



HARINGEY COUNCIL

Beverley Hendricks

LOOKED AFTER
CHILDREN
SUFFICIENCY
STRATEGY
2022-2026



1. Introduction

- 1.1 The Children Act 1989 and the Children and Young Person Act 2008 place a sufficiency duty on local authorities to secure accommodation for children in their care, stating *“the Local Authority must take steps to secure, as far as is reasonably practicable, sufficient accommodation within the Authority’s area boundaries which meets the needs of children that the local authority is looking after and whose circumstances are such that it would be consistent with their welfare for them to be provided with accommodation that is in the local authority’s area”*.
- 1.2 This document sets out how Haringey Council intends to fulfil its duties, as a Corporate Parent, and ensure that a dynamic and responsive offer is in place to meet the diverse accommodation needs of our looked after children and young people and those leaving care. This sufficiency strategy sets out how the Council will seek to achieve this through understanding the needs of children and young people in our care and working collaboratively to ensure that there is sufficient, appropriate accommodation within the local authority area in response to those needs. We will be stringent in our efforts to ensure that all accommodation in scope is well placed to deliver improved outcomes for children and young people.
- 1.3 Our 2022-2026 Sufficiency Strategy recognises that delivering transformational change for Children in Care (CiC) and Care Leavers (CL) now, and in the future, requires a strong focus on prevention and early intervention. It is also important that reducing the number of children and young people needing to be looked after by the local authority is included in our plans. The developing this strategy, we have considered how best parents and carers, children and young people and whole families can have access to the support they need

to prevent breakdowns in relationships, support important family attachments and enable children and young people to remain at home with consistent care, wherever possible. To this end, this strategy sets out the actions that will be taken over the next three years to improve the availability, quality, and impact of placements as well as to develop a robust understanding of, and response to factors that may contribute to children and young people requiring placement in local authority care.

2. Local and National Context

- 2.1 This strategy comes at a time when children, young people, families, and communities across the country are emerging from the global COVID 19 pandemic. Since early 2020, the outbreak has had an immeasurable impact on children, young people, families, and communities across the borough, impacting on health and wellbeing and adding to existing social, economic and health inequalities. In developing this document and assessing the current sufficiency picture in the borough to inform the priorities for action, it has been important to acknowledge the challenges the pandemic has presented in relation to familial stress, placement stability and the capacity of the placement market to respond to commissioning needs.
- 2.2 Demand for children's social care and health services remains high and means there continues to be significant pressure across the whole system. We know that those providing accommodation for children and young people are facing increasing running costs and need to plan for meeting increasing complex needs. We also know that the limited supply of high-quality provision locally and regionally is contributing to the Council's placement cost pressures. There is a need for the close monitoring of costs, whilst we continue to develop more innovative approaches to meeting our parental responsibilities and collaborate with local authority and health partners to address the system-wide issue of the availability of suitable and sufficient placement provision.
- 2.3 The Care Planning, Placement and Case Review (England) (Amendment) Regulations 2021, introduced changes that have a direct impact on the current sufficiency of accommodation for under 16-year-olds. From September 2021, the placement of any under 16-year-old child in an unregulated provision became unlawful. Whilst offering greater protection for vulnerable children, this legislative change creates a need to develop capacity amongst providers and increase the volumes of regulated care available. In addition to this, ensuring that 16- and 17-year-olds, particularly the most vulnerable, are in accommodation most suitable for their needs is a key priority.

3. Our Vision

3.1 This Strategy contributes to the Council's shared vision for children and young people set out in the **Borough Plan 2019-2023**. The ambition of the Council and its strategic partners is to achieve the following objectives:

- Best start in life: the first few years of every child's life will give them the long-term foundations to thrive. [Objective 4]
- Happy childhood: all children across the borough will be happy and healthy as they grow up, feeling safe and secure in their family, networks, and communities. [Objective 5]
- Every young person, whatever their background, has a pathway to success for the future. [Objective 6].
- All residents will be able to live free from fear of harm. [Outcome X]

3.2 Through our borough-wide strategic priority for people, we will ensure that in delivering our vision, this strategy will strive to meet the objectives of:

- Working with partners to continue improving services for children in need of help and protection, using good outcome-focussed practice, with an emphasis on key priority areas including neglect, violence against women and girls, and supporting disabled children.
- Working to establish a consistent and high-quality permanent workforce across children's social care services through implementing strategies that encourage recruitment and retention.
- Continuing to implement effective services that bring supports together around children and young people to stay at home with their families where this remains safe instead of coming into care.
- Working within the council and with partners to establish a seamless transitional safeguarding response.

3.3 Through the actions set out in document we will seek to deliver on a vision that ensures that in Haringey, children *and young people in care live in stable, high-quality settings, where they can develop through meeting their needs and improving their outcomes, enabling them to return home or prepare independently for adulthood, as appropriate.*

4. Principles

4.1 Delivering improved outcomes for looked after children and ensuring positive outcomes can be sustained over the long-term, requires a whole system approach. Embedded in our approach to delivering better, is a commitment to maintaining strong partnerships and effective collaboration between agencies, statutory and commissioned services, children, young people, and families. We see a whole system approach driving continuous improvements to the offer for looked after children and children leaving care in Haringey.

4.2 Implementing this strategy will be informed by the **Haringey Way**, our commitment to establishing a network able to support children, young people, and families with professional practice that:

- Puts **Relationship-based Practice** at the heart of how we work with each other and families, children, and young people.
- Works within a **strengths-based framework**, focusing on strengths as well as concerns and focused on building on strengths, at all levels of risk.
- Recognises that individuals are always embedded in their social context – this is **systemic practice**. In practice, this means that problems are always part of larger processes. This implies that individuals cannot act entirely on their own, either for good or bad. Change in one part of a relational pattern, or system, can be expected to create adjustments throughout the family and immediate context.
- Builds resilience in children, young people, and families by using a range of tools and language in the home, schools, and other settings to reduce school and home breakdown, reducing harm, and increasing social inclusion.
- Is **trauma informed** – recognising early and understanding the impact that adverse childhood experiences (ACES) have upon a child's development and outcomes, putting in place therapeutic support earlier.
- Recognises and addresses the wider inequalities experienced by children, young people, and families.

4.3 To achieve the outcomes set out within this strategy, we will apply these core principles:

- Meeting the child's needs and improving their outcomes will be at the heart of any child or young person's being parented by the Council.
- Children and young people should be supported to return home safely whenever this will best meet their needs and outcomes.
- Hearing and responding to the voices of children and young people is paramount.

- All services, whether commissioned or delivered in-house, for looked after children and care leavers will be informed by the evidence-base for effective practice.
- Ensuring as far as possible that planning for needs and services planning is informed by data.
- As far as possible, consideration will be given to the wider environmental factors affecting children, young people, and their families and how these may be contributing to needs.

