarantee positive ETE outcomes.

These findings reinforce the need for a preventative, equity-focused and relationship-based approach.

Our Strategic Response

The strategy is built around three strategic objectives:

Access and Inclusion - removing structural, financial and educational barriers that prevent Care Leavers accessing opportunities.

Support and Enablement - providing coordinated, relationship-based support throughout the transition to adulthood.

Progression and Sustainability - ensuring access to opportunities translates into sustained participation, progression and employment outcomes.

Employment is a Corporate Parenting responsibility. Through the Family Business Model, Haringey Family Business Strategic Plan v3_.docx Haringey Council, partners, education providers and employers will work together to create meaningful opportunities and pathways into employment.

Progress will be monitored through the Corporate Parenting Advisory Committee, supported by a Care Leaver Outcomes Dashboard and ongoing engagement with Care Leavers themselves.

Current Context

In Haringey we are ambitious about our Care Leavers and are proud of our role as Corporate Parents. Our Local Offer - Our offer to Haringey's Care Leavers - July 2025 Care leavers local offer | Haringey Council already provides a strong foundation across education, training and employment reflecting national policy commitment, such as the Get Britain working strategy Get Britain Working White Paper - GOV.UK GOV.UK. Through these programmes Care Leavers receive tailored work coaching support, flexible funds to remove practical barriers and priority access to work and health programmes, including guaranteed interview schemes.

We have established a strong partnership with the Virtual School and focus on identifying future pathways early, ensuring Children in Care are supported from school through to adulthood. With 98% of local schools rated as good or outstanding, young people in Haringey typically experience strong educational foundations and attainment for Children in Care locally is above national averages in English and Math's and overall GCSE performance. Our task is to ensure this continuity is maintained as young people transition to their majority and that children placed out of borough, receive an offer that matches the quality of provision in Haringey Education strategy | Haringey Council

Yet despite strong practice, our ETE data shows us that we can go even further. Care Leavers remained underrepresented across the general workforce and outcomes regress at the age of 19. Nationally, only 2% undertake apprenticeships and LEET rates for 19-21 year olds remain high compared to their peers. Locally, this reflects what we know about disrupted schooling, SEND Needs, Mental Health, precarious Housing and limited access to employment

We are also seeing disproportionality within our own cohort. Young men in Haringey are more likely to be LEET, often linked to exclusion or instability during adolescence. LEET young women meanwhile, are more likely to be managing caring responsibilities with their own children or have mental health needs. Some ethnic groups, including mixed White/Black

Caribbean, Black Caribbean and White British Care Leavers, experience notably poorer outcomes reinforcing the need for more targeted support. This strategy seeks to set out how we intend to strengthen the response to our local offer.

Background

Care Leavers face unique challenges as they transition into adulthood, often without the family and financial support systems available to their peers. As a Corporate Parent, Haringey has both a statutory and moral responsibility to ensure that young adults are supported to succeed. In this strategy, we build on existing support structures and introduce new, targeted measures to address persistent inequalities in education, employment, and independent living. We draw on the priorities set out in an earlier Needs and Gap analysis of Care Experienced Young People and the strategy is underpinned by the;

- Children Looked After Strategy 2022- 2026 which clearly states our aspirations for children and young people.
- The Sufficiency Strategy which is focused on developing placement choices and services for Children in Care and Care Leavers (2022-2026)
- The Early Years Strategy 2023-2026
- The Local Offer for Care Leavers
- Education Strategy (2025-2028),
- Corporate Delivery Plan (2024-2026)

It is further informed by:

- Local data (correct up to 31.03.26), including LEET rates and intersectional analysis
- National benchmarking using DfE datasets.
- Feedback from Care Leavers and frontline practitioners.
- Needs and Gap Analysis for Transitions
- Needs and Gap Analysis for Care Leavers

This strategy is designed as a dynamic framework that evolves through continuous learning and multi-agency collaboration. Its overarching aim is not only to reduce LEET rates but to strengthen the conditions that enable Care Leavers to thrive academically, professionally and personally. Progress will be monitored through clear governance, evaluation and the meaningful inclusion of Care Leavers voices through the Corporate Parenting Advisory Committee and the Young Ambassadors.

Strategic Context

The strategies across Children's Services reflect our Corporate Delivery Plan, underpinned by an ambition for children and young people to grow and develop equitably.

In this strategy we set out our continued commitment to Children in Care, and Care Experienced Young Adults. Our objectives reflect our ambition for a fairer borough, where children and young people's wellbeing, safety and development are central. They also reflect our understanding that good ETE outcomes are interconnected with children's early experiences, which is particularly relevant for our Care Leavers. These factors do

not emerge at the point they reach adulthood, they develop over time and are often rooted within family context, financial insecurity and access to opportunity.

Within the wider strategic context, our approach reflects the Families First model which we are also operationalising. The focus within ETE on early identification of risk, improved transitions, and sustained support into adulthood reflects the same system pressures that Families First seeks to address at an earlier stage. Both approaches recognise that prevention is more effective than late intervention and that outcomes improve where support is coordinated, relational and sustained over time. As such, our pathways are trauma informed and sequenced around children's life stories, directly linking early experiences to later attainment, mental health and stability.

In practice this requires a system that can assure continuity of support across transitions, ensuring that these factors are consistently addressed. This is reflected through our SEND Inspection framework, which emphasises early identification, smooth transitions and the centrality of children and young peoples voices. These principles are strengthened by alignment between PEPs and Pathway planning, ensuring that support before 18 translates into outcomes focused ETE pathways, as set out within our Local Offer.

We apply this same principle across cohorts, when Care Leavers in custody are participating in education and training they are treated as 'ETE', so that their sentence does not disrupt their pathway, rather forms a part of a continuous part of their journey with clear re-engagement plans on release. Similarly for Care Leavers with childcare responsibilities, participation is sequenced. They are recorded as temporarily unable to work, and we align the Early Years Strategy (2023-2026) with their ETE pathways, so that they can re-enter training, and work while their children access our early years provisions Childcare | Haringey Council

What we are Already Doing

Operationally, we already have a strong foundation of support in place for Care Leavers, with a combination of educational, training and employment pathways, reflecting our ambition as Corporate Parents.

Education:

Care Leavers are supported through personalised guidance from Personal Advisor, helping young adults choose courses, complete applications and plan for progression. This is complemented by access to the 16-19 Bursary Fund, covering essential education costs such as travel, books and equipment, alongside a Higher Education bursary of up to £2000 and a £250 Educational Support Fund for additional learning resources.

We reduce practical barriers through digital inclusion and financial support, including laptops for those in education and transport reimbursement to support attendance. Care Leavers can also access free courses through the Haringey Adult Learning Service, including core English and Math's provision, supporting foundational skills and progression

Apprenticeships:

We have taken meaningful steps to expand access to apprenticeships and paid opportunities. Care Leavers receive guaranteed interviews for council apprenticeships, and we have created a ring-fenced role within the Children's Directorate, where the prospective candidate must have care experience. We also have partnered with national employers, including the Civil Service, to create high-quality paid placements and opportunities for our young adults.

Employment and Volunteering:

To prepare young people for employment, Haringey Full Potential offers 12-week, paid work placements, specifically for care leavers. In addition, we provide practical support including CV and interview preparation and access to suitable interview clothing. We know that structured volunteering opportunities offer a pathway into work and help young adults build confidence, routine and transferable skills. This is particularly relevant for those who need time and scaffolding before moving into sustained employment.

Governance and Delivery:

Delivery of our current ETE offer is supported by consistent tracking and clear accountability. Progress is monitored with education providers via our Education, Employment and Training Aspirational Panel, including where young people have EHCP's or additional needs. Support is coordinated across education, employment, health, housing and early help services. Routine data oversight ensures we understand what is working well and where further strengthening is required, enabling us to continuously improve the experience and outcomes for our Care Leavers.

Summary of Sufficiency Needs and Local Demand

Understanding sufficiency and demand is central to identifying the conditions that shape our Care Leavers' outcomes. Our local data demonstrates that ETE participation is linked to early experience, particularly their placement stability, educational continuity and the quality of transitional planning.

Children in Care

Educational outcomes for Children in Care remain below the borough average. The latest data shows lower attainment 8 scores compared to their peers, alongside persistently high absence rates. Educational disruption impacts attainment at key stages as well as post-18 opportunities.

Placement stability is a relative strength, with only 7% of children in care experiencing 3+ placement in the last year and 74% in longer term stable placements. However, 17% are also placed more than 20 miles from home, disrupting education, SEND support and community connections, factors known to associate with lower ETE participation. This is further compounded by risk indicators, such as 13% missing from care and 7% with substance misuse concerns, highlighting ongoing sufficiency pressures that can resurface during the transition to independence.

Children in Care with SEND

A significant proportion of our Children in Care present with additional needs, with 36.6% having an EHCP and a further 22.6% identified with emerging or unassessed SEND, often linked to disrupted or inconsistent education. This has an impact on their ETE participation and engagement.

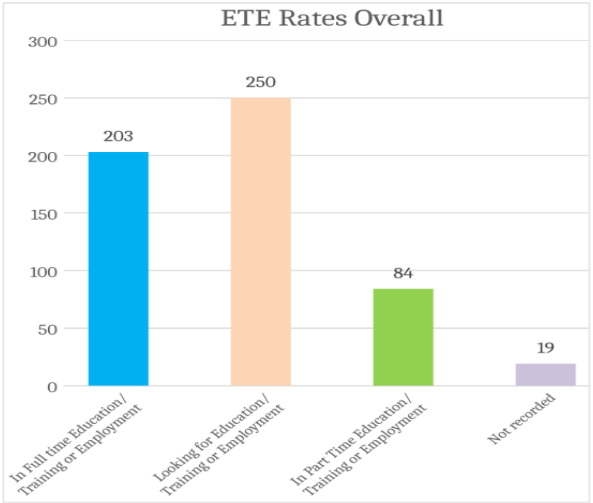
These young people can enter their adulthood with gaps in their literacy, numeracy, and functional skills, alongside a mismatch between their needs and the provision available to them. This contributes to lower attainment and is reflected in the higher LEET rates we see in the 19+ cohort. Strengthening early identification and timely assessment for those with disrupted education is critical to sufficiency planning.

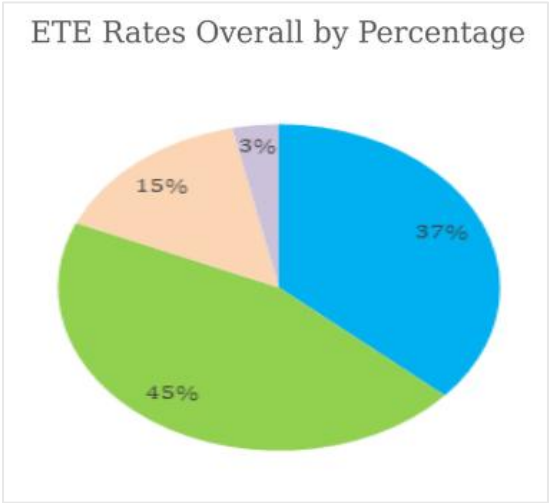
Children in Care known to the Criminal Justice System

A further sufficiency pressure relates to the disproportionate number of children known to the Youth Justice Service or who have been exposed to Child Criminal Exploitation. Indicators such as missing episodes, substance misuse and criminal justice involvement are all established predictors of later LEET status and are markers present for our Children in Care.

Young people affected by exploitation, county lines involvement or criminalisation during adolescence frequently experience disrupted education, reduced attendance and placement instability. These factors combine to limit attainment and create additional barriers to re-engagement post-18. These experiences also intersect strongly with gender and ethnicity patterns, reinforcing the trauma informed, multi-agency responses that address risk early and continue into adulthood.

Care Leavers

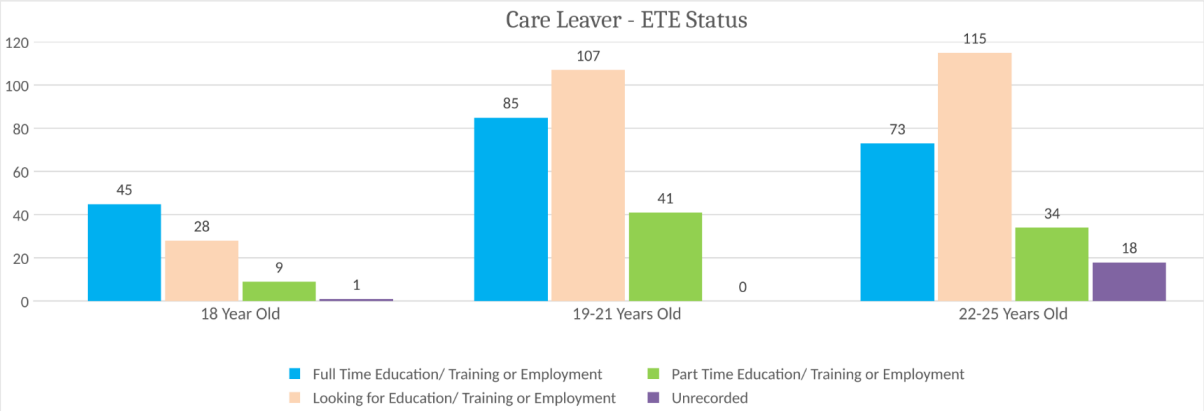




ETE outcomes for Care Leavers reflect the early indicators identified within our Children in Care cohort. In 2025, 54% of those aged 19-21 were engaged in ETE, below national averages and although 90% are in suitable accommodation, stable housing alone has not translated into improved progression. Participation in Higher Education would also benefit from further development, as 10% of our Children in Care progressed Higher Education.

Engagement declines with age, ETE participation drops steadily between 19 and 25. This points to a sufficiency gap as statutory support reduces, and highlights the need for sustained support beyond transition points. For those with experiences of co-existing risk factors, traditional ETE pathways are often misaligned with their needs.

Age Profile



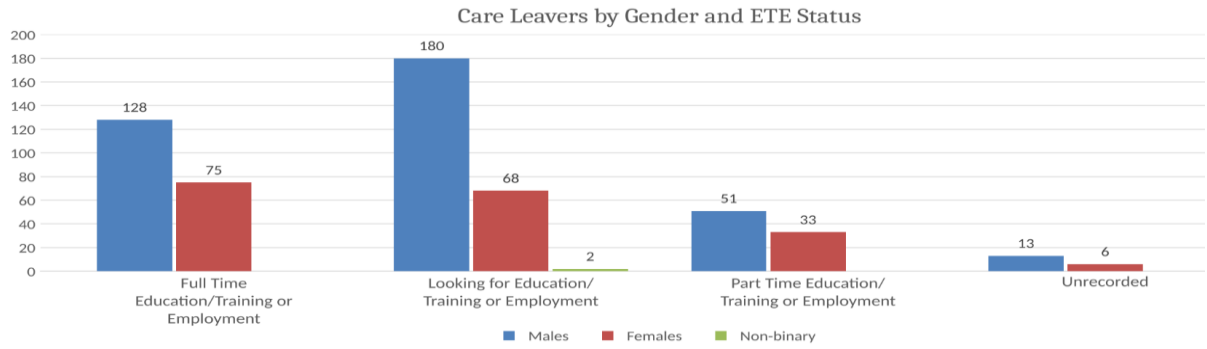
ETE engagement is highest at 18 and declines steadily into the early 20's with LEET rates rising notably from age 22, This reflects the tapering of educational support, such as bursaries and the cumulative impact of earlier experiences.

This decline is not random. Many Care Leavers enter adulthood with unmet needs, disrupted education histories and gaps in attainment, making it harder to sustain participation without ongoing support. In addition, entrenched qualification gaps and reduced confidence limit opportunities, particularly where 'second-chance' learning and pre-apprenticeship routes are not embedded.

Participation is also shaped by caring responsibilities, which often emerge between 19-24, requiring flexible pathways aligned with childcare and Early Years provision. Other care leavers experience fatigue with long-term service involvement and the complexity of managing benefits, housing, work, debt and adult responsibilities without the support of a family safety net. This speaks to the need to assure the Corporate Parenting role across the partnership and local authority.

Part-time ETE is more nuanced. It can provide a stepping stone into sustained engagement, buy may also indicate a cohort with unmet needs who would require more targeted support to progress. A simplified relational approach and access to practical financial support can help manage this and make progress more achievable.

Gender Profile



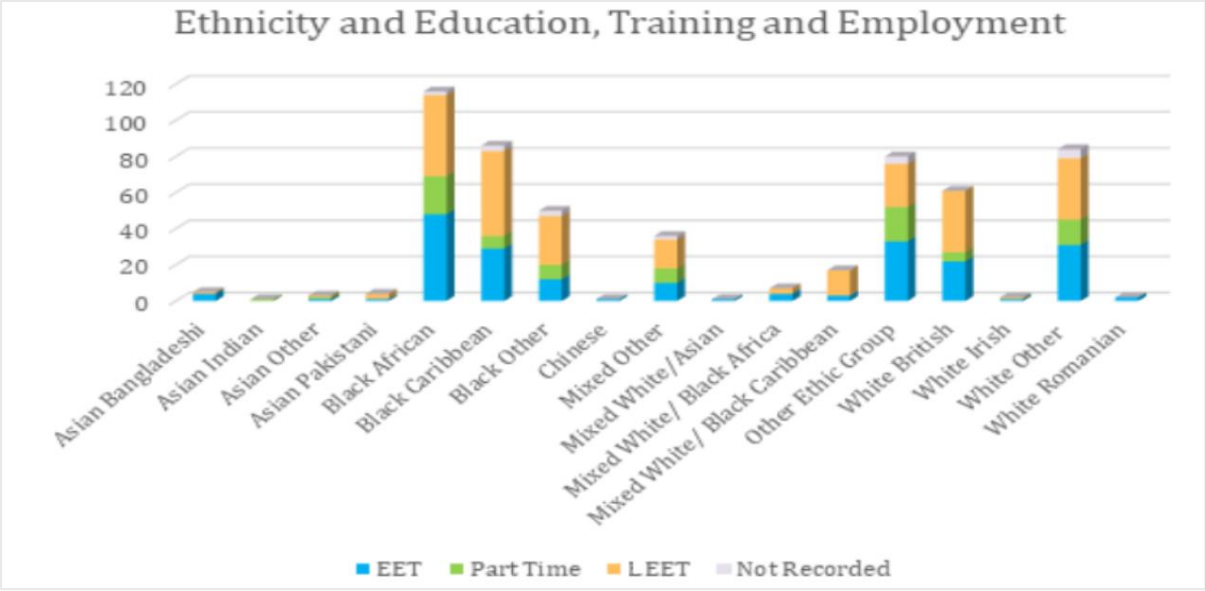
The gender analysis highlights inequalities in ETE participation, consistent with national trends and local sufficiency pressures. The data shows us that a universal provision will not be sufficient.

Young men are significantly more likely to be LEET (52%) compared to young women (39%) reflecting earlier experiences of exclusion, disrupted schooling and placement instability that limit attainment and access to skilled pathways. This reinforces the need for more targeted early intervention, relational mentoring and employment focused support.

For young women, barriers are more closely linked to mental health and early parenthood/child care responsibilities, meaning that sustained engagement depends on coordinated support across the child and adult partnership. While overall participation is higher, maintaining engagement relies on timely and aligned provision.

Although small in number, young people identifying outside the gender binary are recorded as LEET, indicating the need for inclusive, responsive approaches which are tailored to those care experienced children and young adults who are LGBTQ+.

Ethnicity Profile



The ethnicity analysis highlights disproportionality in ETE outcomes, demonstrating that opportunities and barriers are unevenly distributed. The most significant difference is among

young people of Mixed White and Black Caribbean heritage, where 82% are LEET, reflecting the lowest outcome across the dataset. This aligns with known patterns of higher exclusion, disrupted education and safeguarding concerns and the cumulative impact of which is shaping ETE participation, post-18.

Part-time ETE participation also varies across ethnicity. For some groups, Black African and Other Ethnic backgrounds for example, higher participation might refer to step-up pathways but can also indicate unmet need where full-time routes are not yet accessible. Conversely several Asian groups show stronger ETE outcomes, with smaller positive outliers suggesting the role of protective factors such as school stability and community support.

Achieving Equity: Age, Gender and Ethnicity

The age, gender and ethnicity analysis shows that inequity is cumulative and structural. Co-existing risks do not operate in isolation, they intersect and compound over time. This is most clearly evidenced through age. Young people entering adulthood with gaps in attainment or unresolved needs are more likely to experience reduced participation in ETE as statutory support reduces at 19 and again at 21. This is most pronounced for young men, where earlier experiences of exclusion and instability, impact higher LEET rates and for young women, where caring responsibilities, early parenthood and mental health shape participation over time.

SEND and Criminal Justice involvement serve to impact these pressures further. Young people with EHCPs, unassessed needs, or experiences of exploitation and criminalisation face disrupted education and reduced access to opportunities, carrying these disadvantages into adulthood.

Improving these outcomes requires an equity driven approach, with earlier identification, stronger educational inclusion, continuity in planning and sustained multi-agency support. Addressing inequalities requires targeted, culturally competent and relational approaches that recognise the cumulative impact of disadvantage and create pathways to participation, progression and economic independence.. An intersectional analysis directly translates this into the delivery of our 3 three strategic objectives and through the following priorities.

- Strengthening educational continuity before 18 to improve access and progression in early adulthood
- Expanding second-chance pathways including January entry points into education and training
- Ensuring placement sufficiency and stability to reduce disruption and support attainment
- Aligning accommodation and ETE pathways to enable sustained participation
- Embedding early identification and transition planning, particularly for those who are SEND or seen to be ‘at-risk’ of being LEET
- Extending support beyond 19, recognising increased risk of disengagement as statutory support reduces
- Strengthening participation and attendance through inclusive practice, recognising that exclusion, poor attendance and educational disruption are significant predictors of poorer ETE outcomes in adulthood

- Working with schools, colleges, employers and community partners to build aspiration, belonging and social capital, enabling care experienced young people to access the networks, opportunities and trusted adult relationships that support progression.

Readiness and opportunities for Learning Indicators (ROLI)

Reducing barriers to participation in education, employment and training begins long before a young person becomes a Care Leaver.

To strengthen prevention and earlier intervention, Haringey will introduce a Readiness and opportunities for learning Indicators (ROLI) framework across Children's Services, the Virtual School and the Young Adults Service.

Evidence demonstrates that disengagement is rarely sudden and is often preceded by identifiable indicators throughout childhood and adolescence.

Core ROLI Indicators

Educational Indicators

- Persistent absence
- School exclusion
- Attainment below expected levels
- Multiple school moves
- Reduced participation in education

Care Experience Indicators

- Placement instability
- Out-of-borough placements
- Multiple professional changes
- Delayed transition planning

Safeguarding and Vulnerability Indicators

- Missing episodes
- Child Criminal and/or Sexual Exploitation
- County Lines involvement
- Substance misuse
- Youth Justice involvement

Health and SEND Indicators

- EHCP
- Emerging or unidentified SEND
- Mental health difficulties
- Neurodiversity-related barriers

Transition to Adulthood Indicators

- Housing instability
- Financial vulnerability
- Early parenthood
- Limited support networks

Young people identified through the ROLI framework will receive enhanced transition planning and targeted ETE support to reduce their likelihood of becoming disengaged during adulthood.

Strengthening the Current Approach

The analysis highlights a strong foundation but also the need to sharpen alignment across the system to ensure outcomes are sustained over time. In particular, the connection between preparation for independence and long-term ETE progression, requires further strengthening, so that support extends beyond initial access and continues into early adulthood.

Our focus is on improving the consistency and coherence of transition planning, ensuring that accommodation and support pathways are aligned. This includes sustaining support beyond age 18 and strengthening local placement sufficiency to minimise disruption, maintain continuity and enable progression. The refined approach provides the foundation for our strategic objectives, translating the sufficiency analysis into a coordinated response to focus on access, support and sustained progression.

Strategic Objectives

The strategic objectives translate the sufficiency analysis into a coordinated response that address the structural analysis into a coordinated response. These work to impact participation and progression in ETE. They aim build a system that removes barriers, strengthens support and ensures sustained progression, rather than delivering individual interventions.

Strategic Objective 1: Access and Inclusion

Outcome

Care Leavers can access the right education, training and employment opportunities accounting for their background, location or circumstances.

We Will

- Embed a ROLI framework to strengthen early identification and prevention.
- Strengthen Year 11 and post-16 transition planning.
- Ensure equitable access to opportunities for young people living out of borough.
- Reduce financial barriers through transport, digital inclusion and bursary support.
- Deliver targeted interventions for groups experiencing disproportionate outcomes.

Strategic Objective 2: Support and Enablement

Outcome

Care Leavers receive coordinated, relationship-based support throughout their transition into adulthood.

We Will

- Strengthen the interface between Personal Education Plans and Pathway Plans.
- Improve multi-agency coordination across Housing, Health, SEND, Probation, Youth Justice and Employment Services.
- Expand independence and employability programmes.
- Embed trauma-informed and mental health-informed practice.
- Sustain support at key transition points beyond age 18 and 21.

Strategic Objective 3: Progression and Sustainability

Outcome

Care Leavers achieve sustained participation and progression in education, employment and training.