5. The Journey so far – Making Progress

- 5.1 An intention of this strategy is to build on, or sustain, achievements to date. A key focus for Haringey Council, working with its strategic partners, has been to improve our long-term planning for children in residential care, as well as improve the outcomes for children and young people on the edge of care.
- 5.2 To date, our focus has been to strengthen our 'Edge of Care' offer, grow our in-house fostering provision, improve the range and depth of our placements offer, strengthen legal permanency options, and build pathways to adulthood in semi-independent and supported living.
- 5.3 Our targeted work with families, through the Positive Families Partnership project and the Brandon Centre has increased the number of children we have been able to support to remain at home. Our HART - Edge of Care Resource Panel, established to support this work, enabled a multi-disciplinary approach to be implemented including professionals from:
- FCAMHS
 - FGC- co-ordinator
 - Family therapist/mediators
 - Community police
 - Educationalists
 - Haringey Gold

- Primary Health Designates
- Youth Offending Service

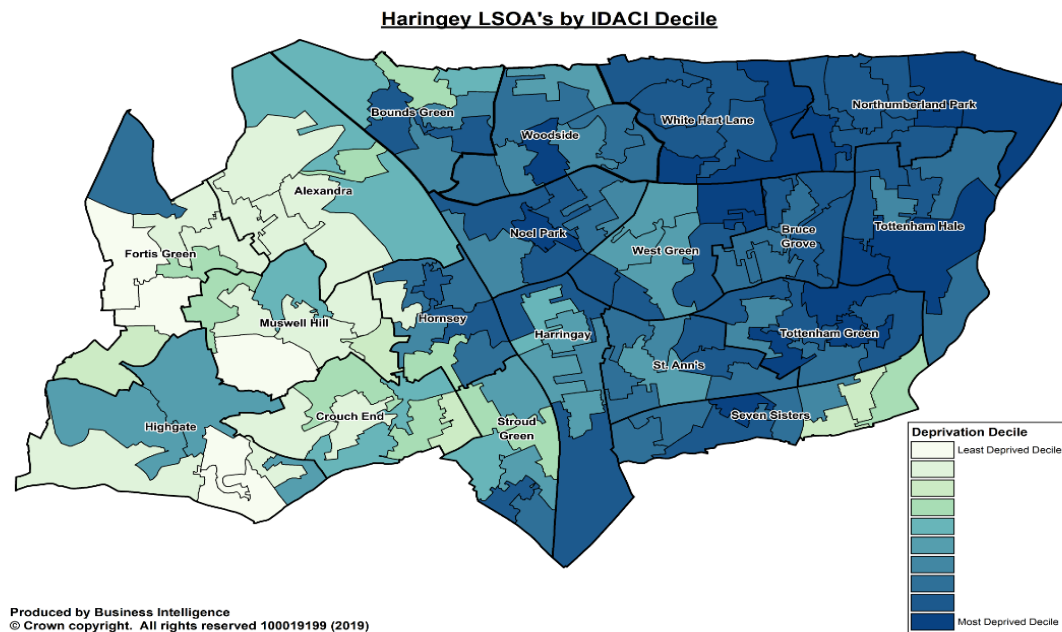
- 5.4 The HART project (Haringey Adolescent Resource Team) which prepares young people for stepping down from residential placements into fostering placements is well established and actively supports the finding and matching of suitable placements for young people. Additional expert resource, through Anna Freud's, (BERRI), has been brought in to support social workers and providers with referrals that support better matching of placements.
- 5.5 We have also been developing our support to, and recruitment of, in-house foster carers. A new foster carer recruitment team and additional marketing capacity is now in place. The first Mockingbird hub has been developed and will see an extended family model in place where one foster carer is paid to act as a hub offering planned and emergency respite, advice, training, and support to six to ten satellite fostering or kinship care families. This programme will help us to improve the stability of fostering placements and strengthen the relationships between carers, children, and young people, fostering services and birth families. This will also assist our retention of foster carers.
- 5.6 Being able to mitigate the additional challenges to meeting placement needs during the pandemic has required some targeted work with the provider market as well as support to placements. Key actions have included:
- Working closely with CCG to manage discharge from Tier 4. Haringey is now part of a new pilot to improve the risk management assessments and direct work with step down providers, parents and community network increasing the capacity within the home treatment teams.
 - Initiating new dialogue with providers to strengthen relationships and better identify and respond to support needs.
 - Placing support workers alongside foster carers in supporting placements.
 - The careful management of complex cases, ensuring information in the referral is contextualised and balanced, through the development and implementation of the BERRI tool.

6. Current Understanding of Need

6.1 Children in Haringey

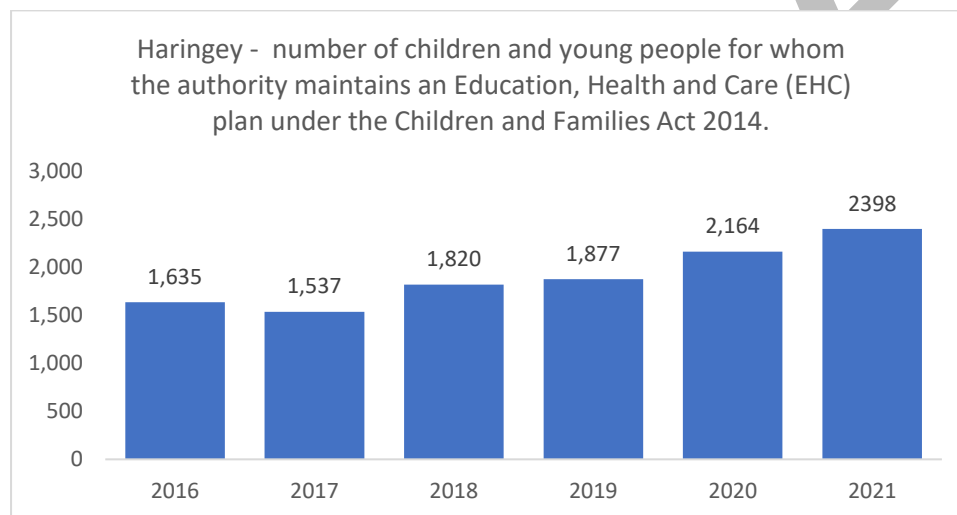
Haringey is a highly diverse borough, with a population of 59,458 children aged 0-17 (ONS 2020 Mid-year Estimates). The highest concentration of children and young people live within some of the wards located in the east of the borough. 67.1% of Haringey's population are from a BME group or Other White ethnic groups compared to 60.7% in London. Deprivation and poverty are factors impacting on many children, young people, and families in Haringey. In 2019, Haringey's Income Deprivation Affecting Children (IDACI) score was 9th highest in London and the borough was ranked 7th in London in the Indices of Multiple Deprivation (IMD).

In 2019/20, almost 1 in 5 children in Haringey were living in poverty and we know that the borough has a high concentration of small geographical areas (Lower Super Output Areas - LSOAs) that fall within the top 20% most deprived in the country.