We Will

- Increase apprenticeships, internships and employment opportunities.
- Expand second-chance education and training pathways.
- Align provision with labour market demand and growth sectors.
- Monitor employment retention and progression.
- Integrate housing and employment pathways to support long-term stability.

Employment and Employer Engagement

Delivering sustained employment outcomes requires a whole-system Corporate Parenting approach. Employment is not solely the responsibility of the Young Adults Service or Haringey Works; it is a shared responsibility across the Council, partner agencies, education providers and employers.

Through the Family Business Model, Haringey will create a coordinated employment pathway that supports Care Leavers from preparation and aspiration through to sustained employment, progression and career development.

Haringey Works will act as the strategic lead, coordinating employer engagement, work experience opportunities, apprenticeships and employment pathways aligned to local labour market demand.

Particular emphasis will be placed on retention and progression within employment, recognising that securing a job is only the first step towards long-term economic independence.

Success Measures 2026-2029

The success of this strategy will be measured through improvements in outcomes rather than activity alone.

By 2029 we aim to achieve:

- Reduction in overall Care Leaver LEET rates.
- Increased participation in ETE across the 19-25 cohort.
- Increased apprenticeship starts and completions.
- Increased participation in Higher Education.
- Improved employment retention rates.
- Reduced disproportionality by age, gender and ethnicity.
- Increased participation for Care Leavers with SEND.
- Improved alignment between accommodation and ETE outcomes.

Evaluation Framework

Delivery will be coordinated through existing structures to ensure clarity and accountability, rather than creating additional reporting. Haringey Works will lead employment outcomes through the Family Business Model while the Young Adults Service provides relational oversight of Pathway Planning. The Virtual School will strengthen early identification and transition planning, ensuring effective plans are in place as children transition to their majority.

Strategic oversight will sit with the Corporate Parenting Advisory Committee, aligned to the Children's Directorate Board, ensuring delivery remains connected to wider sufficiency, accommodation and Families First priorities.

The framework is designed to measure whether the strategy is successfully

- Reducing barriers to access
- Strengthening multi-agency support
- Improving sustained participation in ETE

This will be achieved through:

Care Leaver Outcomes Dashboard, using existing data to track participation, progression and key indicators of stability, including accommodation and ETE, with a focus on disproportionality across the cohorts

Regular Multi-Agency Oversight, using existing governance structures including the Corporate Parenting Advisory Committee and operational panels to review performance, challenge barriers and coordinate responses

Embedding Care Leavers Voices, using established forums, ensuring feedback directly informs service improvement and pathway design

Employer and Partner Feedback, through Haringey Works and the Family Business Strategic Plan to improve the quality and sustainability of opportunities

3 Year Strategy Review:

The strategy will be refreshed in 3 years' time based on evaluation findings, data trends, and changes in local need.

Conclusion

This strategy recognises that education, employment and training outcomes are shaped by children's experiences long before they leave care.

Through a stronger focus on prevention, early identification, transition planning and sustained support, Haringey will create a more coordinated system that enables Care Leavers to thrive in adulthood.

By embedding the Risk of readiness and opportunties for learning Indicator (ROLI) framework, strengthening the Family Business Model and aligning education, housing and employment pathways, we will move beyond short-term participation and support young people towards long-term stability, progression and economic independence.

As Corporate Parents, our ambition must be uncompromising: every care leaver should have the opportunity, support and belief they need to thrive.

Education, employment and training builds confidence, independence, stability and hope. Yet care leavers often face additional barriers without the networks and safety nets many young people rely on.

Improving ETE outcomes is therefore a shared Corporate Parenting responsibility. Every service and partner must use its influence, resources and connections to create meaningful work experience, apprenticeships, employment and mentoring opportunities.

If this were our own child, would we be satisfied with the opportunities available to them?

Our role is not simply to prepare care leavers for opportunities, but to create them, remove barriers and provide the support they need to succeed.

Employment is a Corporate Parenting responsibility and improving ETE outcomes is everybody's business.

Key Data Sources-Summary

Children Looked After Strategy 2022- 26 LOOKED AFTER CHILDREN Sufficiency Strategy 2022-2026 LOOKED AFTER CHILDREN Sufficiency Strategy 2022-2026

The Early Years Strategy 2023-2026 Appendix 1.pdf Appendix 1.pdf

The Local Offer for Care Leavers Our offer to Haringey's Care Leavers - July 2025 Our offer to Haringey's care leavers - July 2025

Education Strategy (2025-2028), Education strategy | Haringey Council Education strategy | Haringey Council

Corporate Delivery Plan The Corporate Delivery Plan | Haringey Council The Corporate Delivery Plan | Haringey Council

ChAT ChAT 9.5_Haringey_September_2025.xlsx ChAT

Local data, Haringey Matrix Haringey (E09000014) - ONS

National benchmarking using DfE datasets. Children looked after in England including adoptions, Reporting year 2025 - Explore education statistics - GOV.UK Children looked after in England including adoption: 2024 to 2025 - GOV.UK

Needs and Gap Analysis for Transitions EducationEmploymentBenefits_Needs&Gaps_StepstoAdulthood(Transitions)Programme_v1.2.docx EducationEmploymentBenefits_Needs&Gaps_StepstoAdulthood(Transitions)Programme_v1.2 1.docx

Family Business Strategic Plan 2026 -2027

Family Business Model is **an employment initiative**, designed to empower care experienced young people on their journey into the world of work and adulthood. The initiative aligns with Haringey's commitment to be an outstanding Corporate Parent and break down the disadvantages and barriers care experienced young people experience in their journey into world of work and adulthood. The work also supports the commitment of all London local authorities to implement the Family Business Model as outlined in the Pan London Care Leavers Compact.

Through working with local businesses and partners, it can include work experience opportunities, employment opportunities, apprenticeships and internships and bespoke pre-employment training and support programmes. The model aims to encourage and enable local authorities and their partners to offer care experienced young people a broad range of support to help them progress successfully into employment.

Actions we have already taken as a LA are to pass a motion to adopt care experience as a protected characteristic: and are members and signatories of the Care Leavers Covenant.

Area	What are the key tasks and milestones?	Lead	Start Date	End Date	What will be the impact?
Extend the local authority's commitment as a Corporate Parent to all services within the council to create employment and training opportunities for young people within the council.	Establish governance and secure whole-council commitment to the Family Business Model through engagement with Corporate Parenting Board, Senior Leadership Team, elected members and the creation of a Chief Executive-sponsored Family Business Steering Group.	AG/DT	01/12/26	31/03/27	Strengthens leadership, governance and accountability across the council, embedding a whole-council Corporate Parenting approach that creates coordinated employment, education and training opportunities for care experienced young people.
	Explore, develop and implement a policy around social value impact that can be used create opportunities, including ring fenced opportunities – use Care Leavers Covenant social value toolkit	CB/ CC/ BP Barry Phelps	01/12/26	31/03/27	Embeds a sustainable and system-wide approach to creating opportunities for care experienced young people through commissioning and procurement. Through development of a social value framework (including at least 5 ringfenced opportunities), strengthens the Council's ability to translate investment into meaningful employment outcomes.
	Increase internal paid internships/ apprenticeships	HD	01/04/26	31/03/27	Expands the number and range of accessible, paid opportunities for care experienced young people,

					progress into sustained employment.
Engage with local business and organisations to create employment and training opportunities for young people.					
	Map existing local labour partnerships with Haringey works and engage in a Haringey "Breakfast Club" to become part of the Family Business	ES/ HD/ SB	01/12/26	31/03/27	Establishes a sustainable Family Business Employer Network, engaging 20 local businesses committed to providing placements, mentoring, apprenticeships and employment opportunities for care leavers.
	Develop a labour market and employer engagement framework, identifying priority sectors, and skill shortages mapping entry-level pathways and formalising partnerships with employers and training providers. • Identify labour market sectors with skills shortages. • Formalise partnerships with key employers and providers. • Map entry-level opportunities and required skills.	HD/SB	01/04/26	01/03/27	Aligns ETE pathways with labour market demand, helping care leavers access sustained employment through coordinated, multi-agency support.
	Develop and implement media campaign to publicise the Family Business Model across Haringey. Highlight key events such as National Care Leavers Month, publicise Family Business film, and raise awareness of the Care Leavers Covenant.	HD/SB/ES	01/04/26	01/03/27	Increases awareness and understanding of the Family Business Model across employers, partners and the wider community. Strengthens Haringey's reputation as an ambitious Corporate Parent.
	Hold or contribute to employer briefing and engagement event: "From Pledge to Practice".	HD/SB	01/04/26	01/03/27	Converts employer commitment into tangible opportunities, delivering placements, apprenticeships and jobs for care-experienced young people. Promotes inclusive, supportive employment experiences that enable young people to thrive, progress and succeed in the workplace.

Develop and implementing impactful programmes that support young people into employment and training.	Deliver and evaluate Year 2 of Haringey Full Potential, including recruitment, employer engagement, placements, outcomes monitoring, participant feedback and dissemination of learning, implementing career readiness programmes	All	01/03/26	31/03/27	Builds on Year 1 outcomes to support 63 care leavers, delivering 13 work placements and 13 employment opportunities.
	Support Haringey Care Leavers to access civil service internships	HD/ SB	01/06/26	31/03/27	Expands access to high-quality, nationally recognised employment pathways, supporting at least 12 care leavers to apply to Civil Service internships.
	Create, promote and develop an employment drop in weekly hub at the YAS to support young people into work	SB/ AH	01/01/27	31/03/27	Supports the development of a potential employment and training hub / "Job Hub" model, bringing together Haringey Works, Drive Forward and other partners to provide consistent, accessible support.
	The virtual school can support YAS and Haringey works to build on existing programmes developed by the Virtual School with key local partners – Tottenham Hotspurs/ Sports Leadership Course run by GLL and to explore capacity within the council, local enterprises and businesses.	EE	01/08/26	31/03/27	Strengthens early intervention and aspiration by building leadership, confidence and transferable skills at an earlier stage in the young person's journey.
	Explore and cost a supported enterprise pathway for care-experienced young people with an interest in self-employment. Haringey Works will support engagement, initial career discussions and referrals, working with a named specialist enterprise partner.	SB/Inclusive Economy Team	31/08/26	31/03/27	Creates an additional and flexible pathway into ETE by developing entrepreneurial skills, confidence and business awareness among care experienced young people.
Strengthening the local authority's partnership with the Care Leavers Covenant.	Strengthen implementation of the Care Leavers Covenant by maintaining strategic partnerships and increasing awareness and uptake of Covenant opportunities among young people.	EC/ES	01/04/26	31/03/27	Strengthens partnerships that open doors for young people to access meaningful opportunities and experiences. Ensures young people are

	• Maintain dialogue with Care Leavers Covenant. • Promote Covenant opportunities to young people.				well-informed, empowered and able to take up opportunities that align with their strengths and interests. Increases use and uptake of Covenant opportunities by making them visible, accessible and embedded within the Care Leavers Local Offer.
Developing and strengthening partnership with other local authorities across London who are also developing the Family Business model.	As part of the Pan London Care Leavers Compact attend Family Business working group	EC/ MM	01/04/26	31/03/27	Strengthens Haringey's role within a London-wide network committed to improving outcomes for care experienced young people. Enables the sharing and adoption of good and evidence-based practice across London, ensuring young people in Haringey benefit from the most effective approaches.
	Develop and implement reciprocal arrangements for care leavers living out of borough	DT/EC/AH	01/04/26	31/03/27	Ensures that care experienced young people continue to have access to meaningful opportunities regardless of where they live, recognising their strengths, aspirations and right to equitable support. Removes geographic barriers to employment, training and education.
In partnership with YAS improve the support young people receive to access and sustain employment and training, including financial support and support with mental health.	Virtual School Head to review Care Leavers Local Offer to assess support for EET, make recommendations if needed by using comparative analysis of statistical neighbours.	EE	01/08/26	31/03/27	Leads to a revised and strengthened Local Offer, making opportunities more visible, accessible and responsive to young people's strengths, aspirations and needs.
	Complete a deep dive EET analysis annually to understand barriers to successful EET engagement and the preferred EET pathways for young people	HD/ SB	01/01/27	31/03/27	Ensures that analysis is used to inform the design of targeted, evidence-based programmes and support, leading to better matching of young people to suitable opportunities. Strengthens

					strategic planning and improves outcomes by ensuring provision is responsive, equitable and aligned to young people's needs and aspirations.
	Continue to use and develop Aspirations panel to develop good practice, tracking and impact. Network to consider the scope and outcome of aspirations or any panel used to encourage LEETs into work. To consider the strategic plan and feed it into the directions of the panel, which will feed into the LEET strategic forum.	AH/ SH/ EE	01/04/26	31/03/27	Enhances multi-agency oversight and coordination, ensuring that young people receive timely, personalised and ambitious support. Strengthens tracking of progress and outcomes, enabling early identification of need and responsive intervention.
	Design a ROLI (Readiness and opportunities for learning indicator) for Children in Care (CiC) and CL's and embed processes in the system to run reports and track	EE /EC	01/12/26	31/03/27	Strengthens early identification of young people who may be at risk of withdrawing enabling proactive and preventative support. Ensures that interventions are timely, targeted and focused on building on young people's strengths and potential.
	Audit and review how effective Pathway Plans are at supporting EET and promoting the Family Business model	PM/MM	01/01/27	31/03/27	Leads to Pathway Plans that demonstrate improved effectiveness in supporting young people into work, ensuring plans are ambitious, personalised and clearly aligned to employment, training and education goals.
Involving young people in co-designing the programmes so it responds effectively to their needs and wishes	Embed co-production through Young Ambassadors and care leaver representation on governance structures, ensuring feedback informs service design, programme delivery and evaluation. • Understand YP ETE priorities through workshops. • Present Family Business model to Ambassadors and gather feedback.	AH/ ML /SH/SB	30/09/26	31/03/27	Engages young people in shaping and improving the programme, ensuring support remains relevant, responsive and informed by lived experience.

	• Gather Full Potential feedback and undertake "You Said, We Did activities." • Include care leaver on FP steering group.				
	Explore the possibility of recruiting a young person to an internship to work on the delivery of the Family Business model, via exploring and utilising additional government funding for Care Leavers	HD	30/09/26	31/03/27	Results in a care leaver internship being created and recruited, demonstrating Haringey's commitment to leading by example as a Corporate Parent.
	Design an event to showcase individual journeys of success across the system (e.g. Virtual School to Haringey Learns to Haringey Works to apprenticeship).	EE/EC/AH	01/01/27	31/03/27	Demonstrates the effectiveness of a joined-up, wraparound support model across the partnership, showcasing the golden thread from education through to sustained employment.
Developing an impactful self-evaluation framework to ensure that the Family Business is making a difference.	Implement and contribute to the Pan-London Family Business Evaluation Framework, supporting consistent impact measurement, evidence-based improvement, and shared learning across London.	EC/EE/ SH/ AH	01/04/26	31/03/27	Leads the development and implementation of a Pan-London self-evaluation framework, enabling consistent measurement of outcomes for care-experienced young people. Strengthens Haringey's ability to identify effective practice, drive continuous improvement, and ensure services remain responsive to young people's needs and aspirations.

Report for: CPAC 17 November 2026

Item number: 9

Title: Adopt London North (ALN) annual report 2025-26

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 2025 to March 2026.

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 2025-26

11. Background papers

N/A

Annual Report

April 2025 – March 2026



ADOPT LONDON NORTH

Lydia Samuel, Head of Service

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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 children 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 a 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.

BARNET LONDON BOROUGH

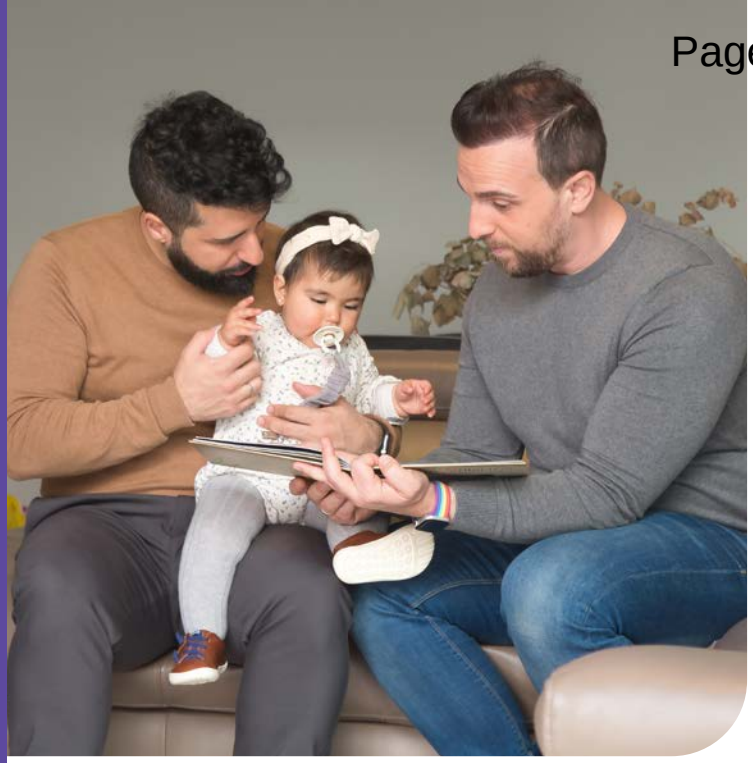
Camden

ENFIELD Council

Hackney

Haringey LONDON

ISLINGTON For a more equal future



Areas of work progressed by the QA Group this year include implementation of new research and practice models, changing practice around direct contact in adoption, training for children's social workers, life story work, and support for foster carers who adopt. The QA Group has also progressed a significant piece of audit work seeking to understand more about risk factors for adoptive families where children and young people are at risk of re-entering care, and the experiences of children and families when they come into contact with statutory children's services at a point of crisis. You can **read more** about this work in the adoption support section of this report.

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 only three permanent staff members leaving this year, all due to retirement. We successfully recruited to cover all roles vacated. 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.

Training and development for partner boroughs

As adoption is a specialist area of practice, it has been beneficial to work together across ALN and partner boroughs for training and development around emerging priorities.

We have progressed work this year to be able to offer a wider range of in-person training for children's social workers and their managers, following successful launch of joint training over the past few years. We expect to launch the new training areas in late 2026 which will include 'Culturally Diverse Adoption', and 'Preparing Children for Adoption'. This training provides an opportunity for children's social workers to benefit from the adoption knowledge held by ALN staff members, and to share learning across boroughs.

In October 2026 we hosted a whole day workshop focused on the legal aspects of adoption, led by a specialist adoption lawyer. The workshop was attended by in-house legal teams and senior managers from across the partner boroughs and proved to be an important space to talk about recent case law, managing appeals, and complex case examples. Due to strong positive feedback, this is now being organised as an annual event.

Inspections

Adoption inspection regulations have not yet been updated to reflect the creation of RAAs and so there is no permanent direct inspection arrangements in place. RAAs are therefore inspected through the lens of the local authority inspection framework. Themed pilot inspections of RAAs first took place in 2023 and are due to be repeated in autumn 2026.

After five ILACS inspections in 2024/25, only Haringey had a full inspection this year in January 2026. This inspection provided a good opportunity to showcase our positive partnership and work for children with a care plan of adoption in Haringey.

'Relationships with the regional adoption agency (Adopt London North) are strong, ensuring a clear understanding of children's needs and informing targeted recruitment and thoughtful matching, including for early permanence. Training in child permanence reports has improved report quality. Leaders understand national sufficiency challenges and are working proactively to mitigate them. Recruitment is wide-ranging and research-informed, including work to address barriers for Black and Global Majority families.

Adopters report very positive experiences, feeling heard, supported and treated sensitively. They value the breadth of training and research-informed learning, especially the preparation for early permanence and opportunities to hear directly from adopters and adopted adults.'

— Haringey ILACS, January 2026

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. This year we have undertaken recruitment to increase the number of independent members, and social work members from our partner boroughs. This has given us the opportunity to increase the number of panel members from our least represented groups including men and people of Black heritage. For the first time we have also been able to welcome to the panel a birth parent who has experienced the adoption of her children, and two adopted young people age 19 and 24. We are excited about the different perspectives that these individuals will bring to panel, which we believe strengthens panel decision-making and its' quality assurance role.

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 October 2025 – March 2026, the Panel Chair provided the following conclusion:

> *"The adoption panel continues to be a settled, stable and well-functioning body that makes robust recommendations underpinned by a strong commitment to securing positive and timely permanence for children. Standards of practice across Adopt London North remain consistently high and are reflected in the quality of assessments presented to panel, the detailed and well-evidenced matching reports, and the professionalism with which social workers prepare for and participate in panel discussions. The panel membership is diverse, balanced and highly skilled, bringing a broad range of personal and professional expertise that supports rigorous and safe decision-making. The collaborative working relationship between the panel chair, agency adviser and business support team remains a*

significant strength, ensuring panels are well organised, and continue to run effectively despite occasional operational challenges. The new panel coordinator is settling well into the role and is working with the wider team, to review and refine panel processes and administrative systems.

During the reporting period, panel has been pleased to recommend 19 children for permanent adoptive placements. This has included eight children from Black and mixed Black backgrounds, and two sibling groups, reflecting the continued commitment of Adopt London North to securing permanence for children whose family-finding journeys can often be more complex. It is particularly encouraging to see adopters coming forward who are able to meet the diverse identity, cultural, and relational needs of these children and sibling groups, enabling them to achieve permanence within families able to promote their lifelong sense of belonging.

Quality assurance processes remain effective, and there have been notable improvements in several areas of practice. The analytical quality of Adoption Placement Reports (APRs) continues to strengthen, with clearer evidence demonstrating how adopters can meet the identified needs of individual children. The language used to describe children's identity, heritage and lived experiences has become increasingly sensitive and child-centered, and reports more consistently articulate adopters' understanding of trauma, identity development and post-adoption contact. Child Permanence Reports (CPRs) have also shown continued improvement in both quality and analysis; however, further work is needed to ensure that children's voices – both verbal and non-verbal – are consistently represented throughout these reports and remain central to care planning.



Feedback from applicants, adopters and professionals continues to demonstrate that panel is experienced as respectful, welcoming and well organised, with attendees reporting that they feel relaxed and comfortable throughout the process.

Looking ahead, panel looks forward to welcoming eleven new panel members, whose appointment will further strengthen the breadth of experience and expertise available to support high-quality decision-making. Panel also welcomes the forthcoming training session as an important opportunity to consolidate learning arising from recent adoption placement disruptions across Adopt London, while also hearing from operational colleagues about developments and areas of practice within their respective teams. Continued opportunities for shared learning and reflection will help ensure that practice remains evidence-based, responsive and child-centered.

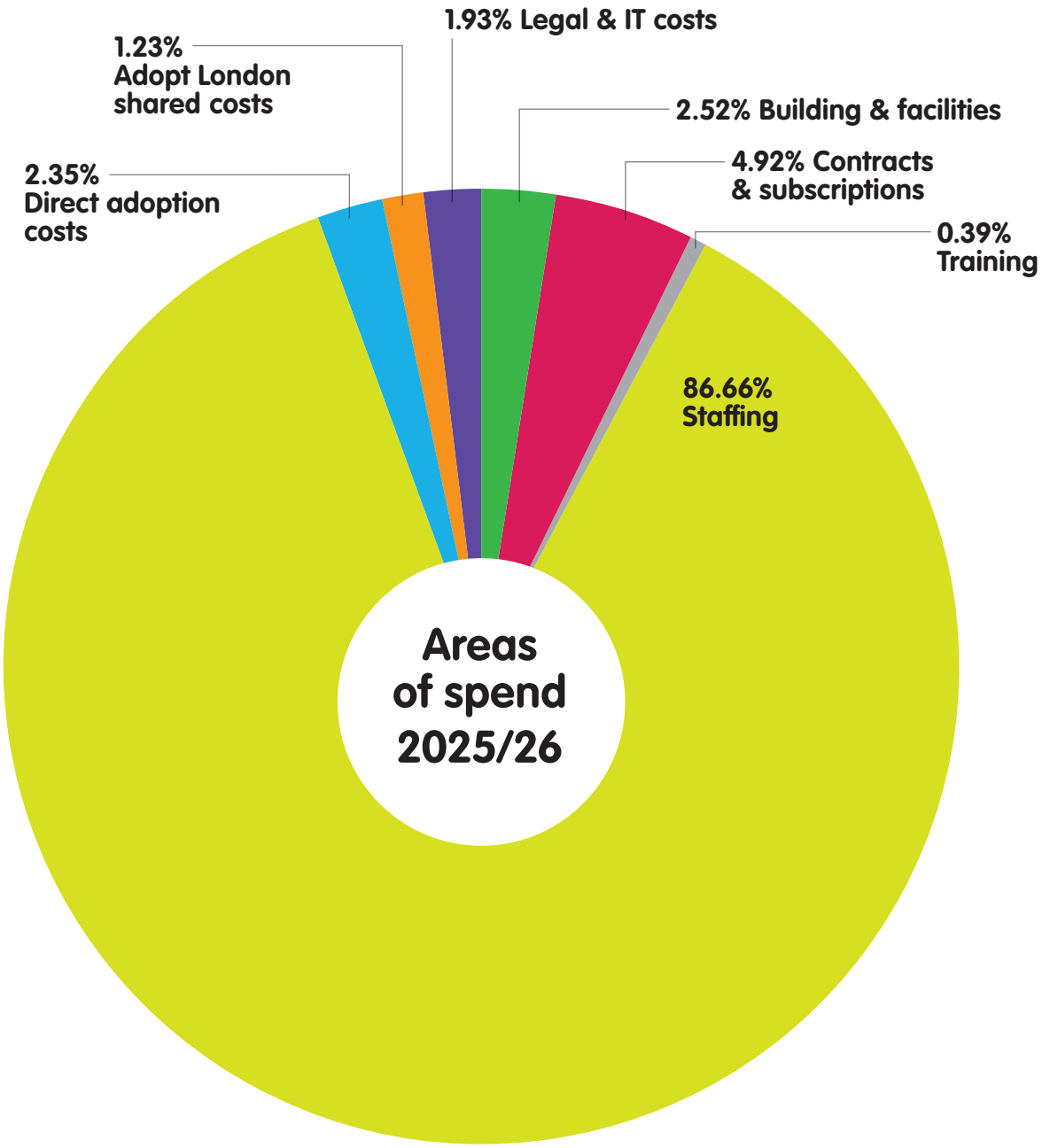
Panel appreciates the consistently high standard of reports presented throughout the reporting period and encourages this standard to be maintained. Practitioners should continue to adopt a consistently child-centered approach, ensuring that analysis remains as strong as description and that children's experiences and voices are clearly represented. Continued attention should also be given to the accurate recording of key timescales for both approvals and matches to support effective quality assurance and regulatory compliance.