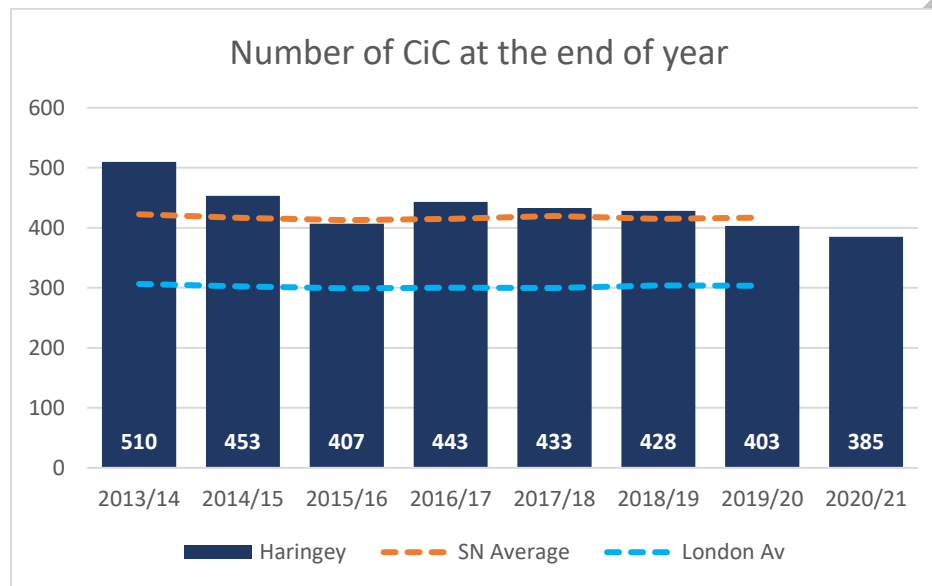
Source: IMD 2019

- 6.2 The picture, in terms of access to resources and opportunities, across the borough varies and we know that central and east Haringey exhibit high levels of risk factors for poor mental health, such as deprivation, unemployment and homelessness. The quality of the education provision for children and young people, across all age phases, is generally good. Despite this, we know from our data that there is a disproportion when we consider the outcomes for some of our children and young people. The gap in attainment outcomes for some of our children remains high, with boys reaching lower levels in the Good Level of Development (GLD) at the end of Reception (68%) than girls (81%). Boys have lower attainment scores in every Ethnic Group and all wards except for Crouch End, Highgate and Muswell Hill. More specifically, we know that the attainment gap for black boys at the end of Key Stage 4 remains stubbornly high, 52% achieving 9-4 in Maths and English, compared to mixed ethnicity girls (80%).
- 6.3 We continue to identify increasing numbers of children and young people in the borough with a Special Educational Need or Disability (SEND). Numbers of children with an Education, Health and Care Plan continues to rise, with the most common primary need being Autistic Spectrum Condition. The number of child and young people for whom Haringey maintains an Education, Health, and Care (EHC) plan for has overall increased since 2016 to 2021 (47% increase).



6.4 Children in Care

6.4.1 A review of the profile of Children in Care (CiC) across the previous 2018-2021 strategy period highlights a general decreasing trend in the numbers of children in care throughout that period. At the end of 2020/21, the number of CiC in Haringey was 385, below the statistical neighbour average of 417 (2019/20). However, the number of CiC in Haringey remains significantly higher than the London average at 303.

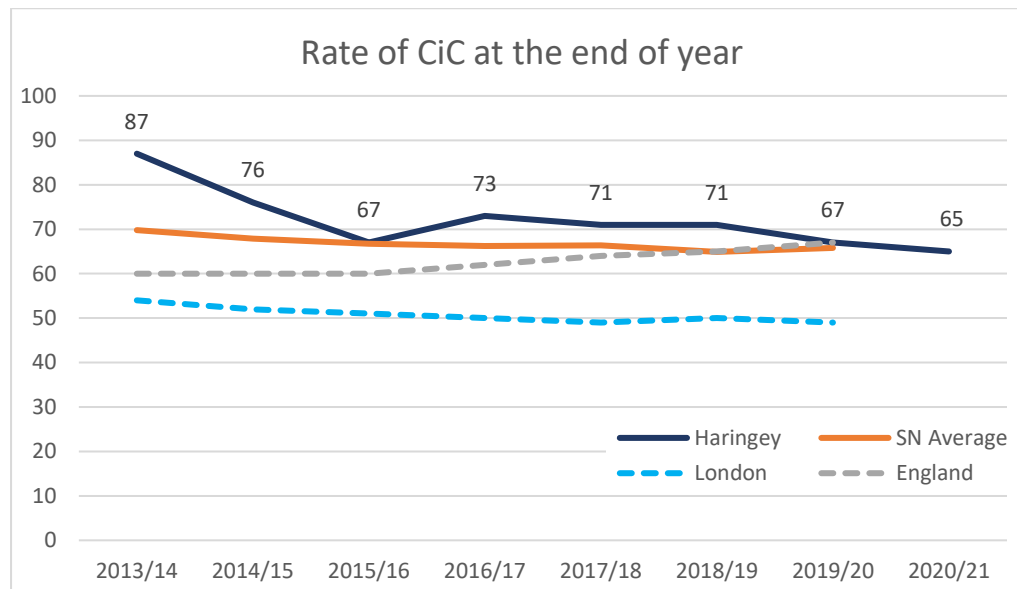


6.4.2 Fundamental to reducing the number children in care is our ability to embed an early help approach and develop, with our partners, effective early identification and intervention responses to those issues and concerns that are recognised as contributing to the likelihood of children and young people spending time in our care. Our focus on prevention and early intervention underpinned the establishment of the *PAUSE* programme in Haringey, which seeks to disrupt the cycle of removal, where the complex and challenging needs for some women has led to multiple removals of their children into care. By the middle of 2021, the *PAUSE* project in Haringey

was supporting 19 women. Early feedback from participants in the project on the impact of the programme is encouraging and moving forward, we are keen to explore how we can further develop in-borough provision for mothers and their babies to extend the opportunities available to reduce the numbers of children entering the care system. To increase the impact of *PAUSE* further, we have aligned the programme to our Young Adults Service, targeting those young people vulnerable to the risk factors identified by the *PAUSE* programme.

- 6.4.3 We will continue our drive to reduce the number of children spending time in our care through continuing to build capacity within our early help and early intervention services. Our Violence, Vulnerability and Exploitation (VVE) Service will strengthen our edge of care response through the provision of support to children and young people in family circumstances considered high risk and vulnerable to break down. Focusing on extra familial harm, the VVE service will provide access to support and services via a multi-agency panel process. Efforts will also continue to increase the number and type of foster carers, extending the role of family link workers to offer respite and prevent needs escalating.
- 6.4.4 Haringey's rate of CiC per 10,000 is now in line with statistical neighbour and national averages, although Haringey's rate remains much higher than the London average. Haringey's rate is 33% above the London average at 49 per 10,000 children.

Looked After Children Sufficiency Strategy 2022-2026



6.4.5 In 2020/21, the primary reason for children entering care continued to be abuse and neglect, although numbers had reduced slightly year-on-year since 2018. The next reason, families in acute stress, showed a slight year-on-year increase over the three-year period. It is noted that absent parenting, previously the second-most reason for children entering care has reduced significantly from 2018 levels. Haringey has a larger proportion of children coming into care for the reason of family dysfunction and socially unacceptable behaviour compared to 2019/20.