Overall, Adopt London North continues to demonstrate strong leadership, clear values and a culture of reflective, high-quality practice. The panel is confident that it is well positioned to continue providing rigorous independent scrutiny while promoting the best interests of children and supporting families to achieve safe, stable and loving permanent homes."

– Josephine Scorer, Independent Panel Chair

Financial spend

The total core budget for ALN in 2025/26 was £3,075,431. Of this, 86.66% 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	Total spend
Building & facilities	2.52%	£77,500
Contracts & subscriptions	4.92%	£151,456
Training	0.39%	£12,000
Staffing	86.66%	£2,665,293
Direct adoption costs	2.35%	£72,217
Adopt London shared costs	1.23%	£37,700
Legal & IT costs	1.93%	£59,265

National adoption landscape

Adoption England

Adoption England oversees the coordinated efforts of the 34 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.

Adoption England

The Adopt London partnership has successfully obtained grant funding to support joint practice development across areas such as the **Black Adoption Project**, and the development of **new adoption support models**, including a new multi-disciplinary clinical team.

This section of the report highlights key areas of national practice development, including those which are supported by Adoption England. You can read more about the work of Adoption England in their **annual report**.





Adoption support national consultation

In February 2026, the Government launched a new public consultation 'Adoption support that works for all', which ran until May 2026. The Department for Education is expected to report on the outcomes from this consultation in late autumn 2026. The current model of delivery for the Adoption & Special Guardianship Support Fund (ASGSF) is within scope of the consultation, with the government recommending significant reform of this system. In addition, the consultation focuses on:

- Support for adoptive parents through key stress points such as transfer to secondary school
- Joined up support across social care, education, and health
- Development of multi-disciplinary teams in Regional Adoption Agencies.

Whilst we do not know what specific recommendations will come from the consultation, it is likely they will lead to an overhaul of the way therapeutic and specialist adoption support is provided in the future, with huge implications for the way Adopt London North are able to deliver support. Adoption England are leading co-ordination between Regional Adoptions Agencies nationally to prepare for potential changes and you can read more about the work we are doing across Adopt London to prepare for this with the development of our new **adoption support models**.

Adoption England Community Development Fund

This year Adoption England launched a new grants programme, making awards of up to £5000 to small organisations led by people

PRACTICE HIGHLIGHT

Legal tests: The permanency of an adoption order

This year there have been two important cases heard by the Supreme Court which have tested the legal understanding of an adoption order and therefore impact our practice around adoption care planning.

In the first case, an adoptive mother asked for the revocation of adoption orders for her two adopted daughters who are both now young adults. The application was made in line with the wishes of the adopted daughters, who had resumed living with their birth mother some years prior out of choice. All parties involved in the situation were in support of the revocation of the adoption orders on the basis that the orders no longer represented the young women's lived reality.

In judgement, the court refused to revoke the adoption orders. It stated that an adoption order is permanent and can only be revoked in very rare circumstances where the original decision can be shown to be fundamentally flawed, not based on welfare considerations. In making this decision the court also had regard for the impact of the decision on the wider adoption system, stating that revoking adoption orders in a case of this kind would undermine confidence in the adoption system, creating instability for children, adopters, and birth families.



In the second case, the court were considering the revocation of an adoption order finalised only months prior for a 2 year old boy. The adoptive parents had separated, and the local authority had applied to revoke the order after learning that the adoptive mother had failed to disclose a new relationship with a prisoner who had a history of sexual and drug offences. Social workers learnt that the child had been taken to visit the prisoner and exposed to a number of significant risks. The local authority argued that the adoption order had been granted based on 'mistaken' information.

In judgement, the court ruled in favour of revoking the adoption order, agreeing that the order had been made on the basis of fundamentally flawed information. Consequently, the case was returned to the family court to consider the child's welfare and future care plan.



with lived experience of adoption. The aim of the programme is to fund grassroots support for those impacted by adoption to increase the availability of peer support and community. The Adopted Adults Movement, a national campaigning organisation for adopted adults, were awarded a grant to run adoptee events in 5 regional areas of England and partnered with Adopt London to deliver a very successful London event. We are hopeful that we will be able to work in partnership with more local grassroots organisations in 2026/27 as the funding is offered again by Adoption England.

National adopter sufficiency

Over the last couple of years there has been serious concern over a decline in national adopter recruitment and the widening gap between available prospective adoptive parents and children with a care plan of adoption. This year there have been some encouraging signs of improvement, with Adoption England reporting a 20% increase in adopter registrations and a 16% increase in approvals during 2025/26. However, due to the low starting point, adopter sufficiency remains a significant challenge, with Adoption England stating that increasing the number of people entering the adoption journey remains a key priority into 2026/27.

The death of Preston Davey

Preston was a baby in the care of Oldham Council who had been placed with approved prospective adopters in Blackpool and died only a few months after moving into their care in July 2023. In June 2026, following a lengthy criminal trial at Preston Crown Court, one adoptive father was convicted of murder and multiple child abuse offences, while the other was convicted of causing or allowing the death of a child along with other offences. Evidence presented in court showed that Preston had suffered significant abuse while in their care, with the trial judge and police describing the offending as exceptionally serious.

A case as grave as this raises significant questions for professionals and the public about the processes and safeguarding measures that were followed, and whether anything could have been done to protect Preston from experiencing the most awful harm and ultimately death, in an adoptive home which was intended to keep him safe.

A full Local Child Safeguarding Practice Review in Oldham Council had to be paused during the criminal trial and has now resumed but not yet reported. Once published, individual RAAs and Adoption England will consider this in detail so that lessons can be implemented in local and national adoption practice.



Adopt London



Adopt London structure

Adopt London brings together four Regional Adoption Agencies, working on behalf of 24 London local authorities. With this partnership, we recruit adopters through a shared London-wide approach, develop and commission services at scale, and work collectively to strengthen practice, consistency and innovation.

Adopt London collaborative work continues across a range of priority areas, supported by a shared strategic plan, pooled resources, and regular opportunities for practitioners and leaders to learn from one another and shape developments. You will read about many areas of joint Adopt London work throughout this report. As one of the most developed pan-regional partnerships in England, we have been successful again this year in accessing grant funding from Adoption England to support a range of practice development work and are excited by the preventative provision this funding is enabling us to develop.

Adopt London shared areas of work in 2025/26

- Adopt London staff conference
- Development of an adoption support model
- Adult adoptee support
- Transitions to adulthood group
- Telling children about adoption
- We Are Family peer support
- Adopt London choir
- Black Adoption Project

Staff conference

We held our 5th annual staff conference in February 2026. Due to the large size of Adopt London, this conference is the only point in the year where all 160 Adopt London staff members have an opportunity to be together in person. It therefore provides a brilliant opportunity for staff to exchange practice wisdom, build professional networks, and focus on new developments. This year our conference focused on launching the **BUSS Model** in Adopt London, with an

PRACTICE HIGHLIGHT

The BUSS Model: Building Underdeveloped Sensorimotor Systems in children who have experienced disruption to their early development

The BUSS Model is a trauma-informed intervention developed by Sarah Lloyd, a Consultant Occupational Therapist and Play Therapist. It was originally developed to support children who had experienced early adversity, including neglect, abuse, disrupted attachment, foster care and adoption. The model works from the knowledge that many children who have experienced developmental trauma do not simply have emotional or behavioural difficulties – they may also have underdeveloped bodily regulation systems due to missing out on consistent, attuned care in infancy. These gaps can lead to struggles with attention, regulation, coordination, behaviour, emotional responses, and relationships. BUSS advocates supporting children to close these gaps in their development before trying to provide behavioural or psychological interventions.

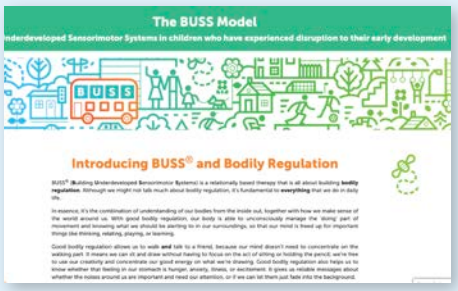
Some of the benefits of the BUSS Model are:

- It is highly practical with easily implemented exercises that can be done at home
- Activities can be turned into games which young children are motivated to take part in
- After assessment and with support, the parent or carer can lead the work with the child
- Relational connection and bonding are reinforced through the child and parent or carer undertaking the activities together
- Children and their families can often see real-world benefits quickly which motivate them to continue.

Adopt London will be working with BUSS in 2026/27 to implement this model into our practice. This will include training staff to deliver BUSS group interventions to pre-school children and their adoptive parents through groups called 'Leaplets'.

You can find out more about the BUSS Model and the research evidence supporting it by viewing these additional resources:







inspiring presentation from Sarah Lloyd, and a presentation about the work of our new **Adopt London Clinical Team**.

When asked what they found most valuable from the day, staff said:

"The presentation regarding the BUSS model was excellent and I'm very keen to hear about how we incorporate this in Adopt London as I think it will be hugely beneficial for families."

"Talking to colleagues in other areas of Adopt London, comparing our day-to-day pressures, techniques that support etc."

"It was great to hear about the work that has been developed and is being planned across London."

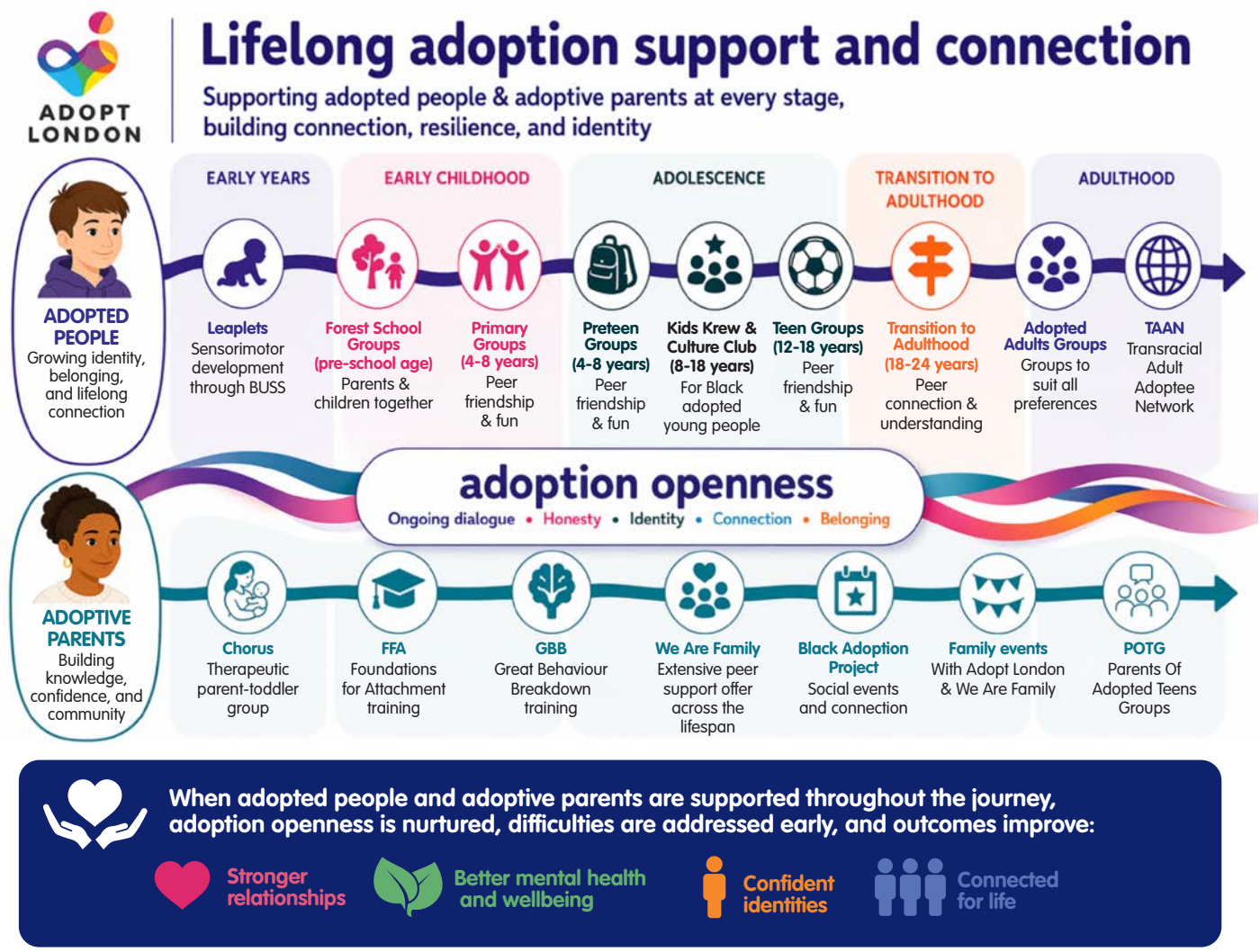
Development of an adoption support model

Since December 2023, Adopt London has been part of the Adoption England National Commissioning Programme, which provides development funding alongside training delivered by the Institute of Public Care (IPC) at Oxford Brookes University.

As part of this Programme of work, Adopt London delivered a refreshed needs assessment this year which identified areas of focus including:

- Raising skills in our social work teams
- Enhancing the core support offer to children and to families
- Investing in therapeutically informed interventions.

From this, an Adopt London adoption support vision was developed, bringing together three important elements:



1. **Adoptee spaces**: Social spaces for adopted children, young people, and adults throughout the lifespan.

2. **Specialist parent support**: Therapeutic, peer-based adoptive parent support provided by Adopt London staff.

3. **Clinical team**: Development of a multi-disciplinary clinical team to support practice and reduce reliance on commissioning through external providers.

Together we believe this model will significantly increase family resilience and access to preventative and early support, reducing reliance on long-term specialist therapy delivered at the point of acute family strain. Early development of this model will also help prepare Adopt London for any major **changes to adoption support provision** and funding announced by the Department of Education. Utilising funds available through several Adoption England grants we have started to develop this model and will continue to build this over coming years.

Adoptee spaces

With a number of groups now in place either locally within ALN or pan-regionally across Adopt London, the next phase of our work is to develop provision for age groups where there are currently gaps, focusing on pre-school and younger primary-age children, and increasing the range of provision for adopted adults. Adoptees and parents consistently report the significant positive impact of peer spaces on wellbeing and supporting the development of a secure identity. Many adopted adults attending our groups report this being the first time in their lives they have been in a space (knowingly) with other adoptees, and speak of the profound impact this has. Adopt London aim to build provision so that it becomes normalised for adopted people to have spaces where they regularly meet with other adoptees, from infanthood to adulthood.

You can read about the provision we already have in place for adoptees and the impact of this work in these sections of the report:

- **ALN Kids & Teens groups**
- **Black Adoption Project young people's groups**
- **Transitions to adulthood**
- **Adult adoptee support**

Specialist parenting support

Providing specialist, therapeutically-informed support from the earliest stages of adoption increases all families access to preventative support, and recognises that adoptive parents need to be equipped through advice, support, and training at regular stages through parenthood and not just as part of their preparation to adopt. Providing support in peer-based spaces also reduces isolation and increases opportunities to learn from and support one another. Skilling Adopt London social workers to deliver some of this provision means that it can be offered regularly and to the needs of Adopt London families, making the provision less vulnerable under potential future government changes.

As part of this work, we have identified two therapeutic parenting programmes that have proven reliable – the 'Great Behaviour Breakdown' programme and 'Foundations for Attachment', and one child-and-parent focused intervention – the '**BUSS model**', to integrate into Adopt London practice.

This year we started this development work by successfully training a cohort of social workers and adoptive parents to co-deliver the Great Behaviour Breakdown (GBB) programme. GBB is a practical programme, focussed on supporting love-based parenting and safe behaviour management techniques, working effectively with families of primary and secondary age children. The programme will start to run from early 2026/27 on a regular basis with an aim for the majority of Adopt London families to have access to this as part of their parenting journey over the next few years.

You can read about the specialist parenting support which is already in place and well-established in these sections of the report:

- **Chorus parent & toddler groups**
- **We Are Family services**
- **Targeted support from the Black Adoption Project**
- **Parents of Teenagers group**

Clinical team

Delivered in partnership with West London NHS Trust, our Adopt London grant funding has enabled us to initiate a small Adopt London clinical team staffed by two part-time Clinical Psychologists and a part-time specialist Occupational Therapist. The clinical team offer a range of advice and interventions aiming to upskill and support social workers alongside reducing our dependency on externally commissioned therapeutic provision. Interventions currently include:

- Brief Assessment Early Support programme (BAsES) to support the transition and early placement period for children moving into adoptive families
- Occupational Therapy led sensory approaches and screening
- Complex case consultation
- Co-working cases alongside social workers
- Reflective practice for specific service areas
- Training and workshops
- Co-delivery of therapeutic parenting programmes.

Over the next few years, we will focus on expanding the range of direct interventions our clinical team can offer, and testing out funding models to ensure this delivery approach can be sustainable into the future without reliance on grant funding.

PRACTICE HIGHLIGHT

Birth parents experiences of care proceedings and contact

As we concluded our two year Adopt London 'Early Permanence' project, our Project Manager Grace Panayiotou worked with birth parents who had been closely involved to create a lasting record of their views and experiences through this film 'The Other Side of Adoption'.



Grace says:

"The idea for this film came from a simple but powerful place: listening. Over the years, I've heard so many stories – from birth parents, adopters, social workers, and adopted people – and one theme kept coming up again: contact and how birth parents feel during care proceedings. How complicated it can feel, how emotional it can be, and how misunderstood it often is. I realised we needed something that could bring those voices together, something that could help people see and hear the person not just as a task or a policy, but as a deeply human experience.

I wanted this film to open up space for empathy and understanding. For birth parents to feel seen. For adopters to feel supported. For professionals to reflect. And most of all, for children and young people to benefit from the kind of thoughtful, meaningful contact that helps them grow up with a stronger sense of identity and belonging."

The film is now used within Adopt London in the training of staff and prospective adoptive parents, as a tool to start different conversations and reconsider perspectives.

The Black Adoption Project

Project background

The Black Adoption Project is a long-term commitment by Adopt London to address the significant disparities experienced by Black children and families within the adoption system, including lower rates of adoption, longer waiting times for children, and lower retention rates amongst Black prospective adopters. Thanks to Adoption England grant funding for a second year, the Black Adoption Project was able to recruit a Business Co-ordinator to join the existing Programme Lead, increasing our capacity to progress pilot projects and embed changes in Adopt London systems whilst developing evidence about what works. Gradually, the Black Adoption Project is building systems-wide support across the adoption process with the aim of transforming the support available to prospective adopters and therefore the outcomes for Black children with a care plan of adoption. This section of the report highlights some of the Black Adoption Project's key achievements during 2025/26 including:

- Development of Black prospective adopter recruitment and engagement events
- Ongoing delivery and completed evaluation of 'Let's Talk About Adoption'
- Launch of 'Exploring My Black Identity' programme for young people
- Workforce development partnership focused on 'Requisite Black Parenting' research.

Strengthening our community of Black adoptive parents

Through the Project we have developed a community of experienced Black adoptive parents who are passionate about supporting others to adopt and improving experiences. This community grows each year and are available to contribute to different areas of work, give advice as part of our Adoptive Parent Stakeholder Group, and meet to build connection and peer support through our social events. This group are the backbone of the Black Adoption Project and critical to every project we develop. Some of the questions discussed in depth by the Adoptive Parenting Stakeholder Group this year are:

The Black Adoption Project's use of the word 'Black':

When we say 'Black', we use it as a broad and inclusive term. This includes people who identify as Black, mixed-race Black, or have Black heritage through their family background. The Black Adoption Project also welcomes people of any racial background who have a Black partner. We use the term 'Black' to help people quickly understand whether our support is right for them, but we recognise that Black people come from many cultures, countries and lived experiences and we celebrate these differences.

PRACTICE HIGHLIGHT

Amplifying the voices of Black adoptive parents

This year the Black Adoption Project's community of adoptive parents came together to develop a short film which features adoptive parent's voices alongside illustrations drawn by their own children. This powerful and fun film shows the wide range of different family types and experiences within the group and highlights their passion to encourage other people to consider adoption.

Please take a moment to watch, and share it with others.



- What gave you the confidence to move from an interest in adoption to an application?
- Were Black adopters or professionals represented in your process? What this important?
- What support did you get during the assessment process and what else was needed?
- How have you supported your child's sense of identity as a Black, adopted young person?
- As an adoptive family, what experiences have you had with friends and family?
- Have you tried to access adoption support and what was this like?
- Were you able to access culturally appropriate support?

"I was relieved to find the details of the Black Adoption Project; relieved the change I seek, is actively sought by others with greater knowledge of the adoption system, expertise, combined resources, and a passion for Black children and thriving Black families. I want in!"

"From the start of our family's adoption journey, if was always clear to me that it is almost impossible to navigate the immense amount of barriers without the support of family and community."

Providing information to those interested in adoption

At the very start of the adoption process we are working to create spaces where Black individuals and couples feel safe and comfortable taking a first step to find out more about adoption. A key strand of this work has been the development and ongoing delivery of Black Adoption Project 'Meet the Adopters' events, which provide a welcoming, low-pressure opportunity for people to hear directly from Black adopters about their experiences and to ask honest questions about adoption.

This approach recognises how important representation is. The events are led by Black adopters and focus on providing visible role models, honest lived experience and culturally relevant discussion. Feedback has consistently shown that prospective adopters value hearing from people 'like themselves', which gives them the confidence to explore further. We have implemented follow-up surveys and interviews to understand what encourages people to move from initial interest into formal enquiry and assessment.

Alongside these events, the Project has developed buddying opportunities, strengthened information available on our website and through social media, and produced community-focused resources.

"It was helpful to learn that our questions were other people's questions. We have been to a few info sessions that were more about the steps in the process so the space being focused on just asking questions was great. As a mixed person in a relationship with a white person, feeling that it is important to me to adopt a mixed child or a Black child, it felt supportive to be in that space."

"It was good to hear from everyday people like us what that process was like for them…We felt like we had pages and pages of notes after the Meet the Adopters because it was just giving us information or nuances that we didn't know before."



"Being able to see people who look like you go through the adoption process, I think it's very beneficial."



Supporting Black prospective adopters

Another of the project's main focuses has been improving the experience of Black prospective adopters once they enter the assessment process. We have done this through:

Let's Talk About Adoption for Prospective Black Adopters

- Working with experienced parents to co-design a support group for prospective Black adopters
- Training and development of Black adoptive parents as group facilitators
- Launch and ongoing delivery of the 'Let's Talk About Adoption' peer support group
- Completion of a formal evaluation for the group after the first phase
- Expansion of group support beyond approval into the early placement period.

Feedback from participants consistently highlights the value of role models, peer support and having a safe space to discuss experiences of race, identity and adoption with people who share similar lived experience.

We aim to continue to deliver and develop this group to ensure additional support is available for all Black prospective adopters being assessed by Adopt London, with the aim of ensuring more families feel well supported through the process, go on to be approved, and ultimately to adopt a child.

"I don't have to explain myself. They know exactly what I mean."

"Know that you're in a space where you'll be understood, accepted, and people will understand what you're talking about."

"Real-life experience from people that look like myself."



Supporting Black adopted children and young people

Alongside our focus on the recruitment side of the adoption process, the Black Adoption Project aims to create safe, culturally specific support spaces for adoptive families. The creation of these spaces and the commitment behind them both strengthens existing Black adoptive families and gives confidence to those just starting their adoption journey.

Our children and young people's groups launched in Spring 2025 for those age 8–19 years, have worked together to create their own group names and plan future sessions and activities. The groups meet monthly on a Saturday, welcoming adopted young people from across London to a space where they can truly be themselves, with both their adopted and their Black identities welcomed and celebrated.

This year we also invested heavily in launching 'Exploring My Black Identity' – an 8-week Black history education programme for young people aged 14–19 years. Launched in February and running until May 2026, this programme has been running fortnightly on a Saturday across a whole day to introduce young people to Black experts across a range of topics which they have asked to learn more about. Topics include music and pop culture; hair, style and self-expression; Black British and global history; resistance, joy & pride; and the history of Black adoption. The programme is supported by a therapist and is being formally evaluated by the University of East London. We look forward to sharing more once the programme and evaluation are complete.





Challenges and ongoing priorities

Despite significant progress, important and urgent challenges remain. Creating an adoption system which is fair and equitable and in which Black children experience the same outcomes as other children is a long-term commitment. Without this work Black children will continue to experience longer delays before moving into an adoptive family and be less likely to be adopted at all; both factors which have a significant negative impact on a range of long-term outcomes.

PRACTICE HIGHLIGHT

Requisite Black Parenting model

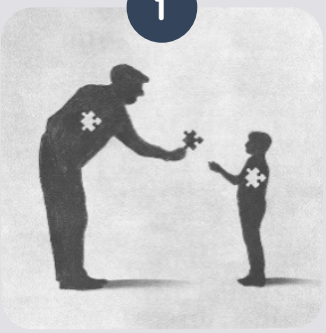
Requisite Parenting is an evidence-informed Black parenting approach developed by Dr Cynthia Okpokiri, University of East Anglia, through research with Black parents and children in England. While it builds on established parenting theories, it extends them by recognising the unique realities of raising Black children in societies where experiences of racism, discrimination and inequality can significantly shape family life. Requisite Parenting was developed in response to concerns that traditional parenting models often fail to account for these structural factors, leaving important aspects of Black families' experiences overlooked.

As part of the Black Adoption Project's workforce development strand, in 2025/26 we partnered with Dr Okpokiri to run a series of reflective workshops with our assessing social workers. The workshops provided a space for social workers to think critically about their role in assessing Black prospective adopters, utilising the concepts from the Requisite Parenting model.

Requisite Parenting is underpinned by:

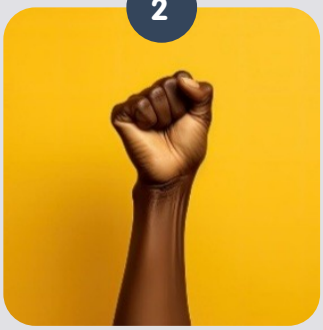
- A strengths-based, culturally responsive framework
- Six core principles that represent essential attributes of positive Black parenting
- Recognition of the impact of structural factors such as racism and poverty on parenting experiences
- Research evidence demonstrating its relevance and credibility among Black children, parents and professionals.

1



Selfless love

2



Pride

3



Adaptability

4



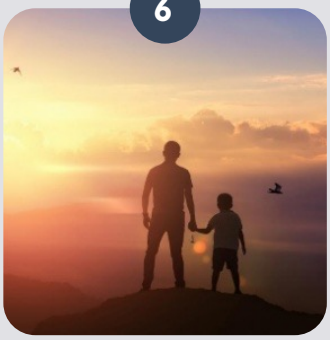
Resourcefulness

5



Courage

6



Spirituality

You can read more about Requisite Parenting by following these links:









Key challenges for the Black Adoption Project are:

- **Change is needed urgently**: There are Black children with care plans of adoption now, waiting for us to identify suitable adoptive families, but we do not have enough approved adoptive families waiting. The timescale for these children is urgent.
- **Funding is limited and short-term**: The Project is delivered with the equivalent of 2.2 full-time equivalent staff and there is no funding commitment beyond summer 2027. This greatly limits the pace and reach of work and makes it hard to plan for the future.
- **Challenging context**: The wider societal and global context is making it more difficult for people to commit to adoption at all, and Black communities experience additional barriers to adoption created by discrimination and injustice in wider society. The Black Adoption Project has no control over these factors.
- **Evidencing change can be slow**: Systems change is long-term work, and adoption is a slow process, which means that we will not see miraculous changes quickly. Most people considering adoption take years to think about it and prepare other aspects of their lives before committing to an adoption assessment – this makes it essential that we continue to invest in change now, so that we see change in years to come.

Despite these challenges, the Black Adoption Project has built a strong foundation which is increasingly recognised and trusted by Black individuals and couples considering adoption. In 2026/27 we will continue to build on our existing successful pilot initiatives, focusing on the experiences of those first approaching adoption and identifying ways for the Black Adoption Project to scaffold their journey through the early stages of the process. We also look forward to sharing formal evaluation reports for several of our pilot projects, alongside more informal learning from other areas of our work.

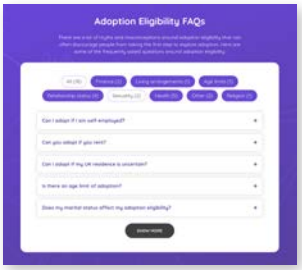
You can find out more about the Black Adoption Project by:

- Looking at our **website**
- Following and supporting us on Instagram or Linkedin @BlackAdoptionProject
- Sign up to our **mailing list**

Adopter recruitment

Advertising and awareness

Our single Adopt London presence online continues to be a great way 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 is constantly updated with rich information for people considering adoption, as well as those accessing support. For adopter recruitment purposes, significant areas of the website include:



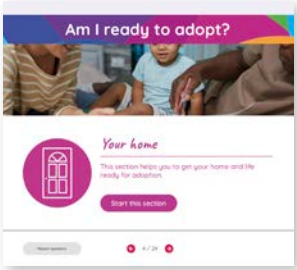
Frequently asked questions



Lived experience case studies



News items



Adoption preparation tool: 'Am I Ready To Adopt?'



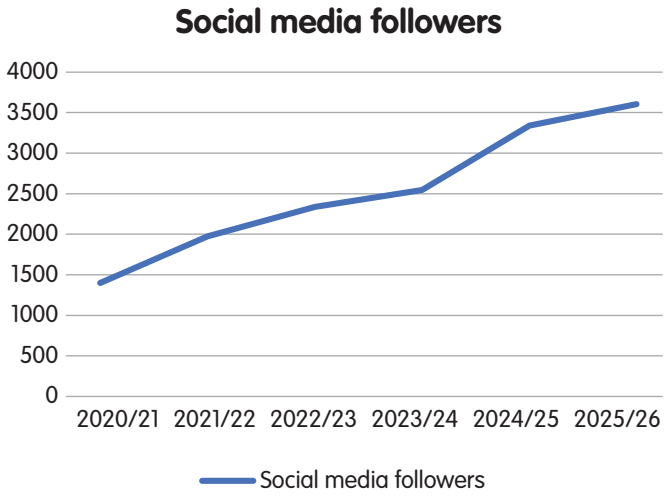
Our accessibility on the internet is an important factor in driving enquiries about adoption and attendance at information sessions, with 38% of attendees at information sessions in 2025/26 stating they chose ALN as a result of an online search for adoption agencies.

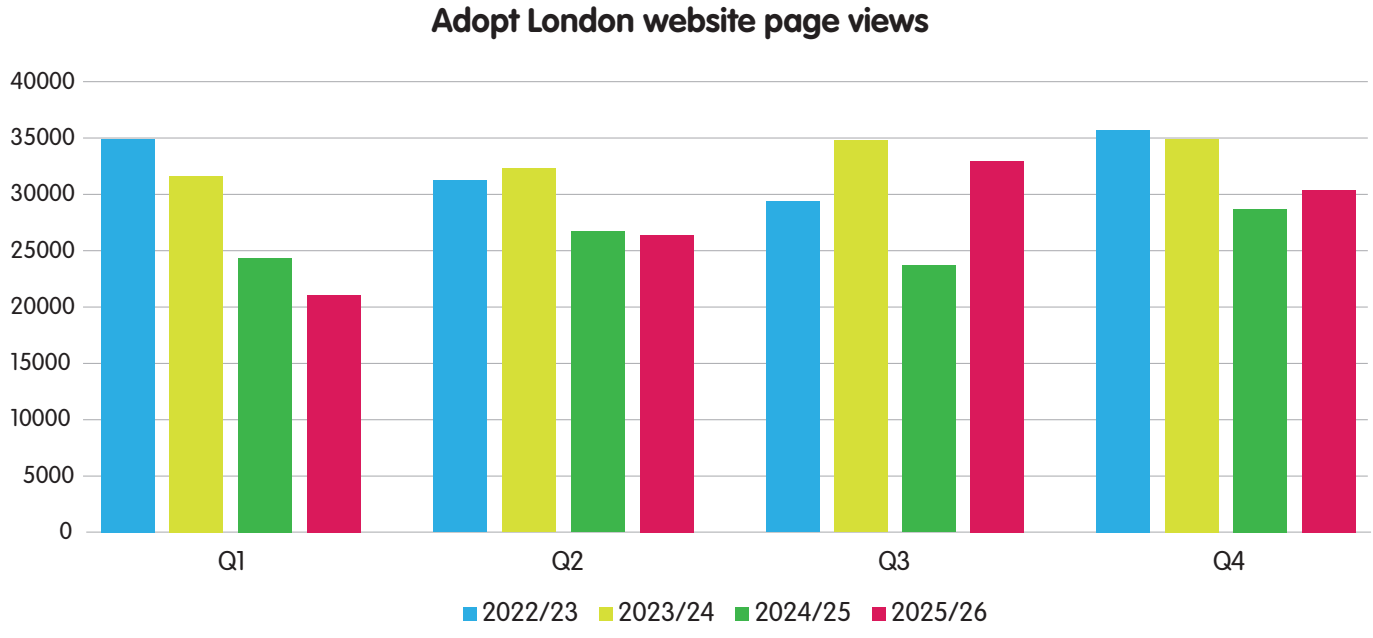
We continue to work closely with our website hosting partner to deliver a programme of continuous digital improvement, ensuring our website remains accessible, user-friendly and responsive to the needs of our audiences. During 2025/26 we undertook work to improve the overall user experience. Key developments included enhanced mobile optimisation, new navigation structures, and improved visual design and content layouts, making it easier for users to find relevant information quickly and efficiently.

Website metrics are tracked to ensure this is reaching the widest possible audience, both for those considering adoption and those accessing support. Adopt London website page views remain very high, with a total of 112,970 page views in 2025/26. This is up 9% from the previous year, with increases seen in the third and fourth quarters, but remains lower than the two years from 2022 – 2024. Our aim for the website as we move forward into the new year is to ensure it is as accessible and helpful as possible for all parties seeking adoption support, and that navigation pathways for those considering adoption are clear.

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. We have seen a significant increase in follower numbers due to the increased following of our **Black Adoption Project** channels across Instagram and LinkedIn.





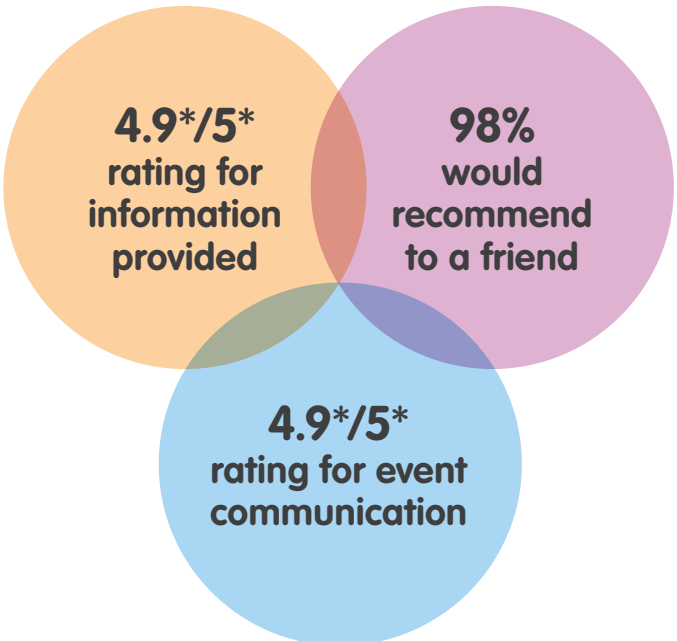


Enquiries and providing information

ALN social work-led Information Sessions are the gateway for prospective adopters into the adoption process. We run virtual and in-person sessions monthly throughout the year. This year 189 households attended an ALN information session, a significant decrease from 248 households in 2024/25 but very similar to attendance the year before (205). This decrease may be part of a **national decline in adoption interest** over the past 2 years however it may also be an indication that 2024/25 was an exceptionally high year. Conversion from event sign up to attendance remains a challenge, with approximately 50% of those who sign up to an event not attending – this figure has been broadly stable since the pandemic. This year we have started to use text message reminders to increase attendance and have analysed sign up data to understand the trends behind attendance. We have found that:

- Organic online searches yield the highest volume of sign ups
- But recommendations yield the best attendance rates
- Social media generates awareness but does not contribute to high event attendance

58 people who attended an Information Session this year responded to our feedback survey, saying:



"We learnt so much, primarily questions around timelines. Was great to see a dynamic group of people on the call too."

"Knowledgeable, warm, clear, and honest."

"It was interesting to understand the process overall, it was super clear."

"[I learnt today] that contact with birth parents, even if they are in difficult personal situations, drug dependency, etc., helps the child emotionally, and that most abuse/neglect is not intentional, it's due mainly to the parents' problems/illness."

"It was so informative and eye opening."

"The most important thing I heard about was] the opportunity to adopt a Black or mixed race child, but also that you don't have to be rich/wealthy, but instead have the love to give to a child who may not have experienced this either not at all or only in small amounts."

"It was really nice having welcoming and friendly folks from ALN run the session, made it very personable."

"Really appreciated all the information and all the follow up info sent through, will make it nice and clear how we can get ourselves prepared."

"The session as a whole was brilliant. I hadn't realised that an adopter could potentially also become a temporary foster carer – I think this is a really fulfilling opportunity and a great initiative."

Alongside Information Sessions, we deliver regular ALN Meet the Adopter sessions, with 97 households attending a session this year, a significant drop compared to 218 households in 2024/25. This drop is likely impacted by similar factors to the drop in Information Session attendance, but is also partly a result of running fewer sessions this year due to the introduction of **Black Adoption Project Meet The Adopter** events.

Meet The Adopter events provide an opportunity for attendees to ask a panel of experienced adoptive parents any question they like. 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. We believe these sessions are a crucial part of building trust with prospective adopters, who may have a perception that social workers are trying to 'sell' a particular stance, but are likely to have a high level of trust in adoptive parents speaking about their own experiences.

67% of attendees at information sessions and 72% 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 for Londoners to approach.

Despite drops in the number of people attending events, overall enquiry numbers have remained high at 870, which is similar to the number of enquiries received the previous year.

Of those who attended an information session this year, 26% went on to submit an Expression of Interest application compared to 25% in 2024/25. 40% of those who submitted an Expression of Interest then went on to start a stage 1 assessment compared to 48% in the previous year.

"I am very grateful for the chance to attend and to hear such different perspectives. The seriousness of the process is clear and reassuring, and at the same time I felt encouraged by the honesty of the adopters who shared their stories. These sessions are a real support for prospective adopters, and I think they make a big difference."

"We felt positive and relaxed. We feel really good after the session, reflecting and discussing what we heard."

"The first-hand experience of the adopters was very valuable, with all the different aspects which come with adoption on a daily basis."

"Hearing adopters speak about how therapeutic parenting is essential, and how the needs of adopted children can be very different from birth children, was particularly valuable."

"It was brilliant to have a single adopter on the call - it's the first time that I've seen the single adopter experience represented in what I've listened to / read and I found it really helpful."

"Love to hear that looking after your mental health is important to better look after your child."

Prospective adopter enquiries

Number of households who…	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Made an enquiry	714	827	873	993	878	870
Signed up to an information session	493	516	214	311	444	375
Attended an information session	351	349	143	205	248	189
Submitted an Expression of Interest application	128	136	50	40	64	50
Started Stage 1 assessment	26	18	14	16	31	20

The overall picture is that despite national trends, interest in adoption and adopter recruitment with ALN has remained strong this year. As we go into 2026/27 ALN are focused on:

- Our core prospective adopter events remaining strong and regularly available, whilst exploring ways to increase the proportion of those signing up who attend the event.
- Auditing and improving processes to ensure Black families who first attend a Black Adoption Project event continue to have a positive experience and see themselves represented when attending ALN events or making an application to adopt.



Approval of prospective adopters

The number of adopter approvals made by ALN has been stronger over the last two years. Over 2022/23 – 2023/24 our adopter approval numbers were particularly low due to limited capacity within the assessment team, and the impact of increasing numbers of **non-agency adoption** applications. As a result of these challenges, the ALN Governance Board agreed to increase the size of the recruitment & assessment team with three additional staff members. This increase allowed ALN to re-open recruitment and has resulted in an increased number of adopter approvals. ALN aims to increase this number further over the next two years in order to bring adopter approvals closer in line with the number of ALN children placed for adoption annually.

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.

Adoptive household approvals

2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
19	12	24	13	9	22	23

Prospective adopter preparation

We continue to undertake work to strengthen the preparation and training offered to our prospective adopters, to ensure they feel well equipped and capable of navigating the journey through early parenthood. Everything we learn from delivering adoption support within the service impacts the development of our prospective adopter preparation, which is comprehensive and regularly reviewed.

1 day foundation training
at the start of the assessment process, introduces the main areas of learning and what to expect, along with hearing from people with lived experience of adoption

3 day preparation training
co-facilitated by an adoptive parent. This experiential training covers learning areas in more depth, including the transition period and life as an adoptive family post placement

1.5 day early permanence training
co-facilitated by adoptive parents. Helps adopters make a decision about early permanence and gives more information about care planning and court proceedings, the experiences of birth parents, and supporting contact

1 day culturally diverse adoption training
co-facilitated with a transracially adopted person. It develops an understanding of the identity needs of adopted children and how these can be supported

1 day paediatric first aid training
ensures all those who may go on to have a child placed for early permanence will meet fostering regulation standards, and better equips all adopters for early parenthood

Lunchtime family & friends workshops
for anyone within the prospective adopter's network. These provide an overview of modern adoption and focus particularly on ways in which family & friends can support the new adoptive family

"The training was very thorough, and we felt like we came away much more informed and clearer on our desire to proceed."

"We really loved the training, and it exceeded our expectations. Presenters were great and engaging, the vibe was lovely, open communication and conversation with the rest of the group and all social workers and presenters."

"I found the petal exercise to be particularly challenging, as it required me to symbolically give away important parts of my own life and identity, which at times felt uncomfortable and exposing; however, this discomfort also helped me to reflect more deeply on how significant identity is for every person, and how difficult it can be for children who have experienced separation or loss to hold on to and make sense of the different pieces of who they are."

PRACTICE HIGHLIGHT

Co-delivering training with people who have lived experience of adoption

We have always had people with lived experience visiting and speaking at our prospective adopter training, but in the past year we have been moving towards our training being co-delivered with those who have lived experience of adoption. This increases prospective adopters' trust in the adoption process and therefore their openness, and ensures training content remains relevant, practical, and grounded in real experiences.

For the last year, adoptive mum N has been co-delivering our core 3 day adopter preparation training alongside social workers from the assessment team. We asked her some questions to understand what this has been like from her perspective.

Q: What motivates you to be a part of the preparation training?

A: I value the opportunity to be a part of supporting prospective adopters on their journey in any way that I can. I have a background in facilitating training and it seemed like a really good fit in terms of best utilising my skillset to be of use to others.

Q: How have you found the experience, and what have you learnt from doing this?

A: I really enjoy co-facilitating the prep training. At times, it can be challenging sharing lived experience at points when I'm going through adoption difficulties myself, but that's also what drives me to continue wanting to support prospective adopters in understanding the real life complexities of adopting from someone who has actually experienced what they are going through / will experience in the future. It keeps me in the loop and up to date on current adoption practices. It has also helped me to deepen my own skills and practices as an adoptive parent by revisiting exercises that serve as a really useful and important reminder.

Q: What do you think the impact is on prospective adopters of having an adoptive parent involved in leading the training?

A: Overall, I think it has a positive impact. I remember how much I valued having an adopter share their story during my own prep training, which is something that still happens during current training, but ALN have taken it a step further and have allowed me to be present for the whole thing enabling me to share my perspective and lived experience from an adopter's point of view, throughout. I feel very touched by much of the feedback that is left by participants on their view of me co-facilitating. During breaks and at the end of training some have shared with me that they find my input valuable, and I find that they'll pull me aside and ask me questions that they might not have felt comfortable raising in the whole group with social workers present. The sort of things they ask or want to talk about are not things of concern, they're usually things they might feel are too silly to ask in front of a social worker and some are just a little shy and prefer to speak with someone with no authority over their final adoption outcome.

PRACTICE HIGHLIGHT

Culturally Diverse Adoption training for prospective adopters

Culturally Diverse Adoption training was originally developed by ALN social workers in response to poor feedback from externally commissioned transracial adoption training. J, an adopted adult with lived experience of transracial adoption, became part of this work at an early stage to help develop material and then co-deliver the programme. The training helps attendees develop their understanding of the identity needs of adopted children, emphasising that all adoption has cross-cultural elements even when the child and adoptive family are from similar racial backgrounds. The group also specifically consider the needs of children whose backgrounds are fully or partially unknown, an experience that is very common for adopted people. Feedback from attendees has highlighted the importance of J being present as a co-facilitator and being able to share his experiences throughout the day, rather than in a limited visitor slot. Following successful implementation in ALN, this training is now being rolled out across Adopt London as a mandatory element of prospective adopter preparation.

"Most valuable: real life experience from J. So many points resonated with personal experience."

"We especially appreciated having someone who was adopted transculturally share their experience, as it provided valuable first-hand insight and added depth to the session."

When asked to identify learning from the training, attendees said:

"We cannot be tokenistic about finding ways to celebrate the child's heritage. It should be something we work into all aspects of life. We need to make sure there are strong role models around them from when they are very young."

"Children need clear, guided, age-appropriate conversations. Avoiding conversation is not an appropriate way to protect children."

"The challenges posed by transcultural adoption will shift and change as the child gets older and learns more about themselves. This felt important as it shows the need to research and be aware of their background, so you can respond to a child's different questions and the different challenges you will face as they develop."

Attendees are asked to look critically at their own context and consider how the friends, family, and community around them will be able to support the identity needs of their adopted child.

"[It was helpful] to really think about our ecomap when it comes to transcultural adoption, as well as thinking about all the different opportunities there would be for that child. To explore the heritage locally in London, whether it is through youth clubs or groups, or even the school environment that they're in."

"It was a really challenging exercise, but it was also rewarding and really helped. This moved us further into the process of thinking about our support systems."

"At this point in our assessment, we've already had many conversations and reflections around transcultural adoption. However, during the matching process, introductions, and beyond, we aim to explore further resources and support networks for families adopting transculturally, so we can stay informed, connected, and better prepared to support our future child."

The training also supports attendees to think more deeply about racism and prejudice, and to consider how they will support their child through challenges they may experience.

"Thinking about how a child could experience prejudice that we might not be able to relate to was certainly a challenging aspect of the day, as it made us reflect on how we would deal with this. One aspect of this that felt challenging was that this prejudice could take very different forms depending on the background of the child."

"I personally found very useful the practical [examples] or tips about future or potentially daily challenges when it comes to transracial or culturally diverse adoption, especially around language, racism, identity, and handling comments."

Non-agency adoptions

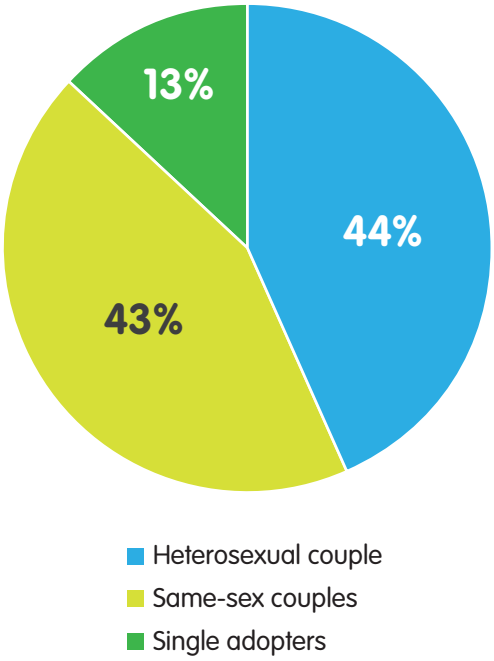
On behalf of partner local authorities, ALN are legally required to provide advice and assess any resident who wishes to privately apply for an adoption order for a child in their care (non-agency adoption) and can be directed by the court to complete an assessment within a specific timescale. The Adopt 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 2025/26 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. To read an example of the issues raised by this kind of adoption case, **follow this link.**



Non-agency cases continue to negatively impact recruitment capacity and ALN are prohibited by law from charging for these services. Following a detailed audit of this work in 2023/24, ALN have presented our concerns to Adoption England and to the Department of Education, and have been invited to participate in further conversations about these issues. Until the government take action to deal with some of the many difficulties emerging from this area of the law, these cases are likely to continue to be an ongoing pressure on ALN, reducing our capacity to assess adoptive families for children in care.