6.4.6 Since 2017/18, there has been a year-on-year increase in the number of children with a disability with a child protection plan, as well as an increase in the proportion of children with disability within the total population of children with a child protection plan.

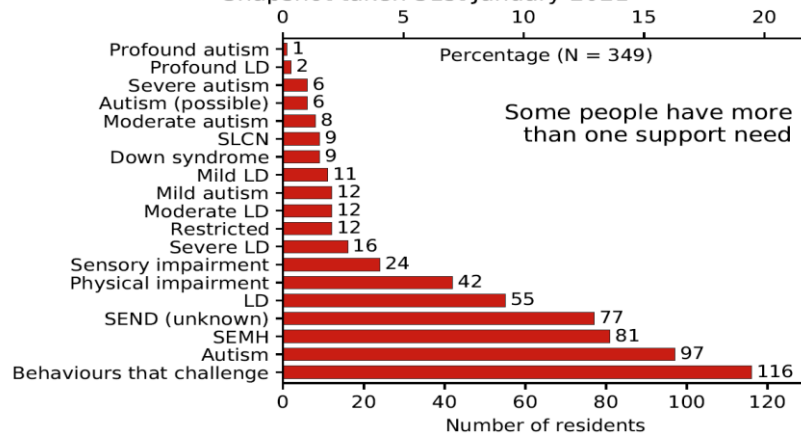
Year	No. of Children on a CP Plan with a disability	% Children on a CP Plan with a disability
2017/18	4	1%
2018/19	7	4%

Looked After Children Sufficiency Strategy 2022-2026

2019/20	12	7%
2020/21	20	8%

In January 2021, of the 593 children and young people aged 13-18 known to children’s social care, 128 were identified as having an Autistic Spectrum Condition diagnosis.

13-18 year olds known to social care and receiving costed services
Snapshot taken 31st January 2021



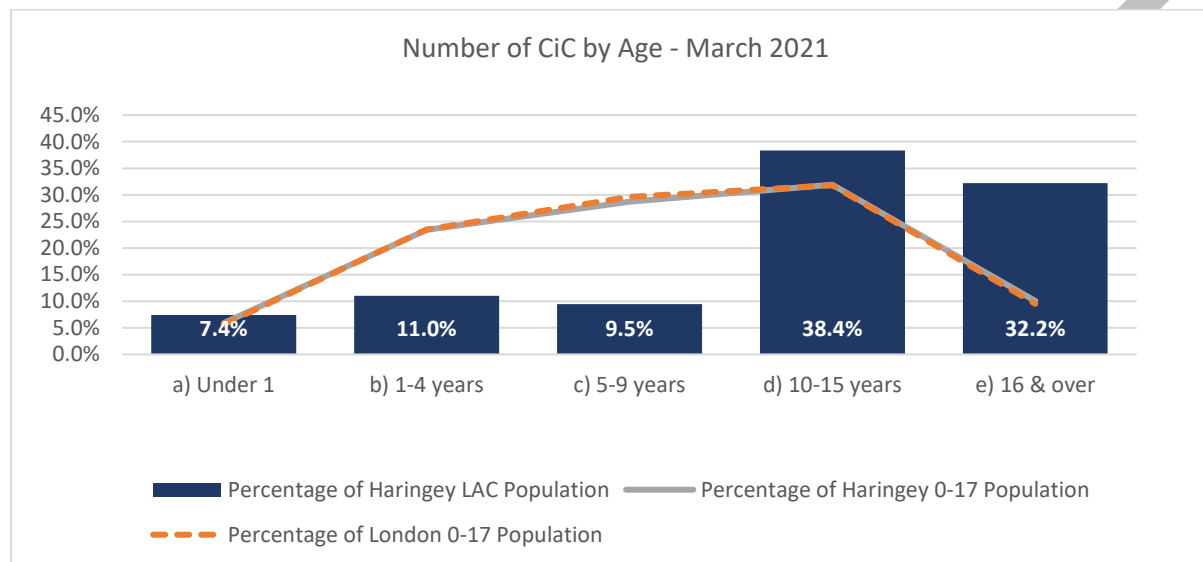
It is recognised that for some families, the complex needs of children and young people can contribute to barriers in parents’ ability to provide appropriate care. In some instances, parents and carers experience difficulties managing behaviour as children with special educational needs and disabilities transition into adolescents.

There is also a disproportionately high number of children in care with SEND amongst Haringey’s youth justice cohort. This points to a need to ensure that children, young people, and families can access the right support, at the right time, to prevent issues escalating and reducing the likelihood of children and young people being unable to be cared for at home.

6.4.7 The largest proportion of Haringey’s children in care are 10 years and older. Just under a third of all CiC are between the ages of 16-17. Of the young people aged 16-17, just under half (49.2%) have been in care for less than 1 year. 38.1% of 16–17-year-olds have been in

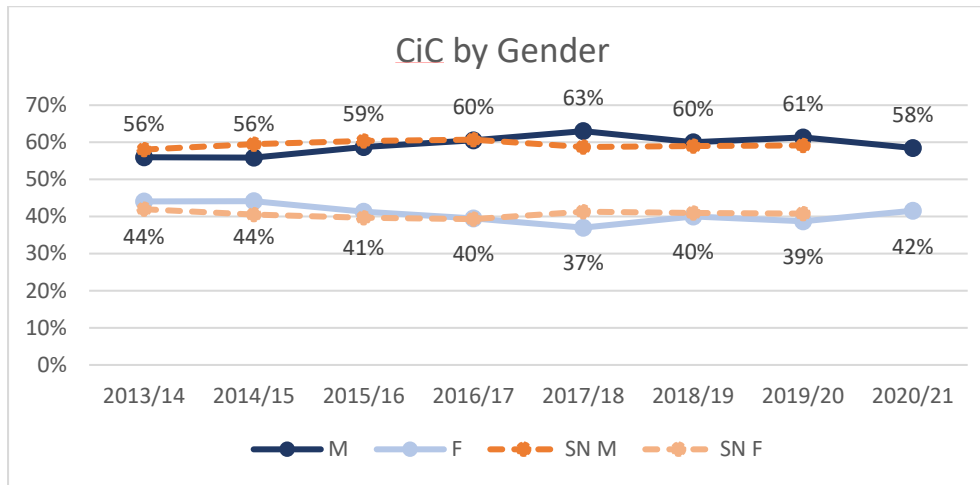
Looked After Children Sufficiency Strategy 2022-2026

care for 1-5 years and just 12.7% have been in care for 5 or more years. Whilst those aged between 10-15 are the largest group proportionally, those aged 14 and 15 make up half of this age group.



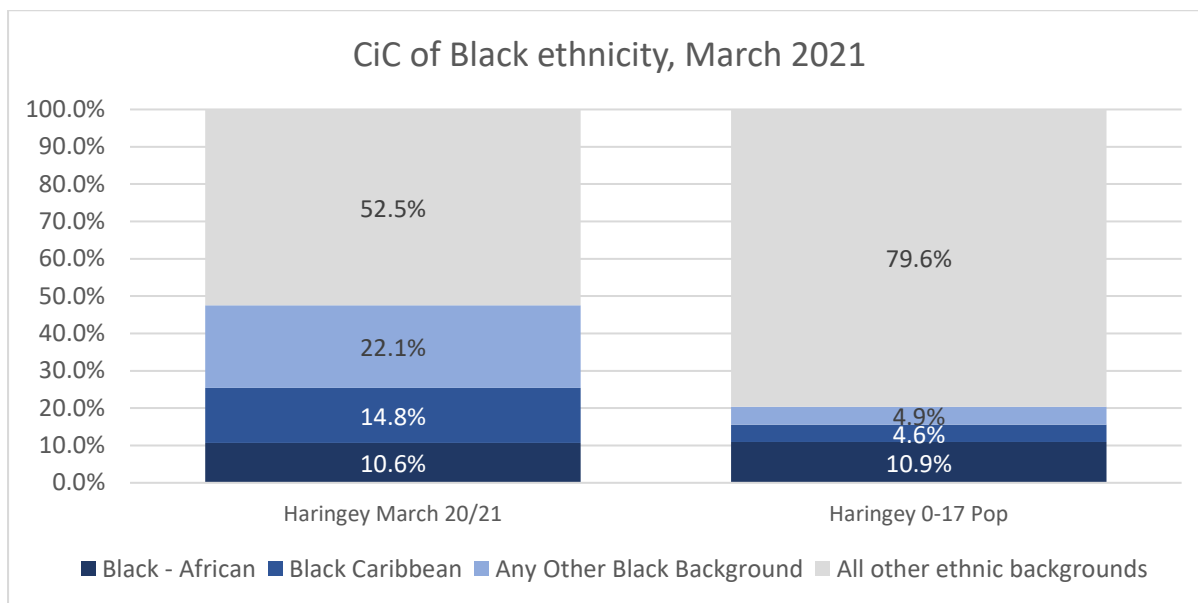
6.4.8 Haringey CiC are disproportionately male at 58% male to 42% female. The gap has fallen from its peak in 2017/18 when 63% of those in care were male. Haringey's statistical neighbours have a similar ratio with male children in care making up 59% compared to 41% female. The age breakdown by gender shows that between ages 0-12 female CiC tend to be proportionally higher than male CiC. However, from ages 13-17 male CiC are higher than female. Just under half of all female CiC are aged between 13-17 compared to two thirds of male CiC of this age group.

Looked After Children Sufficiency Strategy 2022-2026



6.4.9 Children of black ethnicity account for just over 20% of Haringey’s 0-17 population, however children of black ethnicity of Haringey’s Children in Care (CiC) make up just under half of the borough’s Looked After Children (LAC) cohort (47.5%). Children of Black Caribbean ethnicity are significantly overrepresented in Haringey’s LAC cohort making up 14.8% of Haringey’s CiC, compared to just 4.6% in Haringey’s 0-17 population. Similarly, the percentage of children of any other black background is disproportionality higher than the 0-17 population in the borough, accounting for 22.1% of Haringey’s CiC compared to 4.9% in Haringey overall.

Looked After Children Sufficiency Strategy 2022-2026



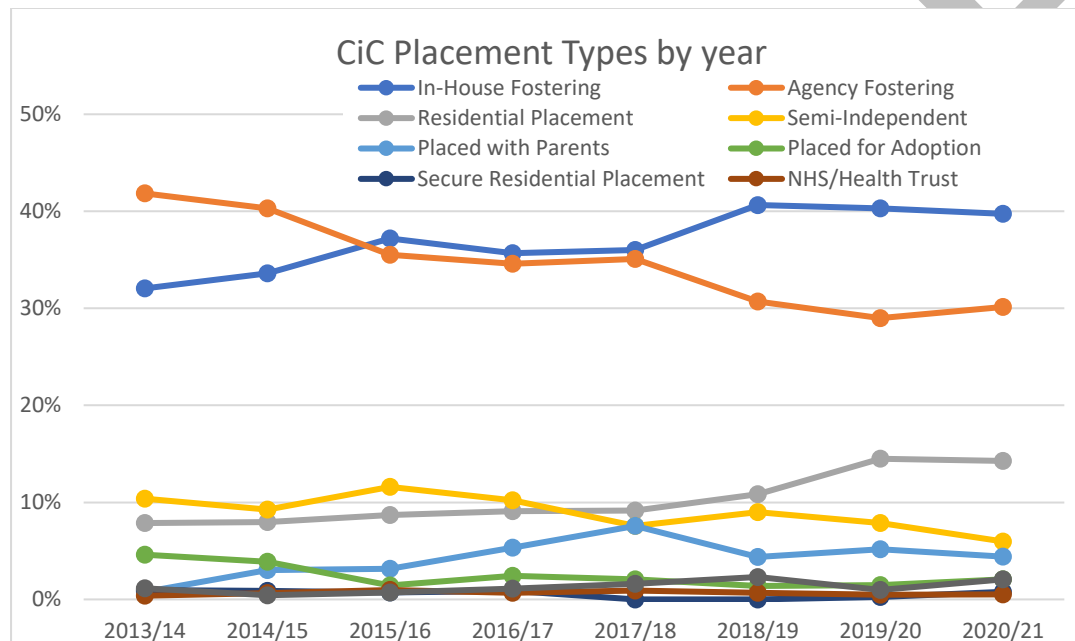
The data highlights the need to consider how factors such as gender, ethnicity and age intersect and contribute to disproportional representation amongst out children in care cohort. It is vital that through our strategy, we seek to understand the wider determinants and how addressing systemic issues such as racism, economic, social, and educational exclusion may inform how we consider prevention and early intervention.

- 6.5 By March 2021, the number of unaccompanied asylum-seeking children (UASC) had fallen from 48 in March 2020 to 24. This is approximately 7% of the CiC cohort. It is likely that this reduction reflects the impact of the COVID 19 pandemic and the associated global restrictions in movement between countries. The majority of UASC are male (92%) aged 15 and older and just 1% of female looked after children are UASC compared to 10% of male.