Family structure



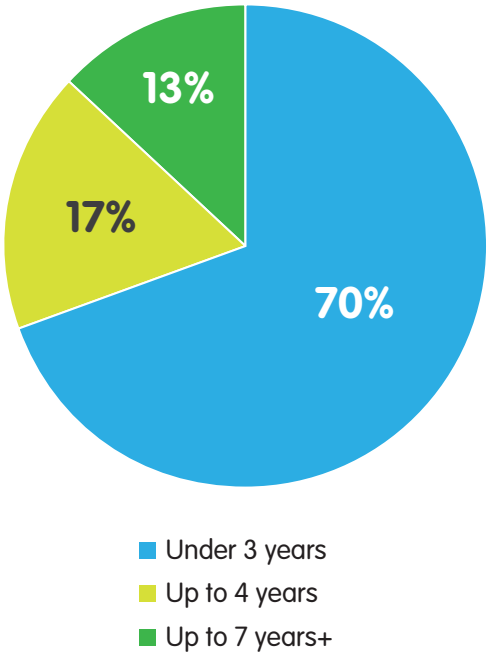
Characteristics of approved adopters

Approved adoptive households continue to be very diverse in terms of family structure, with 43% being heterosexual couples, 43% same-sex couples, and 13% single adopters.

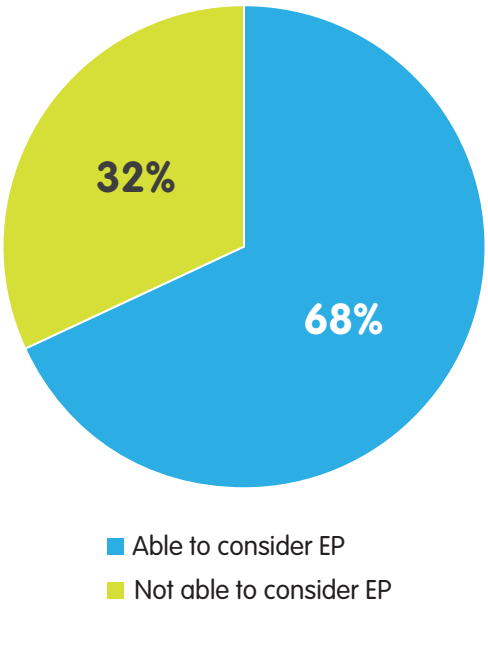
The proportion of approved households only willing to consider younger children (3 years or below) increased significantly this year – with 70% of households this year wanting to adopt a younger child compared to only 14% last year. This means that the proportion willing to adopt older children (up to the age of 7 years) has decreased, from 50% last year to only 13% this year. Some of these figures have been impacted by a number of adopters being approved specifically for young babies who are the biological siblings of their adopted children, however this change remains striking even when these approvals are removed from the figures. Part of the influence on this change may be the increasing number of adopters putting themselves forward for early permanence, which encourages a focus on younger children.

The proportion of adopters being approved who are able to consider an early permanence placement has remained very high again this year at 68% (compared to 71% last year),

Approval criteria – age of children



Approved adopters able to consider early permanence

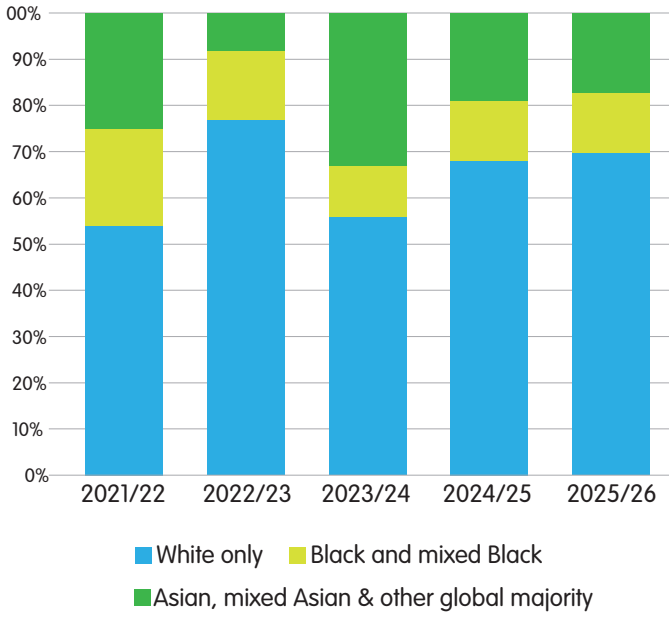


showing that the increase in these figures marks a consistent trend. This indicates that our work focusing on early permanence systems across Adopt London and introducing mandatory early permanence training have led to a significant shift in practice.

Despite this improvement, there are still not enough early permanence carers available for all children who are identified as benefiting from this type of placement. This is partially due to the national shortage of approved adopters, leading to newly approved early permanence carers being quickly matched with children through the mainstream adoption route, rather than waiting for a suitable early permanence match. In addition, there remains a significant challenge to recruit early permanence carers from global majority backgrounds.

This year 30% of approved households had at least one person of a global majority ethnicity and 70% of households had adopters only of white British (39%) or other white ethnicities (31%). The number of adopter households approved who have at least one Black or mixed Black parent remains very low at 13%. This is compared to an average of 49% of children matched for adoption by ALN annually who are from global majority backgrounds, with 79% of these being from Black & mixed Black ethnicities. These figures highlight the urgent work that still needs to be undertaken to ensure our approved adoptive parents reflect the backgrounds of children who have a care plan of adoption.

Ethnicity of approved households



Family finding 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 provides 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, and we have good escalation processes in place to manage concerns.

PRACTICE HIGHLIGHT

Telling children about adoption

Written by two Adopt London North family finding social workers, this practical guide for children's social workers and foster carers was officially launched in October 2025 with a large conference for local authority leaders and 'champions'. In the morning the conference heard from Rachel Staff, a specialist therapeutic social worker, on how to support and understand the needs of children during placement transitions. After lunch, a live panel made up of the social workers, adoptive parents, and foster carer who worked together to enable the transition of a brother and sister, reflected on their experiences of preparing and supporting the children before and after they moved to live with their adoptive family. The presentation was powerful in highlighting how many people need to be involved in careful reflection and strong team work to support positive moves for children, and inspired the audience to consider how to make space to do this work well.



Rachel & Steph who wrote the guide said:

"We recognise that life story conversations can be complicated for children and those initiating the conversation, and that often we – as professionals – feel apprehensive about telling children difficult and painful things, however, it's really important that this work takes place for all children. The quality of early adoption conversations, and preparation for children will have a life-long impact on

their sense of identity, self-esteem, and relationships with others.

The goal is for all children to understand what is happening in their lives as decisions are being made by the grown-ups. This helps them to make sense of their world, to experience their feelings being held and validated, and to know why and when things are changing. It creates an environment where children feel safe to talk about anything and know that there is no topic that is off limits.

As social workers in the family finding team, it was important to create a book that helped our colleagues deliver some really important messages in a step-by-step guide that provided advice, suggested wording and resource suggestions."

When asked how useful the Guide would be to participants in their work, attendees said:

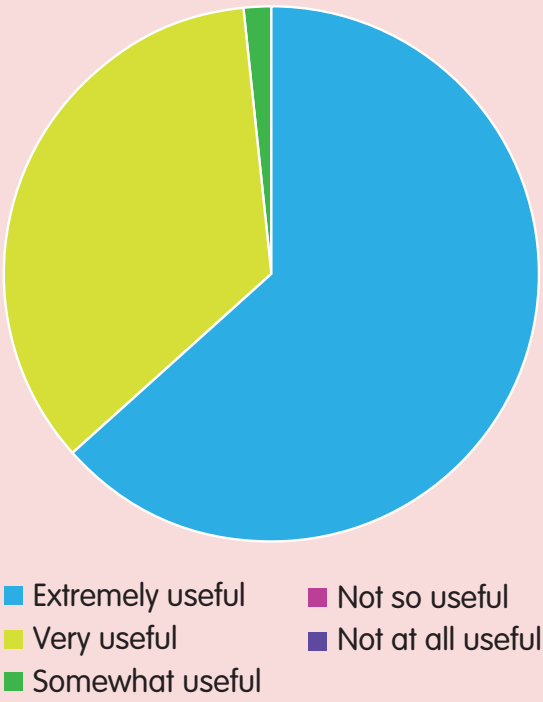
"It genuinely all was brilliant!"

"Hearing from the panel of different professionals and adopters was really captivating. Hearing how all the different roles interconnect and support each other."

"The keynote speaker was very informative and insightful. The panel discussion was very powerful and lovely to hear."

"Thank you for this learning experience, I feel very lucky to have attended today and will ensure I take this back to the local authority."

"What an excellent event. Really insightful and well put together. Really valued some honest and transparent conversations and feedback from participants. It was a pleasure to be a part of this event!"



Work now continues to embed this guide into family finding practice across Adopt London North with the provision of a regular Practitioners Forum and presentations to service and team meetings. Following requests from Adoption England, the guide has also now been offered to other Regional Adoption Agencies and is therefore having a national impact on improving practice in preparing and supporting children for transitions.



Children with a plan for adoption

Figures in this section of the report are taken from boroughs' own data reports to the Department for Education. Exact figures may contain inaccuracies which are amended by later data reports.

Agency Decision Maker (ADM) Best Interests Decisions for adoption have been consistently high over the last 4 years, with 2024/25 an exceptionally high year. Illustrating this increase, the 4-year average of 77.5 Decisions compares to a 5-year average of 69.2 Decisions. This was reflected in placement orders this year, with a huge increase to a reported 93 placement orders, compared to a 5-year average of 58.8 orders. Adoptive placement numbers however have remained broadly stable, at 36 placements compared to a 5-year average of 37 placements. There are several key factors likely to be impacting these figures:

- There has been a genuine significant increase in placement orders, however the figure in the ASG data may be over-reported, exaggerating the effect. Our own ALN data has captured 71 placement orders over the same period.
- An impact on adoption placements will be delayed due to the time it takes from a placement order to complete family finding and transitions, therefore higher adoption placements are likely to be observed in 2026/27. Higher placement figures over the first quarter of 2026/27 support this likelihood.
- National adopter sufficiency challenges over the last few years are impacting on availability of adopter placements which means that a higher number of children will wait longer for an adoptive placement and may not be adopted, despite the court granting a placement order. This means that there is unlikely to be the same level of increase in adoption placements as in placement orders.

The percentage of children taken into care before turning 5 who go on to have an adoption plan has gradually increased over a 4-year period and is currently at 35%, meaning that 1 in every 3 children taken into care across north London under the age of 5 go on to have an adoption plan. Again, this figure varies considerably between boroughs, with Barnet's 4-year average at 42% compared to Hackney's 4-year average at 17%. A higher or lower rate is not necessarily positive or negative, but is an important opportunity for boroughs to look at permanency planning outcomes for children under 5 who did not have an ADM decision, and reassure themselves that these decisions were appropriate.

The figures also show that a significant number of placement order applications 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, 18% of Best Interest Decisions made in ALN boroughs resulted in care proceedings concluding without a placement order compared to a 12% England average.

Overall, the picture is of increasing numbers of adoption plans for children across north London, with these increases being seen particularly (but not exclusively) across Barnet and Enfield.

1 in every 3 children who came into care before the age of 5 across north London had a care plan of adoption



Best Interests Decisions

Data provided by borough's own ASG national data collection returns
Data for previous years may differ from previous reports if later amended by the borough with the ASG
*This data can only be reported a year in arrears

	Total ADM Best Interests Decisions					% children taken into care before turning 5 with a Best Interests Decision*			
Borough	2021/22	2022/23	2023/24	2024/25	2025/26	2021/22	2022/23	2023/24	2024/25
Barnet	5	14	20	30	21	28%	49%	46%	45%
Camden	4	9	10	8	7	22%	36%	37%	24%
Enfield	11	17	18	21	28	34%	26%	37%	59%
Hackney	2	4	12	11	5	5%	19%	25%	19%
Haringey	7	16	8	10	4	19%	18%	32%	21%
Islington	7	9	11	10	7	35%	16%	33%	26%
Total	**36**	**69**	**79**	**90**	**72**	**26%**	**28%**	**36%**	**35%**

Placements and placement orders

Data provided by borough's own ASG national data collection 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	2021/22	2022/23	2023/24	2024/25	2025/26	2021/22	2022/23	2023/24	2024/25	2025/26
Barnet	8	4	9	11	16	5	5	18	18	29
Camden	3	5	5	3	2	5	5	6	4	11
Enfield	12	15	8	9	5	11	11	12	8	28
Hackney	10	3	3	2	4	3	2	7	8	8
Haringey	10	6	10	9	5	8	16	8	4	12
Islington	3	5	1	5	2	2	3	5	4	5
Total	**46**	**38**	**36**	**39**	**34**	**32**	**42**	**56**	**46**	**93**

Family finding process

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

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).

We have strong links across Adopt London which support efficient family finding for children. Our work together includes Adopt London play sessions held at London Zoo where prospective adopters can informally meet and play alongside children and their foster carers. Our ALN family finding team also run regular 'stay & play' sessions locally to introduce prospective adopters

to a small number of children and give space for direct interaction. These sessions are particularly effective at supporting in-house matching as they give prospective adopters a chance to connect with children in real life, in contrast to reading paper-based profiles. The national family finding data base Link Maker is also used by family finders to search for external placements where suitable ALN or Adopt London placements are not available.

In-house placements

We prioritise placing children with ALN adopters wherever this is possible for a number of reasons including:

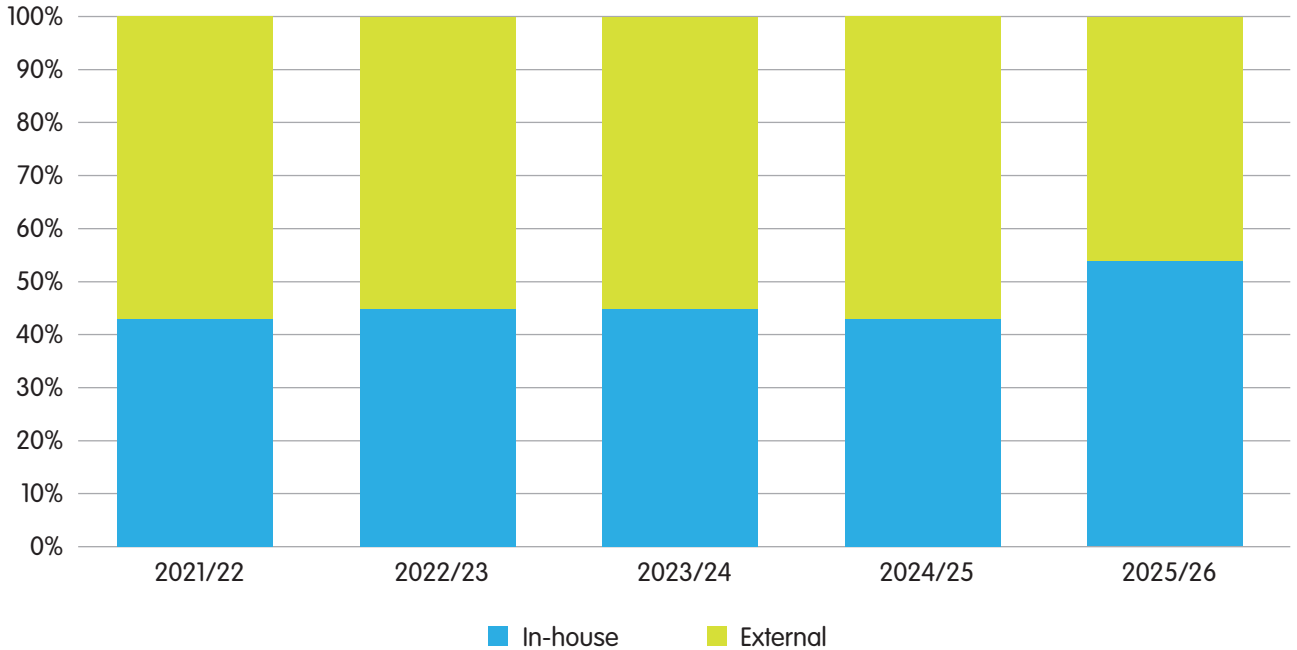
- We know the prospective adopters and the children's needs really well, which increases confidence in making the right match.
- Our assessment social workers work closely with the adopters to support them in the early placement period, and we can identify quickly if there are concerns emerging.
- We are confident in the high quality of training and preparation that our in-house adopters receive which prepares them well for parenting, including some areas of training that other agencies do not provide.
- An in-house placement means that only ALN and the child's borough are involved with the match, limiting the number of professionals involved and ensuring we have good escalation processes that work well if concerns arise.
- Although the risk of placement breakdown pre-Adoption Order is already very low, this risk is even lower for in-house placements.

However, every child's needs are different, and we do not compromise on the needs of the child if a suitable in-house adoptive family are not available. In these situations, we search within Adopt London, with other agencies in London and the South-East, or nationally to ensure we identify the best possible match for the child.

We have a long-term goal to increase the number of children placed in-house. This requires us to increase the number of approvals (through expansion of the recruitment team), and to ensure those adoptive families approved are able to meet the needs of ALN children. This year we have been able to increase in-house placements to our highest proportion yet, at 53%, compared to a five-year average of 46%.

Not every ALN 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, many adopters understand the benefits of an in-house placement and are prepared to wait for this.

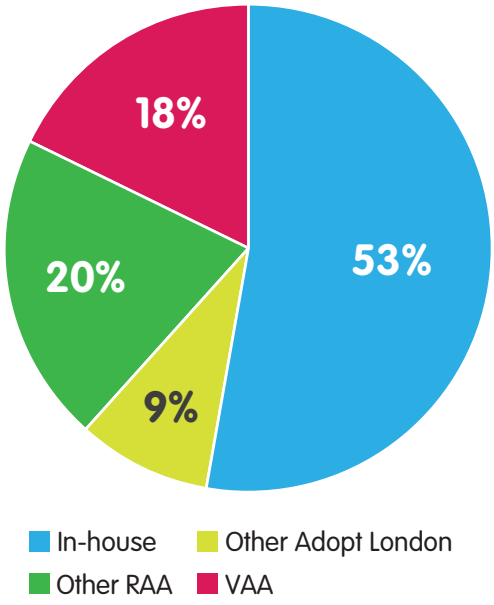
Type of adoptive placement for children matched



In addition to these overall figures, we continue to see a significant reduction in the use of Voluntary Adoption Agency (VAA) placements used, which historically made up around 50% of all placements. This figure has now reduced to just 18%, supported by our work to strengthen links across Adopt London and an increase in placements with other Regional Adoption Agencies.



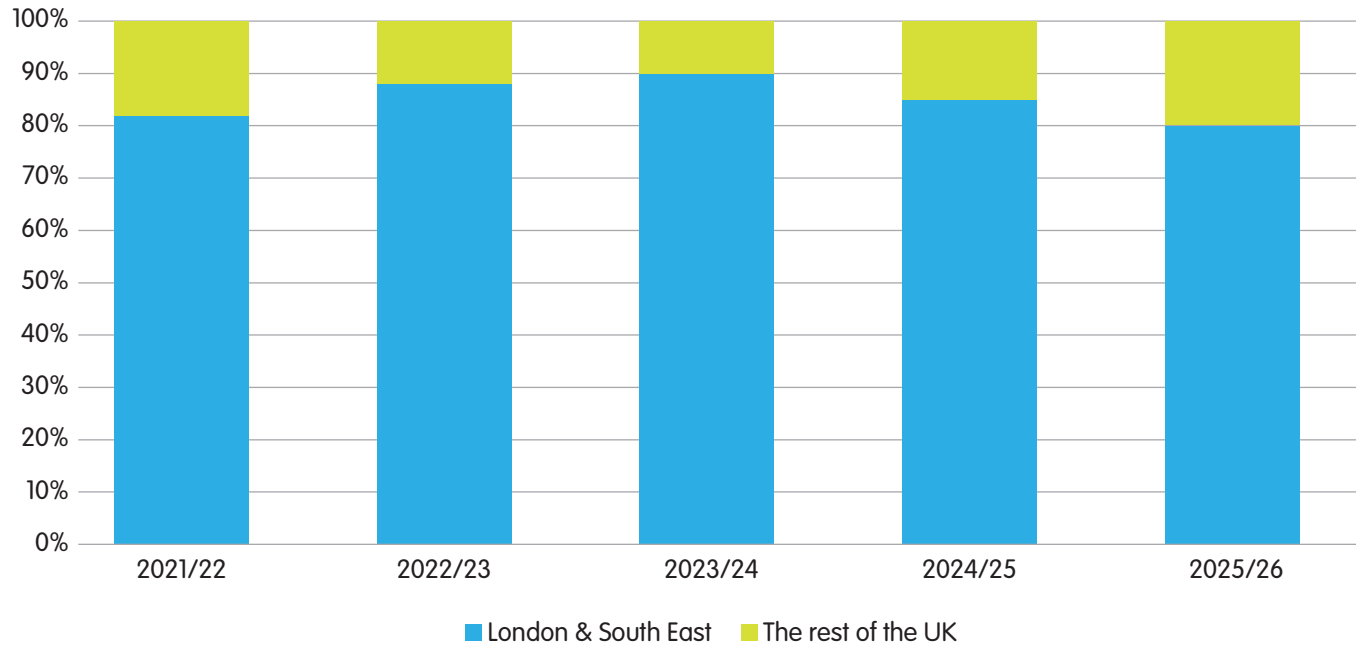
Breakdown of placement type for children matched



Location of placements

We to aim to place as many children as possible within London and the South-East, as this enables ALN and the child's social worker 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 80% of children matched for adoption went to live with adoptive families in London and the South-East, with 20% of children moving further afield to live with their adoptive family. This figure is a slight decrease from the five-year average of 85%, being impacted by the national adopter sufficiency challenges.

Location of adoptive placements



Disruptions of adoptive placements

None of our adoptive parents have been involved in a disrupted placement since ALN begun in 2019 and there have been no adoptive placement disruptions of an ALN child since April 2023. Overall, 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.

Unfortunately, it is very hard to track disruptions that occur after an adoption order because it is the local authority in the area that the family lives who takes responsibility for a child who comes back into care at this stage. Large national research studies have shown that disruption rates in adoption over the long-term are low, but are very complex when they do occur **(see practice highlight on the Family Routes study)**.

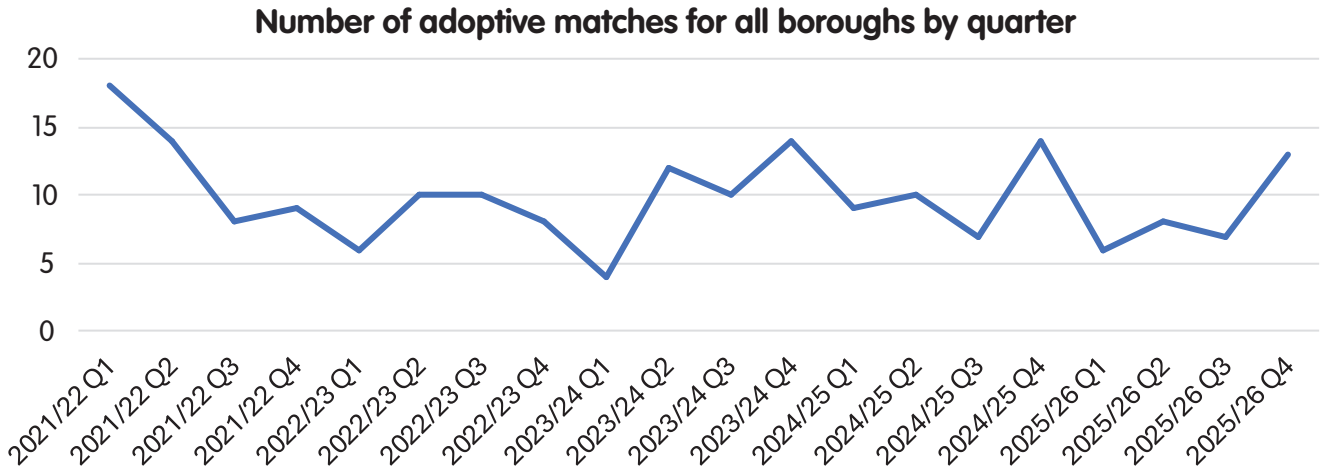
We are undertaking work locally in partnership with our boroughs to understand more about the local picture and what we can do to **support adoptive families who reach a crisis point**.

Adoptive matches made

The number of children matched with adopters has slightly dipped this year but overall remains stable. 34 children were matched for adoption in 2025/26 compared to a five-year average of 39. The data indicates that although there are annual variations and volatile quarterly figures, the number of children being placed for adoption across the ALN partnership is reasonably consistent and is not in decline. Adoptive matches this year have been impacted by the national adopter sufficiency crisis, but 2026/27 is expected to see an increase due to the exceptionally high number of placement orders granted in 2025/26.