7. Placements

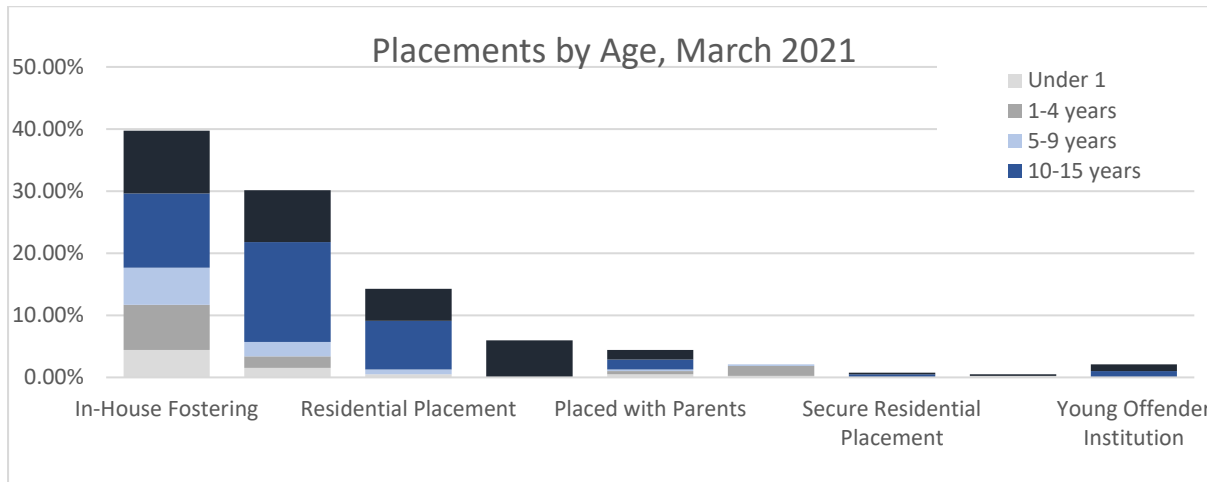
7.1 The term “*Placement*” refers to different types of arrangements including when a child or young person is placed with an individual who is a relation, friend or other person connected with the child, placement with a local authority foster carer, placement in a children’s home registered under Part 2 of the Care Standards Act 2000, or where the local authority makes “other arrangements” under section 22C(d) of the Care Planning, Placement and Case Review (England) Regulations 2010.

7.2 The majority of placements in 2020/21 were within in-house fostering provision.



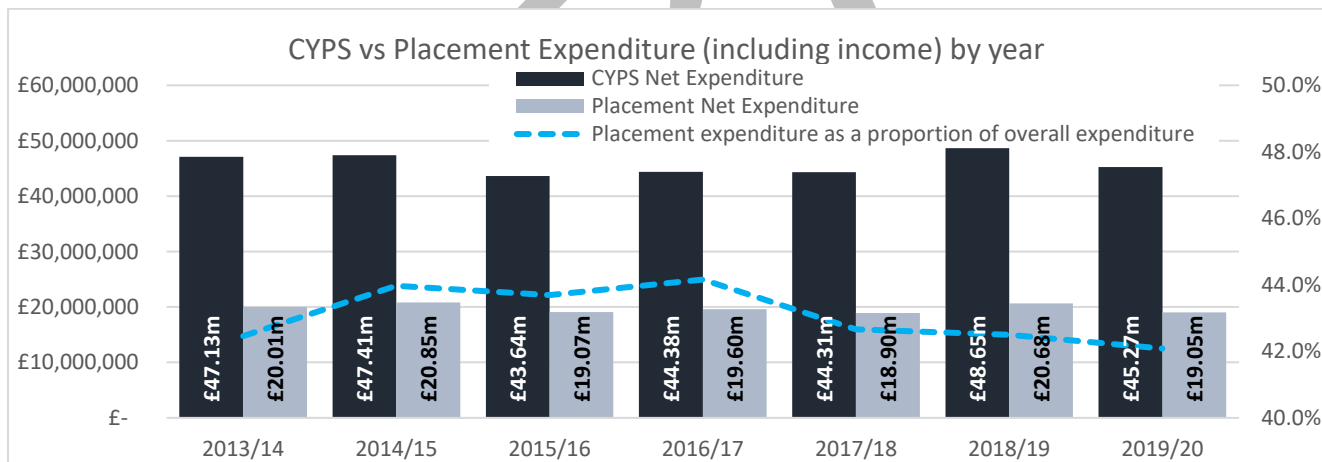
The majority of those placed in residential settings were between the ages of 10-15, whilst all children placed in secure accommodation, or a young offender institution were aged 16-17. All Children adopted fell within the 1-4 age range.

Looked After Children Sufficiency Strategy 2022-2026



7.3 Placement Costs

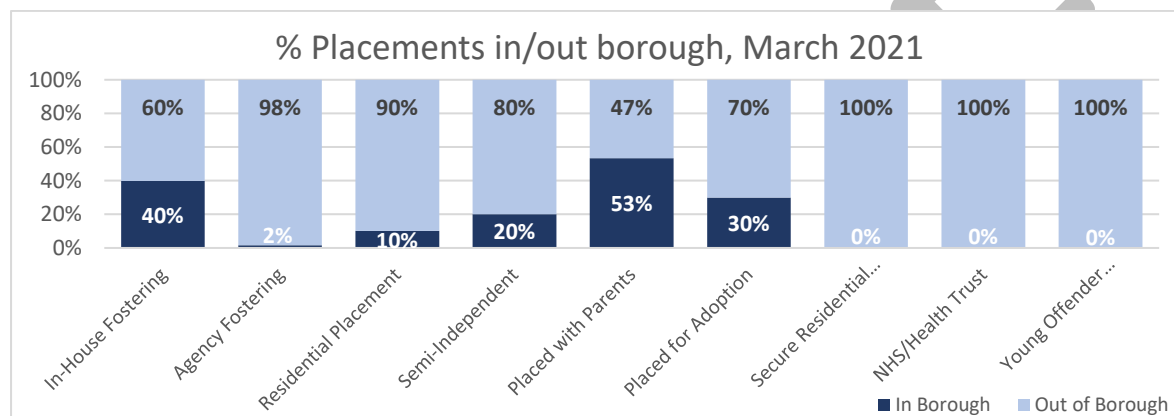
The net placement expenditure has remained relatively stable between 2013/14 and 2019/20., with placement expenditure contributing to approximately 45% of Children and Young People Service overall expenditure.



Looked After Children Sufficiency Strategy 2022-2026

Out of borough placements continue to account for most of the placement expenditure. As a London authority, Haringey faces similar challenges to neighbouring and other boroughs, in its need for access to a more diverse range of residential care, including specialist provision for children and young people with social, emotional, and mental health (SEMH) and behavioural needs.

- 7.4 An important focus for the next three year will be how to increase the availability of suitable placements in the local area. By the end of March 2021, just 22% of children in care were placed within the borough. Those placements were more likely to be with their parents, in-house foster carers, adoption placements or in semi-independent accommodation. Most placements for children and young people were outside of the borough and located 20 miles or more from Haringey.



Identified gaps in the general sufficiency of local provision are compounded by limited capacity amongst existing provision and the increasing complexity of needs. To increase the number of beds available, there will need to be work undertaken to ensure providers have the skills and confidence to work effectively with the wide range of needs presented, as well as consistent work with the provider market to develop an improved range of provision.

- 7.5 The need to protect some children and young people from harm to themselves, or others, contributes to increasing demand for accommodation that offers support, safety, and security. The sufficiency of suitable placements to meet the needs of these cohorts of children and young people continues to present challenges, particularly where there is a requirement for secure accommodation. In

addressing this, we will engage in collaborative work at a sub-regional and regional level, building on existing partnership work with other local authorities and contributing as an active partner in Pan-London Placements Commissioning Programme.