Number of adoptive matches for all boroughs

2021/22	2022/23	2023/24	2024/25	2025/26
49	34	40	40	34



Number of adoptive matches

Borough	2021/22	2022/23	2023/24	2024/25	2025/26
Barnet	10	4	8	16	13
Camden	4	6	6	1	2
Enfield	12	14	7	11	4
Hackney	8	2	4	1	6
Haringey	13	5	12	8	4
Islington	2	3	3	3	5
Total	**49**	**34**	**40**	**40**	**34**

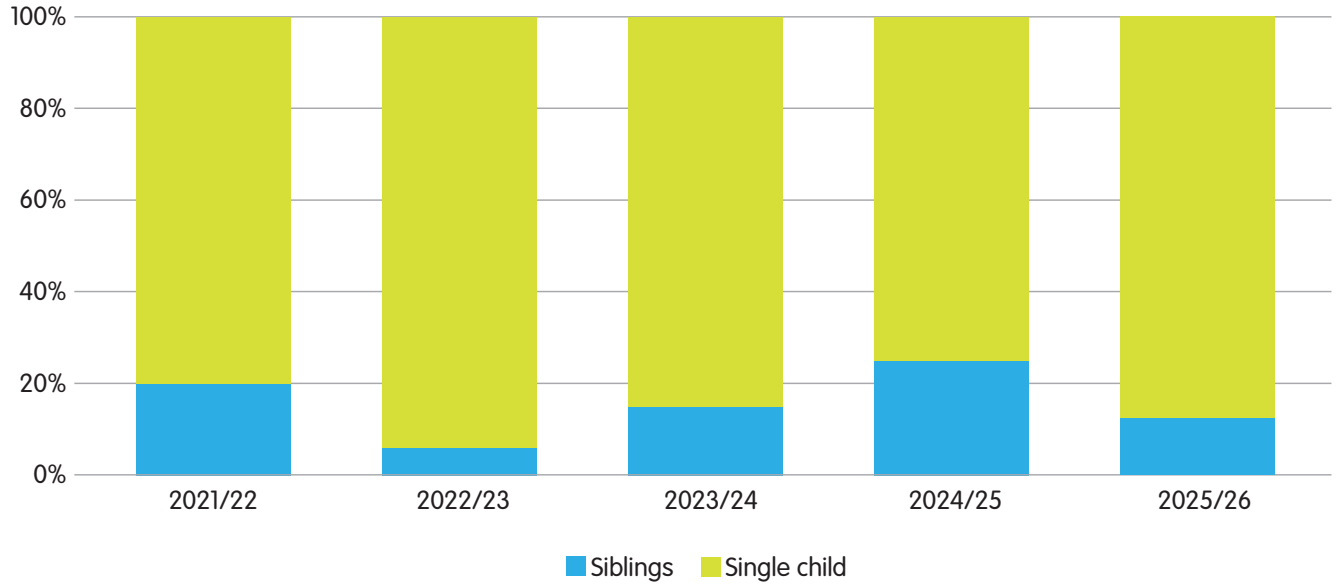
Characteristics of children matched for adoption

The number of children placed for adoption at the same time and in the same placement as their sibling decreased this year and remains a minority of all children placed for adoption (2 sibling groups accounting for 4 children, compared to 30 children not placed 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. In the context of a national shortage of adopters, family finding for sibling groups can be much more challenging.

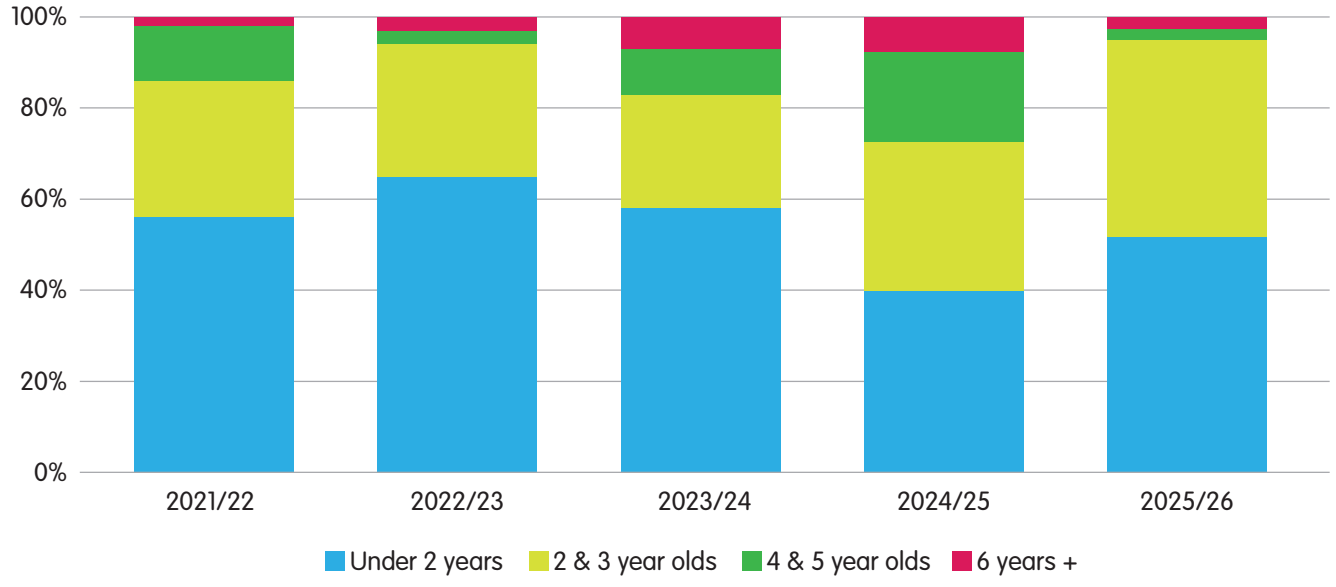
On average children have been placed for adoption at a younger age than last year, with 94% of children being 3 years or younger when moving to live with their adoptive family, compared to 72.5% in 2024/25. Only two children were aged 4 or over, with the oldest child being 6½ years.

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, 49% of the children matched for adoption were from global majority backgrounds this year, consistent with a five-year average of 48.7%. ALN have been

Children matched for adoption in sibling groups



Ages of children matched for adoption



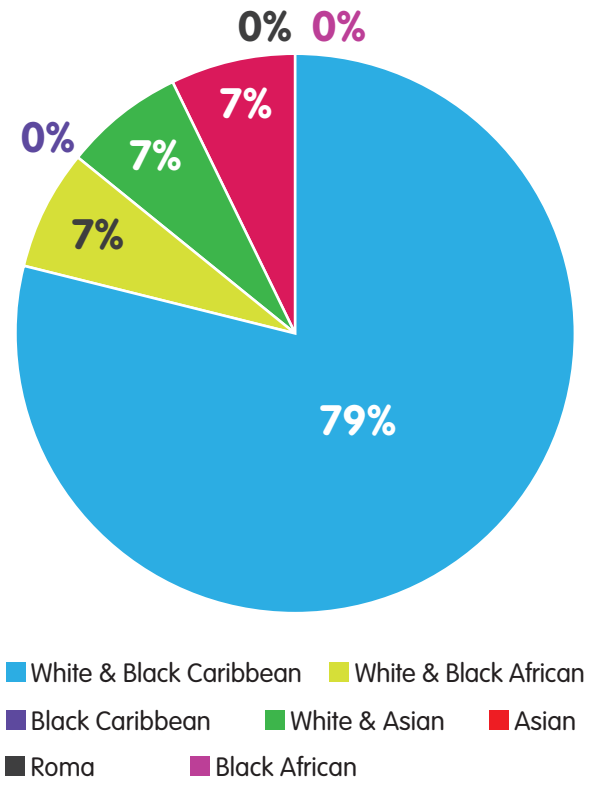
79%
of all children from a global majority background matched for adoption have mixed Black Caribbean and white heritage

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, 86% of these were from Black and mixed Black ethnicity backgrounds. Looking further demonstrates that the largest group are children from mixed white & Black Caribbean backgrounds, making up 79% of all global majority children and 92% 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, and uncertainty around many children's heritage. 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.

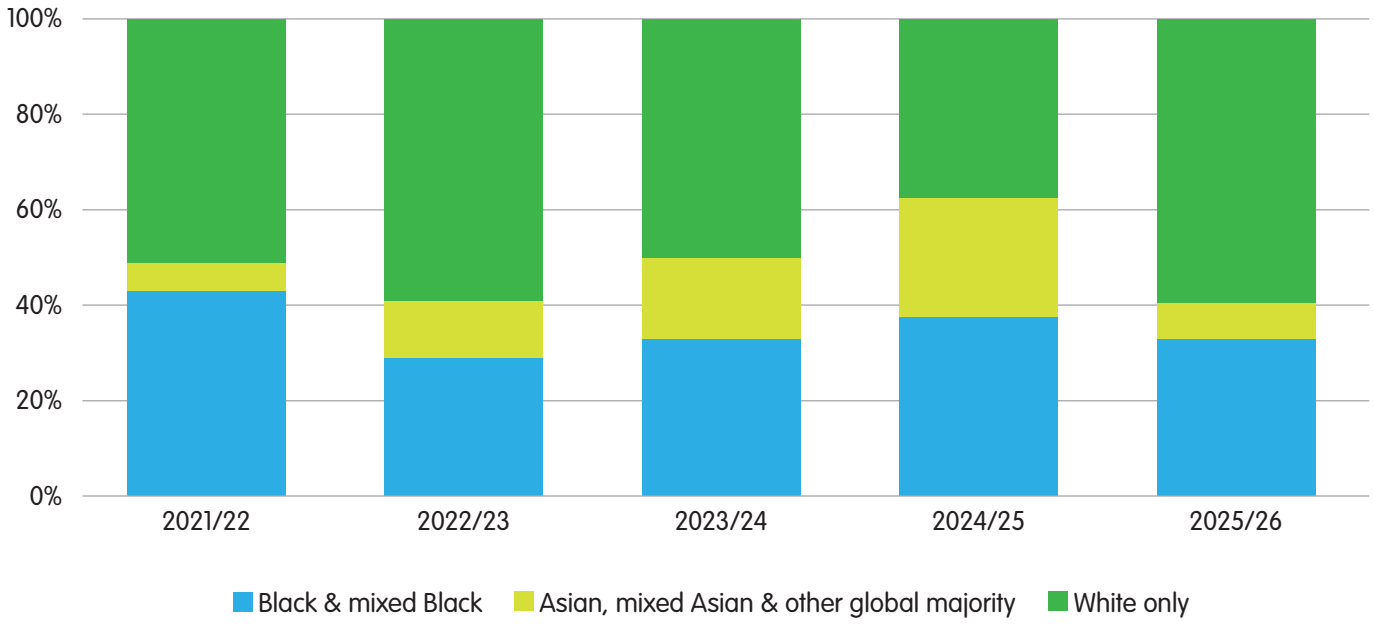
Children from global majority backgrounds



Early permanence placements

There were 11 children placed for early permanence with prospective adoptive parents during 2025/26 compared to a five-year average

Ethnicity category of children matched for adoption



of 8.4 children. 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**. The proportion of adopters approved by ALN who are open to an early permanence placement remains high, 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. 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, and we aim for the availability of early permanence placements to increase as overall adopter recruitment increases.

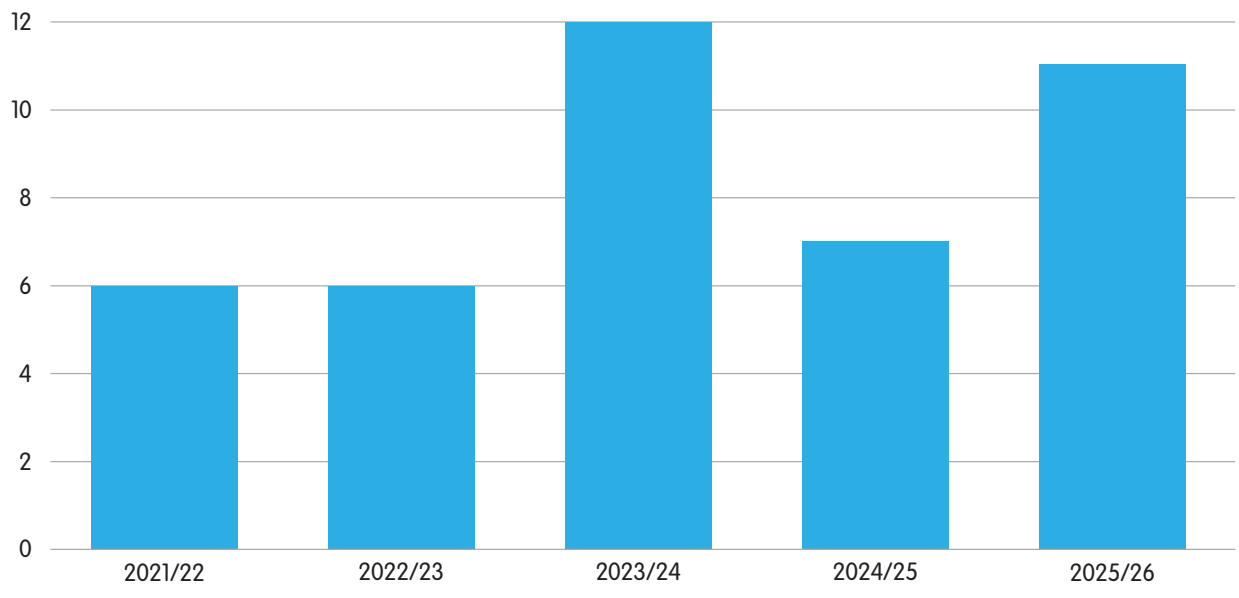
On average, **49%** of children matched for adoption are from global majority backgrounds and **51%** are from white backgrounds

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.

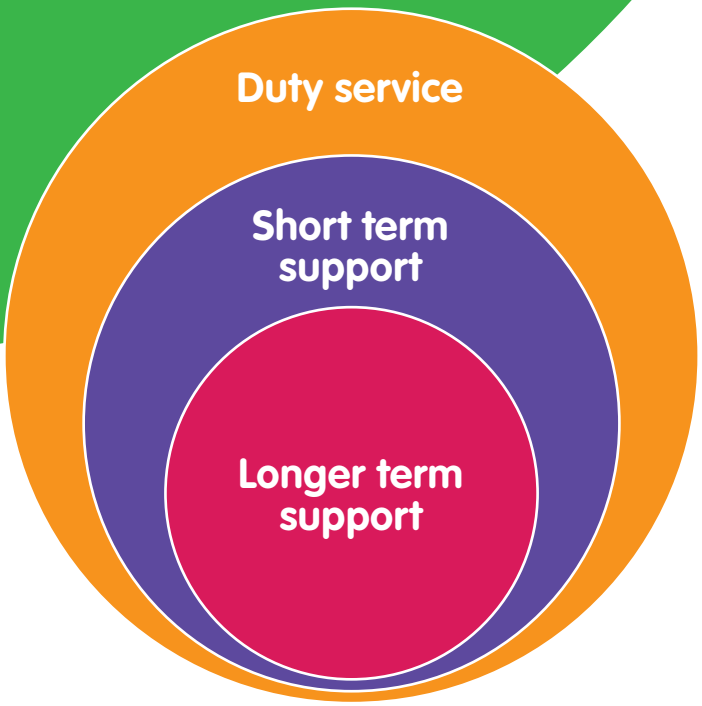
Early Permanence placements made

Borough	2021/22	2022/23	2023/24	2024/25	2025/26
Barnet	0	6	3	4	6
Camden	2	0	3	0	1
Enfield	2	0	1	2	0
Hackney	0	0	1	1	0
Haringey	1	0	2	0	1
Islington	1	0	2	0	3
Total	**6**	**6**	**12**	**7**	**11**

Number of early permanence placements made



Adoption support



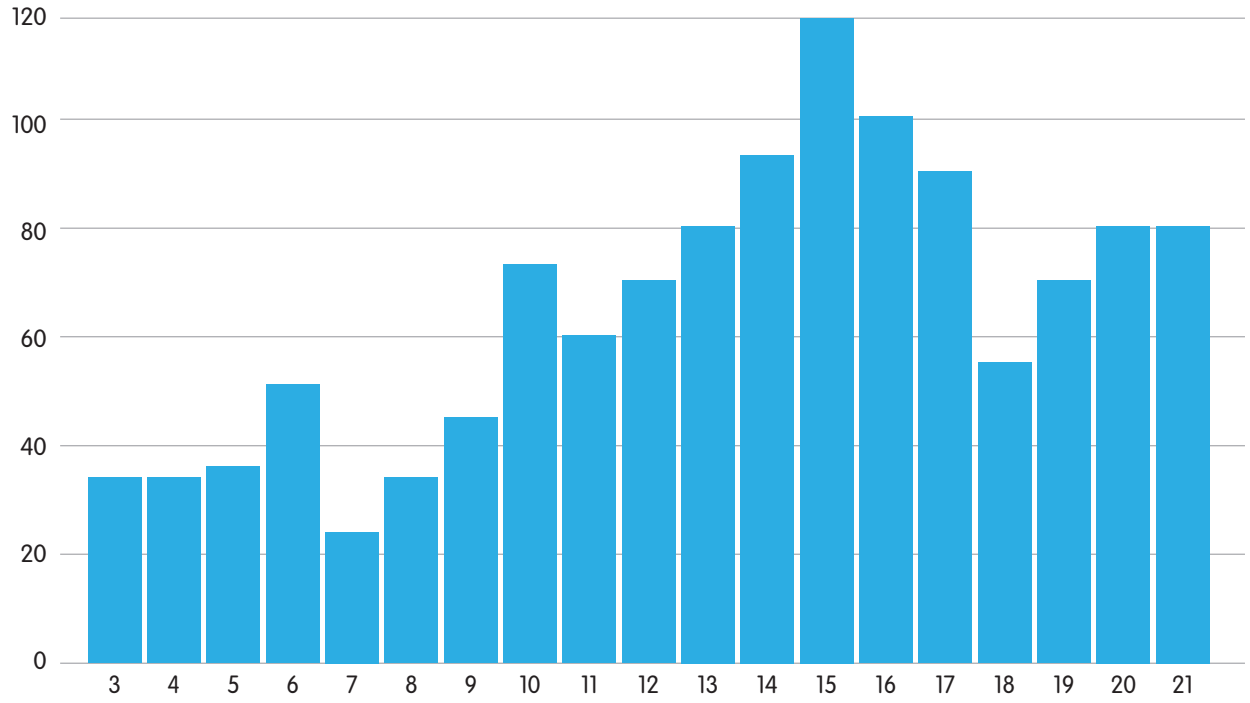
Social work support

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 advice and guidance, signposting, standalone applications to the Adoption & Special Guardianship Support Fund (ASGSF) and access to specialist training. The duty service also supports families who contact ALN at a point of crisis, ensuring support is co-ordinated until a dedicated social worker is allocated. 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. Families requiring longer-term social work support and coordination are often at risk of experiencing family breakdown.

Demand for support has remained consistently high, with a lot of pressure on the capacity of the adoption support team. Adoptive families are impacted by acute pressures on other specialist services such as CAMHS, specialist mental health support, and SEND services, which means that they may be dependent on the support they can access through the ASGSF to fill gaps. Families have been particularly impacted by governmental delays and funding changes for the ASGSF, leading up to the **national review of adoption support** which is expected to report in autumn 2026.

Modelling shown in the chart 'age profile of adopted children in Adopt London North in 2026' shows data produced by Adoption England which helps develop additional context around the current pressures in adoption support. Excluding historic practices, adoption was most common in England around 10 years ago, with numbers peaking in 2015 at 5,360 adoptions nationally, compared to 3,040 adoptions in 2025 (a 43% decrease). When mapped against local adoption figures, this graph estimates the current age of children adopted over the last 23 years who may be entitled to adoption support. The peak of adoptions 10 years ago can be seen represented by a peak in young people who are now aged 15 years. It is therefore unsurprising that a greater number of families have been accessing support as their children enter adolescence. These high numbers are likely to be seen over the next 4 – 5 years before the demand for adolescent support may start to decrease; however, the needs of families with young people transitioning into adulthood is likely to increase over the same period.

Age profile of adopted children in Adopt London North in 2026

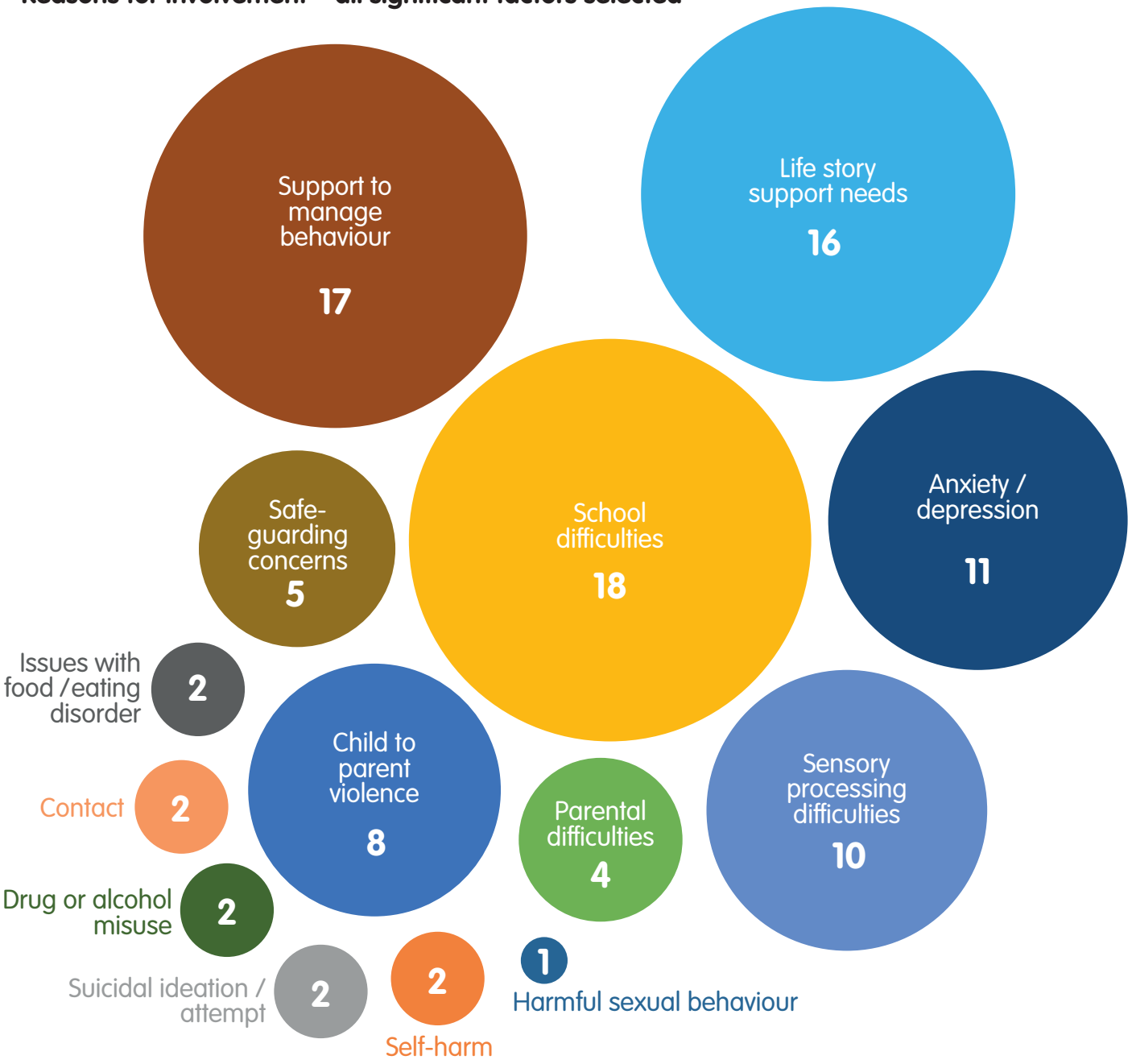


As a result of the level of demand for support there is a wait for families to have an assessment of need completed by a social worker. Waiting times are monitored closely. We manage waiting lists for non-urgent forms of support including reviews of contact and access to records for adult adoptees. Adoptive families with immediate support needs are allocated as quickly as possible to prevent family breakdown, and may also be referred to the relevant borough services if thresholds of need are met. Age profiling data helps us to plan future service developments, recognising the need to build **support for the adolescent period** and develop more services for those **transitioning to adulthood**.

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 building a **new model of adoption support** which aims to increase preventative and early help support, increase peer-based programmes for parents, children and young people, and adopted adults, and develop in-house clinical services which can be more responsive to need. Many of the new services being developed are outlined in detail in this section of the report.

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. On average, 40% of family support cases require significant social work support in addition to ASGSF therapeutic provision and signposting. The reasons for involvement reveal a wide range of complex difficulties that adopted children and their families are facing. The most 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, including child to parent violence, self-harm, and safeguarding concerns. The wider programme of support groups and training being developed are influenced by the needs identified within our casework monitoring.

Reasons for involvement – all significant factors selected



Adoptive families with children on the edge of care

Through the Quality Assurance Board, we have initiated a piece of work this year to develop our understanding of the needs and experiences of adopted children & young people and their families when serious concerns arise and children are at risk of re-entering care. **National research** along with local practice experience told us that although adoption breakdown is relatively rare, when adoptive families do experience acute difficulties, these can very quickly escalate to a risk of the child re-entering care. When adopted children do re-enter care, research and experience also suggest they are more likely to result in a residential care placement due to the difficulties the young person has managing family life.

The QA Board set out to undertake a manual snapshot audit of children currently open to statutory borough services who had previously been adopted. This piece of work is still underway, and we hope to consider recommendations for additional support and other service developments in response to the findings.

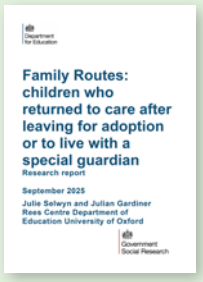
PRACTICE HIGHLIGHT

Family Routes: Outcomes for children placed for adoption & special guardianship

This national longitudinal study led by Professor Julie Selwyn and commissioned by the Department for Education has released several reports this year, with more due to be released as analysis is completed. These reports are significant due to the scale and scope of the research.

- **Most adoption & special guardianship arrangements remain stable for children long-term.** Around 95% of adopted children and 89% of special guardianship-placed children did not experience a disruption over the 8–12 year period seen in the study.
- **Permanent placements are much more stable than remaining in care.** Although there are no directly comparable national figures over the same period, over a 2 year period, 46% of children in care nationally had more than one placement.
- **Age is the strongest predictor of disruption.** Children who are older when they leave care on one of these orders are more likely to experience a disruption later.
- **Delays matter for children's long-term outcomes.** Longer periods between first entering care and moving to a permanent placement are associated with an increased risk of disruption.
- **Early instability has a lasting impact.** Multiple moves in care and unsuccessful reunification attempts before permanency are linked to poorer stability long-term.
- **The impact of ethnicity is complex.** Black children are more likely to experience an adoption disruption, but this can be explained by their older age at the time of placement. In special guardianship, this disparity cannot be explained by age alone.

You can find out more about this study by following these links:





Parent-toddler therapeutic groups

As part of the development of our **new adoption support model**, this year we launched specialist therapeutic parent-toddler groups in partnership with an organisation called Chorus. These groups are designed for adoptive parents and their pre-school children aged 1 – 4 years to attend soon after children have joined the family. For children, the groups run similarly to a regular parent-child play session with toys, songs, games, and a snack time. However, the sessions are run by expert psychologists who use an attachment-based and trauma-informed lens to provide tailored support and advice to parents as the relationship with their child develops. Families attend sessions weekly over a 16 week period along with some individual family sessions with a psychologist. Families who would benefit from additional support can sign up to join a further series of sessions, making this a flexible and child-focused early support model. The impact of the group is monitored through psychological outcome measurements and recommendations made for any future support.

Chorus
Children & parents together

Adopt London North's first cohort ran from December 2025 – May 2026 with 5 families (6 children). All families attended every session, showing a high level of commitment and engagement in this model. All children saw an improvement in outcome measurements across the programme and 2 children who saw some areas of ongoing struggle were recommended to continue to access the programme.

The model has proven to be particularly effective for these reasons:

- Expert support in the earliest placement period when parents may struggle to differentiate between normal developmentally appropriate behaviour in their child, and behaviour that warrants concern. Hands-on support at this stage builds parental confidence and helps to identify specific areas where the family may benefit from additional early support.
- Support is provided in a peer-based setting for adoptive parents at a time where they may feel most isolated and alone. Most families in this cohort had one parent who was just returning to work at the start of the programme, whilst the other parent adjusted to being the main caregiver throughout the week. The peer environment normalises emotions adopters may be experiencing and gives opportunities to build strong peer support networks of families living locally with similar age children.
- Adopted children socialise together from the earliest possible stages, normalising adoption experiences. As parents build peer networks, this makes it more likely that adopted children will grow up with friends who are adopted and more likely to access social spaces for adopted children and young people.

This model is now being embedded in all four Adopt London regions, providing local availability for families who might live closer to a different group (e.g. several ALN families living in north-east London have been able to attend an Adopt London East group in Leytonstone). We aim to run this programme regularly throughout the year, encouraging all local families to access this support in the first year of placement.

"I can't state enough just how much this group meant to me - and to my son. I didn't realise before adopting how much I would need this group and a place to feel so authentic and not so alone. As you go through the process of adopting it's so exposing but you soldier on through knowing that at the end is all you've dreamt of for years. But you don't realise how isolating it can feel when it finally comes and how you can feel like a fraud at events designed for birth mothers. This group gave us and our children the space to be unapologetically ourselves and be supported by professionals who felt like friends. Thank you to all of you."

"We feel very strongly that everyone who adopts should be able to access this support."

"The team were extremely professional and expert – they gave very thoughtful advice in a gentle and empathetic way. They also helped us to learn from each other as parents - we felt particularly fortunate in this respect because our son was the youngest in the group."

"The environment was warm and welcoming. My daughter seemed to like the attention she received, and it allowed me to fully relax knowing that whatever the behaviour they were well equipped to handle it. Although issues raised within the group varied it was very helpful to hear that we were all experiencing challenges and the safe space made us all feel at ease to speak openly about them without judgement. The sessions were well run, and I know both of us looked forward to attending each week."

"Just a big thank you for creating such a fantastic group and space for supporting adopted families. I think the difference this will have made to all of us so early on in our journeys cannot be underestimated. I will be forever grateful for this experience."

Adopted adults' peer support

ALN is unique nationally in 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. Adoptees attending are different ages from mid-20's to 70's and have a wide range of experiences of adoption but all 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 meeting. When asked what they value about attending these groups, adoptees said:

"Being with other adoptees with the knowledge you won't be judged."

"It is interesting to tackle some of the thorny issues around the adoptees' experience and the common traits that have affected us. There is a power in a support group, and the facilitators do an excellent job in helping nurture discussions."

"The most helpful aspect of the Adopted Adults group is having a regular, confidential space where I can be with other adopted people who 'get it' without having to explain the basics of adoption over and over. I value the sense of belonging and recognition, and the opportunity to share experiences across different ages and backgrounds."

"Feeling acknowledged; the issues adoptees have to address & as a group [of] all adoptees, [it] helps with the isolation & loneliness felt that many do not understand."

"Shared experience, instant understanding."



One of the groups supported by Adopt London is run in partnership with the 'Transracial Adult Adoptee Network' (TAAN), and has continued to grow and strengthen, hearing from a range of interesting speakers and building relationships. This group 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. The opportunity to meet in person with other transracially adopted adults often has a profound, life-changing impact on adoptees who attend meetings.

Transracial Adult Adoptee Network

This year Adopt London hosted a special event at Hackney Picturehouse for adopted adults, screening a short film by adoptee and photographer Philip Sinden about his experiences of tracing his birth family, with a Q&A led by Lemn Sissay, poet and advocate for people who have experienced adoption and care. The event was attended by over 100 adopted people from across London and provided a safe and welcoming environment for adopted adults to network and experience peer connection and support.



Transitions to Adulthood group

Adopt London identified a significant gap in provision for those growing out of young people's support but feeling out of place in general adult groups. In adoption particularly, young adults can struggle with the transition to independence and may be facing additional challenges other young adults do not experience such as accessing their records and making decisions about relationships with their birth family. For these reasons, Adopt London established 'Transitions to Adulthood', a group for 18 – 24 year olds to access peer relationships and support, and have a safe space to talk about their adoption-specific experiences. Whilst still a new and developing space, in the six months the group have covered many topics including:



- Complex feelings about birth parents
- Sibling relationships
- Complicated relationships with adoptive parents
- The power of a name
- Expectations around reunions with birth family
- Impact of being adopted on other relationships.

As the group develops into 2026/27, the facilitators hope to support the young adults to consider how they want to shape the group and to think about ways to safely share their views and experiences in order to build understanding and influence change within Adopt London.

We Are Family peer support for parents

We Are Family (WAF) is an independent peer-to-peer support charity that was founded by adoptive parents for adoptive parents and has partnered with Adopt London since our formation in 2019. We support We Are Family through an annual grant to provide adopter peer support and a wide range of additional resources and events. Over 2000 adoptive parents are members of We Are Family through Adopt London (an increase from 1500 in the previous

year), with 430 specifically affiliated to the north London group (an increase from 390 in the previous year).

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 158 events for members, with 45 events exclusive to Adopt London members, with over 900 members taking part. In July 2025, 180 members met for an adoptive family day out at London Zoo, and 100 members enjoyed a panto trip together in January 2026. These events are a vital lifeline for many families, providing community, connection, and informal support.

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 125 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.

45%
of members confirm they have made a new peer connection within 6 months of joining We Are Family

ADOPTION SHARED

"Monthly adopter groups have been the best support to keep me sane, during and after the legal process of adopting. In the longer term, I think it is more beneficial than the ASF funded therapy."

"[Support groups] helped to normalise my experience in a gently empathic way, in a way that a therapist could not hope to."

2000
Adopt London WAF members

45
exclusive WAF Adopt London events

158
WAF events in 2025/26

Attended by **900**
Adopt London members

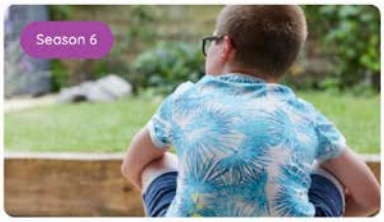
Sample of expert topics offered to adopters this year through WAF Talks

- "Finding out I was adopted at 26"
- Executive functions in neurodiverse children
- Adoption in the digital age
- Supporting transracial adoptees
- An adoptee perspective on learning
- Why bright children with SEN fall through the cracks
- Helping adopted boys feel seen
- Parenting an adopted neurodiverse teen
- How cultural narratives shape identity

"I have been a member of WAF for many years and the people have been a great support. I have made valuable friendships and had so much support through my adoption journey. I volunteer as well, which I find very rewarding."

"Our circle is almost entirely WAF members and fellow adopters, people who don't just 'get it', but live it alongside us. We never have to explain ourselves or brace for insensitive questions. We babysit each other's kids, laugh (and occasionally cry) over coffee, and genuinely show up when it matters. Recently, when I had to be rushed to A&E, it was a WAF friend who dropped everything and came to the rescue. That's family."

70%
of members report finding We Are Family's digital resources and content helpful



Understanding Birth Families and Identity

Listen on buzzsprout



Navigating school as both adoptee and adoptive parent

Listen on buzzsprout



Preparing for adopting a child with additional needs

Listen on buzzsprout

"The other volunteers and parents in our WAF group have been an immense support over the years. Sharing experiences and supporting each other has been so important for myself as an adoptive parent. A lot of us share the same struggles and heartache and to share them has been so helpful."



Adopt London choir

The Adopt London Choir is a community choir with around 30 members, established to provide an additional avenue of support to adoptive parents.

Unlike a traditional performance-focused choir, its primary purpose is wellbeing, peer support, social connection, and emotional resilience. The choir brings together approved adopters, adoptive parents, and some adopted children and young people from across Adopt London. Members rehearse together and learn popular songs, while building supportive relationships with others who share similar experiences.



"As adoptive parents… many of us live with experiences that can feel isolating and difficult for others to fully understand. Within this choir, we have found something precious: a space where we can be ourselves without explanation, where joy and sorrow can sit side by side and where we are met with understanding rather than judgement. Singing together is powerful in itself, but what makes this choir truly special is the community that has grown around it. We lift our voices together and, in many ways, we lift one another too. I can honestly say that it is one of the most meaningful groups I have ever belonged to. It reminds me that none of us has to carry our challenges alone. The support, compassion and understanding found here are invaluable and I am deeply grateful that Adopt London has made this possible."

"The impact on my mental health has been huge. It's made me appreciate how powerful singing and connecting with people who truly understand can be for our wellbeing. Choir is so much more than just singing songs. It's a place of support, understanding, and connection. It's a space where parents and children come together, not because life is easy, but because we're all doing our best to navigate the challenges life throws at us. [Some of the] songs resonate so deeply. They connect with our experiences as parents and with the emotions our children carry too. Singing them together creates a release that is difficult to put into words. There have been times when I've arrived feeling overwhelmed, exhausted, or emotionally drained, and left feeling lighter, stronger, and more hopeful… Choir has become more than an activity – it's a lifeline, a source of comfort, and a reminder that none of us have to face life's struggles alone."

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 16 years. The group meets on a Saturday and focuses on the impact of parenting adolescents who have experienced 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. We have an ambition to replicate this group so that a greater number of parents can benefit in future and we're working with an independent therapist in 2026/27 to undertake a detailed review to support this aim.

The group provides a chance for parents to reflect and gain support from other parents who are having similar experiences. The group is facilitated with a therapeutic lens by ALN social workers and an independent therapist, and is co-produced and guided equally by the members and facilitators.

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

- Recognising when we are triggered or activated as parents and how we settle ourselves
- The Drama Triangle
- Boundaries and self-care
- Navigating masking in your child as adoptive parents
- Violence and living in high conflict homes
- Self-compassion in parenting
- Parenting in the context of complexity and diagnoses: including neurodivergence, executive functioning difficulties, and Foetal Alcohol Spectrum Disorder (FASD)
- Navigating independence and parenting in young 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.

"You don't always get the answer from the group, but what you do get is an understanding that there is no one answer, and as you listen to the other parents and think about the topics, you can get perspective. Listening to other parents you learn other ways of managing things, and you can measure how you are getting along alongside them in a warm friendly supportive way."

"Our monthly meeting is a concentrated positive experience that you look forward to the month before. I bring ideas to the group, and different things come into your mind the weeks before, because the group is there. You always get something new and different from the meeting. I always go away inspired and refreshed, more confident and more capable and happier."

"The support of a group means that you have the emotional space to think and focus on really difficult issues. In that space, solutions often bubble up, or you find actually you are not doing as bad as you thought. The group is like a breath of fresh air, or a pause in busy, difficult and challenging times that we often have with our children. It gives you perspective and space to think. This means that you go back for the next month feeling much more comfortable and confident about the challenges."



Adopted children and young people's social groups

In January 2025 ALN launched our own 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. This work is part of our efforts to build a **new adoption support model** which promotes regular peer social and support opportunities for adoptees of all ages. 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. We aim to create:

- An adoption-only social space for young people
- A space where adopted young people can develop friendships with each other
- An inclusive space regardless of need, where many young people have experienced repeated exclusions from other spaces
- A space that is safe to share views and experiences of adoption – positive & negative
- A space where young people are set up to succeed and are celebrated
- Impact that continues at home by encouraging 'adoption openness' in families
- A break for parents with an opportunity to connect with peers.

Over 40 young people from all partner boroughs are now signed up as group members and come along to access lots of different activities including games, crafts, challenges, snacks, sports, and campfire activities in the adventure playground. In the future we hope to involve the young people in a more structured way in sharing their views on a range of topics and influencing service development.

This year we were able to hire a second room at the venue and opened this as a parent space. This has been popular with parents who have utilised this to support each other informally whilst their children are happily taking part in the sessions.

In March 2026 we completed a piece of work collecting detailed feedback from parents and young people to support the future development of the group. Their feedback highlights the significance of this space and the need for us to develop these areas of work further.

"I like the playground, the campfires, the hunts, and activities inside. It's really fun playing and hanging out with kids who are adopted."

9-year-old boy

"The session was great! My daughter felt welcomed straight away… It's fantastic to have a space where the staff are so knowledgeable and experienced with our children and you don't need to explain yourself or your child, they just understand. The nextdoor room for parents means that parents can chat and support one another while children know their parent is nearby (and if your child is fine to be left, you are free to go and have a walk or a coffee too and come back later!). My child loves speaking with other adopted children and even in the past day since the session has sparked more conversations about adoption."

Parent of 8-year-old





"This is the second time we've been able to attend and my teenage daughter really, really enjoys these sessions. The graffiti session was brilliant. She adored that – thank you so much. And the opportunity for parents to have a space to sit and just talk and exchange is truly wonderful. I cannot tell you how valuable these sessions are for the children and the parents. We are both very grateful."

Parent of 16-year-old

"Our daughter started to attend the group at age 8 when it first started and at the time was the youngest in the group. I didn't think she would want to go as she has always found adoption meet-ups difficult, but she really wanted to give it a go. It coincided with therapy she was receiving where she started to gently explore her identity as an adopted child. She loved the fact that all the children were also adopted. It was like a special place for her where she had a sense of belonging. She loves coming and looks forward to it. She enjoys exploring new activities with the support of the lovely staff who are always so attentive and supportive to her needs. The activities are always so engaging. She has really grown alongside the group. It is really important to her - she loves how birthdays are celebrated and other special touches. I also find it to be a great support, especially as there is now a parents' room which is really popular and allows parents to connect and is a good source of local support."

Parent of 9-year-old



















Specialist counselling support

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 six 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 extend this. 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 longer-term form of support for individuals.

"PAC-UK helped me with therapy and are supporting me through court also. I'm really grateful for this service."

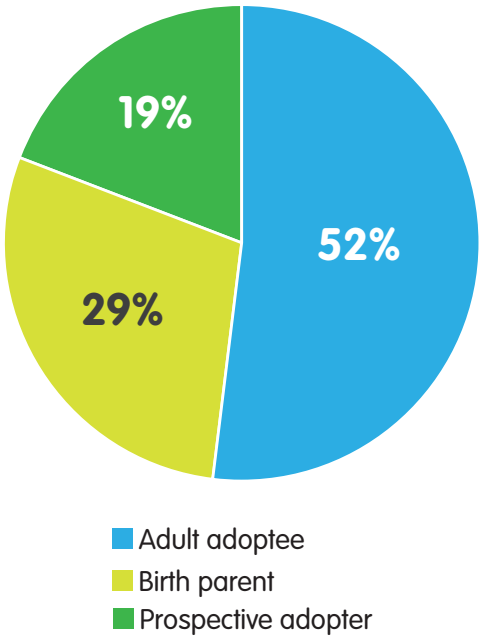
"PAC-UK have been most helpful, caring and professional. I cannot think of any aspect of my interaction that could have been any better."

"I gained knowledge about my past and was able to know something of my birth parents which has helped me to resolve concerns I previously had."

"I'd like to thank [my PAC-UK therapist] for her understanding and trying to help me navigate my loss, grief, and profound sadness and still try to move forward in some way. She's amazing and I'd highly recommend her."



Clients accessing PAC-UK counselling contract



Recommendations

Review of 2025/26 recommendations

Adopter recruitment

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.**

The work of the Black Adoption Project has grown significantly this year, becoming more established within Adopt London practice and creating new opportunities for Black families to consider adoption and access bespoke support throughout their assessment process.

2 **Maintain higher proportion of in-house adopters able to consider an early permanence placement.**

The high proportion of in-house adopters able to support an early permanence placement has been maintained this year.

3 **Develop recruitment-focused communications plans with partner boroughs to increase adoption awareness in local areas.**

Unfortunately, this is an area that has not been significantly progressed this year due to limited staff capacity. This remains a **goal for future work**.

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

A higher **number of approvals** has been maintained this year, however more work is needed to extend this number further. A high **standard of assessment** and preparation has been maintained.

Family finding for children

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

Specific work with boroughs has been maintained this year and is now part of ongoing processes. **Early permanence** placements have been strong, despite a national adopter sufficiency crisis.

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

We have achieved our highest proportion yet of children placed with **in-house** adoptive families, and maintained a high proportion of all children placed within **London and the South-East**.

Adoption support

7 **In partnership with Adopt London, test out models for developing adoption support provision which respond to identified needs of families.**

We have made substantial progress this year in mapping out and starting to develop a new **Adopt London model of adoption support**, with a clear plan in place for this work to advance over the next few years.

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.**

The **ALN groups** have expanded and become embedded this year, however we have not yet been able to develop firm opportunities for young people to contribute their views and experiences, and this remains a target.

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.**

Despite ongoing discussion, this work has not significantly progressed and is unlikely to do so. There are considerations of alternative ways to protect and support Adopt London on a long-term basis and to enable shared commissioning.

Recommendations for 2026/27

Adopter recruitment

1. Further website development to ensure the pathway for those considering adoption is clear and coherent, and to improve the experience of those using it to access support.
2. Develop recruitment-focused communications plans with partner boroughs to increase adoption awareness in local areas. Explore small-scale in-person events as part of this work to test impact.
3. Achieve a further increase in the number of adopter approvals whilst maintaining high standard of assessments.
4. Through the Black Adoption Project, embed practices and processes to support the increased recruitment of Black prospective adopters.
5. Expand co-delivery of training alongside people who have lived experience of adoption across all key training programmes.

Family finding

6. Continue to focus on increasing the number of children who move to in-house and local adoptive families.
7. Work with boroughs to embed the 'Telling Children About Adoption' guidance and support practice in preparing children for adoption.

Adoption support

8. In partnership with Adopt London; continue to pilot and develop new models of adoption support, including introduction of the GBB and the BUSS models to our support offer.
9. With the Quality Assurance group, complete the audit of adoptive families with children on the edge of care and develop responses to the findings across the ALN partnership.
10. Embed the new Chorus parent-toddler group offer following successful role out of the first cohort in 2026.
11. Further development of the ALN Kids & Teens groups, including opportunities for young people to share their views and experiences to influence service planning.
12. Complete the planned independent review of the Parents of Adopted Teenagers Group and consider recommendations regarding expansion of this offer.

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Report for: CPAC 17 November 2026

Item number: 10

Title: Children in Service Health Service annual report 2025-26

Report authorised by : Dr Paul Sender, Designated Doctor

Lead Officer:

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 2025 to March 2026.

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 Care Health Service annual 2025-26

11. Background papers

N/A

Whittington Health NHS Trust

HARINGEY

Children and Young People's Service

Annual Report

Children in Care Service

April 2025 - March 2026

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

Contributions from: Dr Kirstie Kinross, Medical Advisor for Adoption; Dr Francesca Silman, Adult Health Assessment Advisor; Martina Weilandt, Specialist Clinical Service Manager– First Step Plus; Lucas Shemely, Clinical Lead of CLA Emotional Health Team

Date 04/11/2026

Whittington Health NHS Trust

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Whittington Health NHS Trust

Haringey Children in Care Service

Annual Report

2025-2026

Executive summary

Key metrics 2025/2026

1. 75% of Haringey Children in Care seen within 20 working days for Initial Health Assessment – which is unchanged as compared to 2024/2025.
2. 78% of Haringey Children in Care for 12 months or more seen for their Review Health Assessment – which is unchanged as compared to 2024/2025
3. 89% of Haringey Children in Care have seen a dentist during the preceding 12 months – which is a 2% increase as compared to 2024/2025
4. 88% Haringey Children in Care have had a Strength and Difficulty Questionnaire (SDQ) completed – as compared to 86% in 2024/2025.
5. 69% of Children in Care when excluding influenza vaccination (as compared to 65% in 2024/2025); 46% of Haringey Children in Care fully immunized in line with UK vaccination schedule (as compared to 43% in 2024/2025);

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 each and 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 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 care[1]. 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 a child/young person 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 of 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 2025/2026

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 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 CLA 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 fell vacant, the post would be split into a

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

[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.

Designated Nurse role (which would be recruited by the NCL ICB) and a Named Nurse role (recruited by Whittington Health).

The new postholder for the Named Nurse role joined the team in March 2025. Unfortunately the Designated Nurse role remained vacant throughout the entirety of this reporting period[3].

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 has been both unfilled as well as not open to recruitment.

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 the children, carers and the wider professional network.

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 roles[4].

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 also 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

[3] The Designated Nurse post was vacant for the period December 2024 through until August 2026. In August 2026, an interim postholder (one day per week, remote working) was appointed by the now West and Central London ICB with the ICB's intention being to appointment a permanent postholder in 2027.

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

Paediatricians who undertake initial and review assessments, providing medical advice, support and advice for the Children in Care nurses.

Claudia Gbadeno who was appointed in April 2025 leads the team of Specialized CIC nurses.

The analysing 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 serves 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 4 panel meetings. Teaching has also been provided teaching on the health and developmental needs of children with fetal alcohol spectrum disorder (FASD) to adoption panel members.

The team are 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 placed 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 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 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 a proportion 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 of these live within relative proximity – some in neighboring boroughs in north central London but many others beyond.

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 (Named Doctor for Children Looked After). Those well-known to another Consultant Paediatrician within the Haringey Community Paediatric

team may be seen by that Paediatrician.

Children placed at a geographical distance from Haringey or who have mobility difficulties are in some cases referred to other CIC Teams.

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 worker for support around experience, including referral to third sector organisations, 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 a Paediatrician (most children under the age of 5 years) and otherwise a Specialist Nurse working within the CIC team (children over the age of 5 years). 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 reached 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 persons 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) has changed.

Whilst the CIC team are receive notification, 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 remanded into or by the nurse working with the youth offending team.

Updates/Progress 2025/2026

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 during and in the aftermath of the pandemic. These increased risks have persisted.

Post-pandemic impacts continue to be seen amongst the wider population and continue to impact children in care. As a consequence 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.

Beyond the impact upon individual children's lives and the impact upon their lifelong outcomes, there is a continuing demand being placed upon the Children in Care team to help deal especially with the impact on children's mental health and the rise in contextual safeguarding risks.

Whilst the total number of child in care continues to decline year by year, the number of strategy and professionals meetings attended by the team continues to increase. The data presented here is a proxy measure for the wider demands on the service. It is important to note that this is placing a significant demand upon the service as it is not factored into any commissioning agreement for the service

2025/2026	Number of strategy/professionals meetings attended by CIC Specialist Nursing Team
Q1	Data not recorded

Q2	18 (data only captured for month of September)
Q3	48
Q4	33

1. Effective working with partner agencies

In 2025/2026, the strengthened leadership team consisted of a Named Nurse[5], Named Doctor and Designated Doctor[6], alongside now 4 Specialist CIC Nurses possessed additional capacity to more effectively engage with partner agencies.