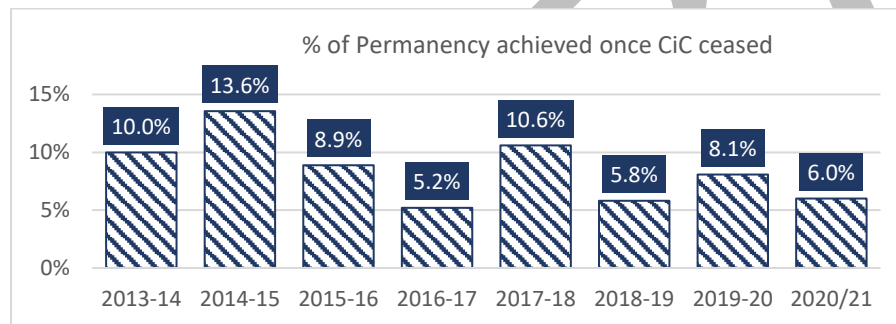
7.6 There is currently a lack of suitable residential placement options for children approaching 16 years of age.

7.7 To impact on levels of out of borough expenditure, a feature of our strategic drive is to leverage investment to increase placement capacity in the borough. A series of capital projects will be explored to address increased demand for accommodation and reduce expenditure of out of borough provision over time.

7.8 **Adoption**

One of the key measures is the timeliness of adoptions over a three-year period. Haringey has now improved to below the national average number of days from a child first being taken into care to being finally placed with their eventual adoptive parents. In 2021/2022 Haringey had 8 children adopted.

In 2020/21, 6% of looked after children had achieved permanency when leaving care.



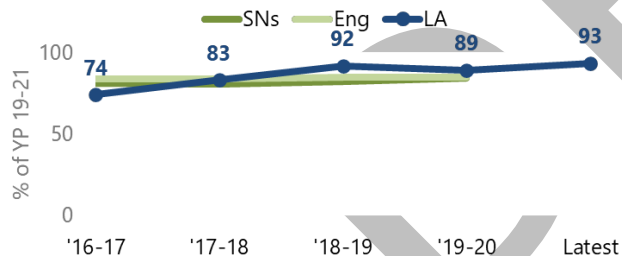
This is a reduction on previous year and perhaps reflects the effect of the pandemic. Improving permanency options continues to be a focus.

7.9 Care Leavers

For young people qualifying for a service as Care Leavers there is a requirement to stay in touch with the young person, keep the Pathway Plan under review, continue the appointment of a Personal Adviser and provide financial assistance where the young person is employed or seeking employment/to enable the young person to pursue education or training. These duties continue until the former relevant child reaches 21 or, where the child's pathway plan sets out a programme of education or training which extends beyond their 21st birthday, they continue for so long as the child pursues that programme. At the end of March 2021 there were 438 care leavers receiving leaving care support. The number of care leavers being supported has increased by since March 2020, following significant yearly increases since 2017.

7.10 The percentage of care leavers aged 17-18 in education, employment and training fell slightly from 80% in 2019/20 to 76% last year. There has also been a slight fall for older care leavers aged 19-21 where 53% are in education, employment and training this year compared to 55% in 2018/19 and 54% average for our statistical neighbours. Haringey also continues to perform extremely well on care leavers aged 19-21 in higher education and at 12% is double the national rate and higher than our statistical neighbours.

7.11 Over the past four years there has been a significant improvement in the percentage of care leavers aged 19-21 in suitable accommodation at 93%. The percentage of care leavers aged 17-18 in suitable accommodation has remained stable at 92% and is in line with last reported data nationally (90%) and slightly better than statistical neighbours (86%).



8 Sufficiency

8.1 In relation to **sufficiency**, there has been found to be a:

- Gap in market for semi-independent provision suitable for 16–18-year-olds. Current choices are limited and offer few local options.
- Lack of provision locally and in other parts of the country for children being discharged from Tier 4 beds (mental health provision)
- Lack of shared accommodation in the local area for young people transiting from fostering or residential.
- Lack of provision (across all provision types) with the appropriate skills to support more complex needs (disability, challenging behaviour), especially in-borough and locally
- Challenges with parent and child foster placements for parents with Learning difficulties and personality disorders
- High demand for secure units nationally with varying therapeutic potential, resulting in long waiting lists for placement and challenges in stepping down children already placed in secure units.
- Shortage of providers able to work with children on Deprivation of Liberty Safeguards (DoLS) orders.

8.2 Virtual Schools

Obtaining a good education is not only a fundamental human right, but in many respects, it holds the key for an individuals' future happiness and quality of life. This is why good parenting should strive to actively support their children in education. This is true for all children but has a particular relevance for looked after children in care, who have experienced and where, education can be the means through which they are supported to create a positive and hopeful future. In order to engage successfully in their learning, children and young people need to feel safe and secure with a supportive network around them. As corporate parents we must ensure that a good quality and standard of education is provided, that will help our children in care to achieve age-related expectations and positive educational outcomes, in order for them to reach their potential.

There are many reasons why children in care experience poorer educational outcomes have compared to their peers.

As good corporate parents, we want to reverse any adverse trends and ensure our children do attend school, access meaningful learning, receive the learning opportunities and targeted support they need. This for some, will not be an easy, as the circumstances of some young people are complex. To achieve it, collaborative working will be needed by all partners involved, including social workers, foster carers, residential staff, teachers, SEND, safer neighbourhood police and the Virtual School.

The Achieving Stability in Placement Protocol sets out our role as part of the partnership that goes beyond convening a PEP meeting and moves towards robust educational arrangements being in place for children and young people and making it clear that such arrangements are as important as having “care” arrangements in place.

The Protocol commits to the following principals: principles

- Except in extreme emergencies (usually requiring PPO or EPO) no child or young person is to become looked after without there being robust arrangements in place for that child’s education.
- No looked after child or young person is to change placement unless there are robust arrangements for their education in place which have been agreed with the Virtual School. The Virtual School should be consulted on every school move.
- No agreement will be given for children to miss school in order to go on prolonged holidays.
- Every effort should be made to arrange dental and medical appointments to take place outside of school hours.
- On-going FCAMHS appointments must take place outside of school hours.
- School attendance and behaviour will be routinely discussed during every PEP meeting, alongside progress and development.
- We will actively monitor school attendance and absence and develop bespoke action plans with the schools to ensure immediate remedial measures are in place.
- We will work actively with SEND teams in the placement area to ensure children with EHCP’s are supported to access transport and their educational needs met without delays

In addition:

- We would expect schools to access training around trauma-informed practices including Anchor Approach and other Local Authority initiatives.
- We would expect a reduction in the suspensions and exclusions of children in care in favour of exploring other interventions and support.
- We would expect the network around the child or young person to inform the Virtual School of any changes in behaviour and engagement so the relevant support and interventions can be put in place earlier to avoid suspensions and exclusions.