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

The re-institution of 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 better resourced CIC Health Team is able to more effectively advocate for the particular needs of Children in Care, especially when seen against a background of a specific set of vulnerabilities.

Over time, and as a team, we continue to develop closer working relationships with counterpart CLA 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 remained at 75% now for the last two years. The number of children in care for 12 months or more and who received a review health assessment is now at 78% and this level has been maintained since 2024/2025.

A significant bottleneck remains the notification & 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

[5] The Designated Nurse role is vacant
[6] The Designated and Named Doctor are commissioned to work one day per week in their roles

assessments. However more works 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 into 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 re-design 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
- Individualised recommendations which highlight a prioritisation of actions to be undertaken by health, social care and other agencies, alongside a set of more standardized, generic recommendation
- 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. These forms were finalised in late 2025.

Whilst use of these forms is not a statutory requirement, it was felt that alignment with CORAM BAAF forms would represent a relevant harmonisation 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 assess feasibility of incorporating these forms into everyday practice[7].

3. Improving access to health services

Immunisation targets, achievements and coverage

Immunisations: targets have not been met for immunisations coverage. Whilst vaccination coverage is at 69% (excluding influenza), there is clearly a significant challenge in terms of uptake of influenza vaccination. Full coverage, including influenza, is only 46%. These figures are only a modest improvement upon 2024/2025 figures.

Ongoing work to improve coverage

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 relate to coverage attainment for children living outside of Haringey. This is on a

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

background of historically low immunization coverage across large parts of London due to “vaccination hesitancy”.

During 2025/2026, joint work was undertaken in partnership with Haringey Local Authority and Haringey Public Health in order to address low immunization rates and this will continue through 2026/2027.

This work in 2025/2026 builds upon a data audit led by Haringey Public Health and undertaken in 2024 which provided further detail around the relative contribution of data quality issues, consent issues, gaps in coverage which together account for under-attainment of targets.

A wider review was initiated in 2025 with summary conclusions:

- **Audit:** 20% decline in CLA vaccination rates over 5 years. Only 65% fully vaccinated in 2023. Lower uptake among Black/mixed ethnicity children, teenagers, those 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 Immunisations & Screening Group, with quarterly reviews. Action plan to be shared with Start Well Board chair.

Public engagement exercise undertaken in 2026 with Haringey Foster Carers

In 2026, to further this work, a set of foster carer engagement sessions and a survey was undertaken by Haringey Public Health. Survey respondents were highly supportive of vaccinations.

Key challenges identified:

- Information sharing is inconsistent when children move placements or areas
- Vaccination records can be missing, inaccurate or conflict between services
- Children may miss routine and school-age vaccinations, with unclear catch-up pathways
- Uncertainty around vaccination status for asylum-seeking children and those arriving from abroad
- Cultural beliefs and previous family experiences can affect vaccine uptake

System and consent issues:

- Consent processes frequently delay vaccinations

- Roles of social workers, carers, parents and delegated authority are not always clear
- Carers want clearer guidance on school vaccination programmes and missed appointments
- Better coordination needed between schools, providers, health services and social care
- Need education on vaccines, side effects, risks and benefits

What carers said would help:

- Clear guidance on consent, delegated authority and decision-making
- Better access to accurate vaccination records and clear catch-up pathways
- Consistent communication across health, education and social care
- Training, webinars and practical resources for carers
- Named contacts for vaccination queries and support
- Interest in future sessions on mental health, smartphones and social media

Positive findings:

- Survey respondents reported high confidence in supporting childhood vaccinations and strongly agreed that vaccinations are important for protecting children's health
- Most felt they had access to information and where to access vaccination services
- The main challenges related to system processes, record sharing and consent, rather than concerns about vaccinations themselves.

Future plans:

During 2025/2026, further work has been undertaken by Haringey Children's Services, Haringey Public Health and the Health CLA team also including the ICB. This led to a set of prioritized actions targeting key barriers and as agreed in July 2025:

Area 1: Education & Awareness:
- Train social workers and carers
- Raise awareness of disparities

Area 2: Consent & Legal:
- Clarify delegated authority and escalation
- Streamline consent processes

Area 3: Service Delivery, Equity & Access:
- Prioritise catch-up for teens and new entrants
- Audit 14+ cohort
- Investigate barriers for ethnic minorities and out-of-borough CLA

Area 4: Data & Intelligence:
- Improve Social Care data frequency and detail
- Review SNOMED coding with GPs

A detailed timebound action plan is included in this report as Annex 1.:

Dental services

Dentistry: coverage is currently 89%. Target attainment is static as compared to 2024/2025 achievements. Previous government initiatives including the Pan-London Healthy Smiles Pilot to address inequalities in oral health amongst CLA have now been concluded. This means that CLA are reliant on their carer or Social Worker to schedule an appointment for them with an NHS dentist for any routine appointment[8].

4. Early interventions through to crisis mental health services

There has been 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 in order 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 in order to better specify and better deliver services for CLA.

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

We are extremely glad that 2025/2026 saw the launch of a new service which is based out of Haringey Children's Services and which will undoubtably make a major contribution alongside the existing specialists service – First Step Plus – to address the emotional well-being and mental health needs of Children in Care. The services are described below:

[8] 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.

CLA (Children Looked After) Emotional Health Team[9]

The CLA Emotional Health Team is a newly commissioned specialist NHS CAMHS service providing mental health assessment, formulation, consultation and therapeutic intervention for children and young people who are looked after by Haringey Local Authority. The service has been commissioned by Haringey Local Authority and is modelled on already established services being able therefore to draw upon lessons learnt and best practice.

The service works closely with social care, carers, residential settings, education, health colleagues and the wider professional network to support the emotional wellbeing and mental health needs of children in care.

The team are primarily based at the Local Authority at 48 Station Road, Wood Green and are embedded within Children in Care social care teams. They are also based and linked to the local Haringey Community CAMHS service. A primary focus of the work is on providing accessible consultation to professionals, carers and others within the system around a young person. The service is trauma-informed and attachment-focused, recognising the impact of early adversity, abuse, neglect, loss and placement instability on emotional development. Interventions are tailored to the needs of the child or young person and may include specialist mental health assessments, direct therapeutic work, consultation to carers and professionals, systemic interventions, risk assessment and care planning.

Alongside direct clinical work, the team provides consultation, training and reflective practice to foster carers, residential care staff, social workers and partner agencies, helping to increase understanding of trauma, attachment and emotional wellbeing across the wider looked after children's system.

Staff were recruited by April 2026 with the service formally being launched in July 2026. The intention is to expand the workforce in the next year. The intention of the service is that the team will have capacity to provide direct interventions for 25-30 children or young persons, with the majority of the rest of the work being consultation and care coordination. At the present time[10], the team have 9 young people currently on their caseload (direct therapeutic intervention/assessment or intensive system support) and have provided consultation/advice to professionals regarding 47 young people. Their remit currently is up until 18 years old, but with future expansion they hope to offer support for care leavers up to the age of 21 (and potentially 25). There is the hope to be able to extend the offer for up to 21-year olds and this will increase the direct clinical work.

First Step Plus Service: April 2025 – 2026

[9] As at October 2026
[10] October 2026

Summary:

2025/26 was the year the First Step Plus service became a stand-alone service. The fully established multidisciplinary team (April 2026) now includes representation from Psychiatry, Psychology, Psychotherapy and Clinical Social Work, widening the clinical offer for Haringey's children looked after. At the time of reporting[11], the service's caseload stands at 33 children and young people. Continuingly operating without a waiting list, First Step Plus is a reliable and timely source of support for Haringey's children looked who experience placement instability, whom traditional services often miss.

Examples of clinical work in 2025 / 2026:

- Successfully supported at-risk placements where breakdown was likely or imminent, and through transitions to new placements, providing trauma-informed guidance and intervention to foster carers, prospective adopters, residential staff, and wider professional networks.
- Engaged with so-called hard-to-engage young people, providing assessment and treatment for several children who did not meet traditional CAMHS thresholds, who would not engage with local service, or experienced significant waiting times, but required stabilisation and mental health support.
- Assessed, diagnosed, and successfully treated children for ADHD who had no access to local services because of exceptionally long waiting times.
- Offering support to young people at the edge of adulthood (aged 17+ years), leading to a smoother transition into adult services.
- Facilitated multi-agency network support, working with social workers, schools, and carers to develop a shared trauma-informed plan for the child.

Service Outline:

First Step Plus is a multidisciplinary specialist mental health service for children and young people looked after in Haringey aged 0–18 who are experiencing, or at risk of, placement instability and cannot access local Child and Adolescent Mental Health Services (CAMHS). Since decommissioning of the previous First Step Service in April 2025, the service has undergone complete remodeling. The service now operates as a stand-alone, trauma-informed, attachment-focused referral service, aligned with NICE guidance.

Appointments are offered face to face and online, and wherever helpful and possible clinicians take an outreach approach and visit schools and placements. Since January

[11] October 2026

2026, the service is based at the Tavistock Centre, 120 Belsize Lane, London NW3 5BA with additional clinical rooms now being bookable for clinicians at St Ann's hospital in Tottenham.

Activity: In 2025/26, First Step Plus received 38 referrals, had no waiting list, offered first appointments consistently within one week and kept its DNA rate below 7.5%. Quarterly referral acceptance ranged from 81% to 100%.

The need:

Most children enter care have experienced neglect, abuse and loss. Whilst many go on to have stable placements and positive outcomes, for a large group of children looked after (CLA) life remains very difficult. Without appropriate support, they face mental health crisis, school exclusion, criminalisation and inter-generational trauma. Placement instability drives this cycle. Foster carers need ongoing support to understand and respond to children's psychological needs. Without it, placements come under strain and break down. Each move brings further loss in key relationships, breaks access to local services, can cost a place on CAMHS waiting lists and can end existing therapeutic relationships. Traditional pathways often miss these children. High demand means CAMHS thresholds can exclude those without acute presentations. When a placement ends, the professional network fragments, often leaving the social worker, new carer and child to cope alone.

Service offer:

First Step Plus takes an inclusive view regarding referral acceptance - a school transition, a change in foster placement, or other significant life events leading to instability. Its response is a wraparound care approach, strengthening the key adults and network as the child's main source of support.

The service provides:

- Systemic network support by bringing professionals and carers together to build a shared understanding of the child.
- Tailored therapeutic packages: developed with children, young people and their key adults, around their own goals.
- Carer support: helping foster carers understand and respond to psychological needs.

The delivery follows the child. Within 20 miles of Haringey, direct clinical work is offered where it is clinically safe and beneficial; and supported by a key adult. Beyond 20 miles, the service provides consultation, carer support and network support.

Impact is measured using Goal-Based Measures (GBM), the Children's Global Assessment Scale (CGAS) and the Experience of Service Questionnaire (ESQ).

Partnership Work: The First Step Plus service works closely with their main stakeholder Haringey Children's Service, Education and the Children looked after Health Team. Monthly meetings are held with team managers from CLA and YAS service managers to early identify CLA who face placement instability and who have high emotional needs. Weekly meetings are held with Children Looked After (CLA) Management, and the Local Authority's Stability Panel is attended fortnightly to early identify potential referrals for the service. Teams wishing to invite the service to their meetings, or to connect more regularly, are welcome to get in touch.

Key 2026/2027 Strategic and operational priorities

1. Mental health and emotional well-being - ensuring that Children Looked After are able to 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 CLA 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 CLA to CAMHS crisis interventions when they need them

During 2026/2027, we expect that further work will be undertaken in partnership with the CLA Emotional Health Team and First Step Plus to ensure that services meet needs and to better capture through improved data the extent of needs of the cohort and the impact

of services.

2. Improving immunization coverage

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

Ongoing work to strengthen systems/processes in order 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 2025/2026 will be actioned during 2026/2027:

Routinely collected data – we intend to improve our use of routinely collected data through sub-analysis of inequalities in order 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 in order to define a core set of indicators and to develop the systems required for data collection/analysis.

4. Initial/Review Health Assessments

2026/2027 will see ongoing efforts around:

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 standardisation, 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.

ii. 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 2026, 297 Children were placed into Care whilst 117 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) which is 62 per 10,000.
- Within the last 12 months, 149 children ceased to be looked after, out of which 54 who ceased to be looked after returned home to live with their parents or relatives.
- 75% of Haringey Children in Care seen with 20 working days for Initial Health Assessment which is performance maintained at the 2024/2025 level
- 78%% of Haringey Children in Care for 12 months or more 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) which is performance maintained at the 2024/2025 level
- 89% of Haringey Children in Care have seen a dentist during the preceding 12 months which is a 2% improvement above the 2024/2025 acheivement
- 46% of Haringey Children in Care fully immunized in line with UK vaccination schedule which is an improvement upon the 2024/2025 result of 43%
- 69% of Haringey Children in Care fully immunized when excluding influenza vaccination (as compared to 65% in 2024/2025)
- 88 % Haringey Children in Care have had a Strength and Difficulty Questionnaire (SDQ) completed.

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

All children or young people entering into care receive a face-to-face IHA or a review of all available information if they are not willing to attend for an appointment. 97% of all CLA in Haringey receive an RHA.

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 Doctor	Quarterly
Whittington Health Haringey Quality and Performance meeting	Named Nurse	Monthly
Haringey Safeguarding Assurance Group meetings	Designated Doctor	Quarterly
Haringey health safeguarding children learning and quality group	Designated Doctor	Quarterly
Haringey Complex care Panel	Designated Doctor	Monthly
Haringey Fostering Panel	No current representation	Monthly
Virtual School Management Committee	Named Nurse	Quarterly
Haringey Exploitation Panel	No current representation	Monthly
Haringey Pre-MACE	Named Nurse	Monthly
Corporate Parenting Committee Meetings	Designated Doctor/ Named Doctor	Quarterly
Meeting with Aspire (Children in Care council)	Designated Doctor/ Named Doctor	Quarterly
London Designate Nurse Meetings	No current representation	Quarterly
Designated Meetings across the sector	Designated Doctor	Quarterly
HSPC Quality performance and outcome meetings	Designated Doctor	Quarterly
HSPC Practice, Learning & Workforce, Development Group	Designated Doctor	Quarterly
NCL Safeguarding System Learning Conversation	Designated Doctor	Quarterly

NCL ICS CLA working group	Designated Doctor	Quarterly

Training and Seminars

The nurses provide training to foster carers and social workers on the Children in Care service, including its functionality and processes, the health needs of children in care, and the requirements and responsibilities of professionals and foster carers. The training also promotes effective partnership working.

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

The Paediatric registrars 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

There have been incidents where there have been delays in health reports being shared. To address delays in the distribution of health reports, IHA and RHA report trackers have been introduced. These provide oversight from completion of the health assessments through to distribution of the final report, enabling timescales to be monitored and delays identified promptly. The trackers strengthen accountability, risk management and governance by providing a clear audit trail, supporting early identification of delays and enabling timely action to reduce the risk of incidents arising from information not being shared within expected timescales. The data will also support ongoing monitoring, incident reduction and continuous service improvement.

Bi-monthly CLA health team meeting takes place which is chaired by the Named Doctor/Named 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; a system of uploading recommendations to Liquid Logic takes place if there is a delay of reports being completed.

Supervision

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

Any safeguarding concerns are discussed with the Designated or Named Doctor for CLA 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 CLA Team and the team is routinely involved and included in any strategy meeting convened, for any Haringey CLA 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 Officers.

Whittington Health NHS Trust

Annex 1: Update Vaccination Coverage Action

Updated action plan as of 27/08/2026

Short Action Title	Action Description	Rationale	Timeframe	Success Measure / Deliverable	Progress
Refine Local Authority Data Capture	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	In order to establish uptake of the routine vaccination schedule vs seasonal vaccinations (which are likely to have lower uptake due to regularity, although still important to ensure vaccinations).	Q1 2027	Access to the metric "all vaccinations up to date by child's age" and "seasonal flu vaccination given by year"	
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)	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) & provide batch consent for all children	To ensure that Vaccination UK have the details of children and social care workers who attend schools in North London to support school-aged vaccination.	Ongoing (September & Feb each year)	Data is sent on a bi-annual basis.	
Vaccination UK to ensure that other North London teams receive the consent provided by our social care team	Vaccination UK to ensure that other North London teams receive the consent provided by our social care team and specific social care worker	To ensure that Haringey CLA that attend school outside of Haringey receive the vaccination offer.	Ongoing (September & Feb each year)	Consent for children & data is shared with relevant teams	
Out-of-Borough SAIS Directory	Develop and maintain a directory of School-Aged Immunisation Service providers across England, including coverage areas, referral routes, contact details and catch-up arrangements for children placed outside Haringey (where possible). Ideally this action should be managed/handed over to National.	Difficulty identifying the correct provider for children placed outside Haringey.	Q1 2027	Directory completed, circulated to relevant partners and reviewed annually and following new commissioning cycles.	

Vaccination Advice & Navigation Contact	Establish a named contact or mailbox to provide advice on providers, catch-up pathways, consent queries and out-of-borough placements.	Foster carers requested a named point of contact and navigation support.	Q1 2027	Named contact established and promoted in guidance and newsletters.	
Vaccine Hesitancy & Vaccination Conversations Training	Deliver training for social workers and other relevant CLA and CIC staff on vaccine hesitancy, misinformation, trauma-informed conversations and supporting informed decision-making.	Staff need greater confidence discussing vaccination with hesitant young people.	Q2 2027	Training delivered and staff confidence improved through feedback.	
Update Vaccination Schedule in LiquidLogic	Review and update vaccination schedules, prompts and monitoring fields within LiquidLogic to align with the current immunisation schedule.	Current system content requires updating to reflect schedule changes.	Q1 2027	System updated, guidance issued and annual review process established.	
Strengthen Vaccination Information in Health Assessments and Annual Reviews	Review IHA and RHA templates to clearly document vaccination status, overdue vaccines, vaccines due before next review, actions, responsible staff and timescales. Consider adding KPI to review whether imms in care plan have been actioned.	Social workers and IROs need clearer information on vaccination requirements and follow-up actions.	Q2 2027	Revised templates implemented and audit shows consistent recording.	
Vaccination Quick Reference Guide	Develop a 2-page practical guide for social workers and foster carers covering who is responsible for what, delegated authority and consent, how to check vaccinations status (data sources available), vaccination schedules, consent, pathways, provider roles and key contacts. Flow diagram might also be helpful.	Confusion regarding responsibilities, consent and service pathways.	Q1 2027	Guide produced, distributed and included in induction materials.	
Vaccination Status Included in Placement Transfer Process	Review placement transfer processes to ensure vaccination status, outstanding vaccinations and relevant health contacts are recorded and transferred when children move placements.	Information sharing issues were identified when children move placements or authorities.	Q2 2027	Placement transfer documentation updated and compliance audited.	

Social Worker, Foster Carer & Teen-Friendly Vaccination Resources	Identify/Develop and promote age-appropriate vaccination resources for looked after young people, including HPV, MenACWY and catch-up vaccination information. Can include short videos, NHS information, vaccine or disease specific information etc.	Older young people were identified as a group with lower uptake and additional information needs, especially as can consent for themselves as Gillick competent.	Q2 2027	Resource pack developed and promoted through social workers and YAS.	In progress.
Vaccination information to be included in Foster Carer induction (& accompanying summary sheet)	Incorporate a short vaccination video or module into foster carer induction (and consider potential refresher opportunities other than newsletters), including information on what they want to know from engagement i.e., childhood routine vaccination schedule and providers, how to check vaccinations status and records, accessing routine and catch-up vaccinations, roles and responsibilities, consent and delegated authority. Further sources of trusted information that link to more information on how vaccines work, benefits of vaccination, common side effects, addressing common misconceptions. For foster carers caring for children 13 years of age and above, we might also need to think how we support them to engage in supportive conversations about vaccinations with their foster child (i.e. common reasons they decline, addressing fears such as needle anxiety).	Awareness and understanding varied considerably. Embedding information into routine processes is likely to have greater sustainability than standalone training.	Q2 2027	Vaccination content included in induction materials	
Introduce Vaccination Discussion prompts at Statutory reviews, Foster carer reviews and PEP	Add a standard question to statutory review meeting paperwork, in foster carer supervision (including independent foster carer agencies), and in PEP paperwork. Is vaccination status known? are they up to date? any vaccinations outstanding? if oustanding, who is responsible for follow up and with who?	Vaccinations can easily be overlooked amongst competing priorities. A prompt can improve follow-up without creating significant additional workload	Q12027	Prompt incorporate into review templates and evidence of use	

Include Vaccination reminder in foster carer newsletter twice per year (September/October and February/March)	Include routine vaccination schedule, where to get children vaccinated, seasonal vaccination reminders i.e. flu, school-based vaccinations. Include links to helpful resources.		Ongoing	Two communications per year minimum	
Community Paediatrics to regularly review children who are not vaccinated and follow-up with IRO/Social Worker, and cross-check other data-bases	Quarterly list of CLA with unknown vaccination status, CLA due/missing vaccinations, children awaiting consent resolution and shared with relevant teams for action. Acknowledge difficulty in checking data. To confirm time period.	Current monitoring focuses largely on overall uptake. A practical improvement would be identifying specific children who need action.	Ongoing	Quarterly? reports produced	
Provide access to community paediatrics team to One London Data Service (OLIDS)	Provide access to community paediatrics team to One London Data Service (OLIDS)	OLIDS contains a CLA code showing how many children are registered and resident in Haringey and other NCL boroughs. Can be used to cross check recorcs	Q1 2027	Access confirmed	
Regularly review uptake & Progress	Review uptake annually to identify improvements and assess whether appropriate to repeat audit in next 3 years (or another time period). Regular review meetings scheduled to assess progress against action plan.	To assess whether our partnership working and actions have had a positive impact on vaccination uptake in this cohort	Ongoing/TBC		
Closed Actions					
Explore data sharing/matching feasibility between teams	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.	Audit showed differences in uptake across differing data sources.	Oct-25	Access and audit performed	Closed- not determined feasible. However, there has been a CLA code added to Healtheintent so could be an additional help from a monitoring

					perspective. New action added.
Review feasibility of centralised database (regional vs national) to record vaccination uptake of Looked After Children	Review feasibility of centralised database (regional vs national) to record vaccination uptake of Looked After Children		Ongoing		Closed- this has been raised as a need and will continue to be raised at suitable forums/platforms
Deliver training for CLA Social Work Teams and Foster Carer teams on Childhood Vaccinations, Consent Process, and Gillick Competence	Deliver training for CLA Social Work Teams and Foster Carer teams on Childhood Vaccinations, Consent Process, and Gillick Competence		26-Jan		Closed- some training has been given through the conversations with all of the teams as part of the qualitative engagement action. Work still to be done that meets this actions aims (education) as part of the reference guide.
Encourage practices/ICB to utilise/monitor uptake CLA vaccinations via HealtheIntent dashboard and to use the SNOMED code for CLA correctly (policy &	Encourage practices/ICB to utilise/monitor uptake CLA vaccinations via HealtheIntent dashboard and to use the SNOMED code for CLA correctly (policy & guidance to be developed about when this should be added/removed). Share information with GP practices on consent processes for vaccination of CLA and how to escalate concerns.		26-Oct		Closed- completed and moved over to the OLIDS data for ongoing tracking

guidance to be developed about when this should be added/removed). Share information with GP practices on consent processes for vaccination of CLA and how to escalate concerns.					
Use PEP meetings to raise awareness of immunisations, and raise awareness amongst school nurses, social workers and designated teachers	Use PEP meetings to raise awareness of immunisations, and raise awareness amongst school nurses, social workers and designated teachers				Closed- amalgamated into new action
Agree a process for regular auditing/monitoring, escalating and vaccinating of CLA children at various stages between key partners i.e., Healthcare assessment delivery (designated CLA Doctor & Nurse), Vaccination UK, CLA Service Manager, Head of Virtual School and Health Visitors.	Agree a process for regular auditing/monitoring, escalating and vaccinating of CLA children at various stages between key partners i.e., Healthcare assessment delivery (designated CLA Doctor & Nurse), Vaccination UK, CLA Service Manager, Head of Virtual School and Health Visitors.				Closed- amlagamated into new separate actions following in depth discussions with teams
Investigate if immunisations are prompted/reviewed at assessments and	Investigate if immunisations are prompted/reviewed at assessments and identify mechanism/s to review, audit and escalate via IRO				Closed- as above

identify mechanism/s to review, audit and escalate via IRO					
Conduct qualitative deep dive. speaking with, CLA (YAS), foster carers, foster carer supervisors/service managers and Social workers (CLA/YAS teams) to understand awareness, barriers/hesitancies to immunisations in this cohort.	Conduct qualitative deep dive. speaking with, CLA (YAS), foster carers, foster carer supervisors/service managers and Social workers (CLA/YAS teams) to understand awareness, barriers/hesitancies to immunisations in this cohort.				Closed- completed and summary written up of findings. Feedback from teams and foster carers has been reflected in this updated action plan.
Deliver call/recall & a catch-up vaccination campaign for all Looked After Children missing vaccinations with a Haringey GP	Deliver call/recall & a catch-up vaccination campaign for all Looked After Children missing vaccinations with a Haringey GP				Closed- not considered feasible due to small numbers in Haringey itself where GP Federation could support.

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