9. Priorities for Action

- 9.1 Determining the key actions for this refreshed strategy has involved a comprehensive review of the needs of our children, young people and families and the current placement market. As we refresh our Sufficiency strategy and reflect on the impact of COVID-19 pandemic on the most vulnerable children, young people, and families our objectives remain to ensure that children and young people in care live in stable, high-quality settings, where the environment supports them to thrive, enables their needs to be met and contributes to improved outcomes in the short and long term. There is an overarching need to understand resources across an increasingly challenging landscape and pursue opportunities for collaboration and joint funding to achieve the core objectives of this strategy over the next three years. Future developments, such as the ICS and NCL CCG partnership and the implementation of the Thrive Framework will
- 9.2 We recognise that a sustained effort is needed to continue:
- Working in partnership to strengthen our discharge planning from Tier 4 services –Tier 4 Panel arrangements through Complex Care panel .
 - Building the infrastructure to support increased capacity in our fostering offer – whether delivered by in-house foster-carers or Independent Fostering Agencies
 - Increasing the number of in-house foster carers
 - Developing our Edge of Care therapeutic respite and out of hours support
 - Increasing the step-up and step-down options with appropriate therapeutic and restorative capability for high-risk young people.
 - Developing in-borough options across all areas of need and demand

- Ensuring our practice addresses disproportionality, is trauma-informed and supports the development of all children and young people

9.3. Our priorities for 2021-2024

Achieving our vision for children in care, and children leaving care requires a focus on the following priority areas:

- **Priority 1 - Expand our 'Edge of Care' offer and non-residential placement step down options.**
 - We will seek to expand our edge of care offer. Current capacity to offer intervention and support suggests a need to grow our offer and target risk associated with: Mental Health issues /Substance misuse/Criminal behaviour/Learning difficulties/Gang affiliation/Abuse and Neglect
 - We will continue developing a diverse range of options to support families and increasing the number of children and young people able to remain at home. This will include increasing access to respite and short break as part of a drive to improve the early help offer for children and young people with SEND and their families. The focus of our "edge of care" work will be to maximise the opportunities for families to access local support, when needed, to prevent issues escalating.
- **Priority 2 - Increase the sufficiency of placement provision both in, and out of borough.**
 - We will work to increase the number of in-house foster carers, through a sustained drive to increase interest and the numbers recruited. A robust training and support offer will be in place to maintain our current cohorts and enable us to grow the number of specialists foster carers.
 - Work will be undertaken, in collaboration with sub-regional and regional partners, to determine an approach to developing the right supply of provision to meet complex social emotional and mental health (SEMH) needs.
 - We will develop and implement a robust quality assurance framework and seek to increase the quality of provision, supporting providers to contribute to improved outcomes for children and young people through the implementation of a refreshed outcomes-based commissioning and contract management model.

- We will ensure all practitioners are supported to deliver on our strategic priorities through a training offer that encompasses trauma-informed and enabling practice.
- **Priority 3 – Increase step up and step-down options for high-risk young people.**
 - We will seek to increase Placement options for children and young people with complex needs. In achieving this, we will continue our efforts to develop the capacity of independent fostering agencies to support children and young people with more complex needs.
 - We will engage in Pan-London work to explore the development of a semi-secure residential unit for young people.
 - We will review our high cost, low incidence placements to inform future commissioning options.
- **Priority 4 – Strengthen discharge planning from Tier 4 services.**
 - We will reduce gaps in provision for children and young people being discharged from Tier and increase the timeliness of discharge by building on current work with health partners and the provider market, to improve the range and supply of appropriate provision to support step down from Tier 4 services.
 - We will continue our plans to jointly commission step down provisions from Tier 4 with the CCG .
 - We will engage in a Pan-London initiative to develop a London Secure Service.
- **Priority 5 - Expand placement options for 16- to 18-year-olds.**
 - We will improve longer-term planning for children in care by developing and embedding an end- to end planning approach for our rising 16 cohort.
 - We will explore options for increasing the availability of sufficiently high-quality accommodation options for 16- to 18-year-olds.
- **Priority 6 - Improve permanency options for children in care and care leavers.**
 - We will continue our focus on developing the number of in-house foster carers who can support children and young people to step-down from residential care.

- We will increase our focus on “Staying Put” long term permanent fostering arrangements and promote decision-making based on placement best suited to deliver positive outcomes for children and young people in relation to their attachment relationships, education, and social relationships.
- We will explore ways in which the number of available beds for 18 years + care leavers could be increased.
- **Priority 7- Strengthen our approach to meeting the needs of children and young people with disabilities and their families.**
 - We will be informed by work that has already begun in Haringey to develop our Preparation for Adulthood Strategy, which will ensure an approach is in place to provide all children and young people with SEND, with the right, timely support to make decisions about their future.
 - We will develop proposals and seek to secure resources needed to develop two transition units for young people with learning difficulties.
 - We will implement a refreshed short breaks and respite offer.
 - We will align this strategy with Haringey’s All Age Autism Strategy and collaborate with the voluntary and community sector to develop current provider market and access to local support. In addition, this strategy shares a focus with the Autism Strategy in seeking to increase support and accommodation options for children and young people with complex needs.
- **Priority 8 – Build a workforce with the skills, expertise, and qualities to ensure children and young people develop during their period in care – the Haringey Way across the wider Haringey workforce.**
 - We want to increase the availability of local provision with the skills and confidence to support the needs of children and young people with disabilities and complex behaviour support needs.

Appendix 1

Sufficiency Action Plan 2022 -2024

	Priority	How will we deliver change?	What will tell us we are making a difference?	Measure	Timescale
1.	Expand our 'Edge of Care' offer and non-residential placement step down options.	Continue to engage with the independent foster carer and IFA market to increase the sufficiency of places			
2.	Increase the sufficiency of placement provision both in and out of borough.	Develop and implement a robust market development and commissioning plan.	In-borough placement capacity for children and young people		
		Develop in house services	Opening of Haslemere in house Children's Residential home		
		Engage with local and regional provider market to increase the availability of specialist and therapeutic placement provision.	The number of in-house foster carers.		
		Explore the development of an in-borough mother and baby unit.	The number of children placed in good and outstanding provision		
		Collaborate with neighbouring boroughs in the development of respite residential provision.			
3.	Increase step up and step-down options for high-risk young people.	Develop the capacity of independent fostering agencies to support children and young people with more complex needs.			
		Explore the development of a semi-secure residential unit for young people with Deprivation of Liberty Orders.			
4.	Improve discharge planning from Tier 4 services.	Joint commissioning of step-down facilities with CCG			

Looked After Children Sufficiency Strategy 2022-2026

		Engage in a pan-London initiative to develop a London Secure Service.			
5.	Expand placement options for 16 to 18-year-olds.	Work collaboratively with neighbouring and regional local authorities to identify and develop the provider market.			
		Develop and embed an end- to end planning approach for our rising 16 cohort.			
6.	Increase permanency options for children in care and care leavers.	Develop the number of in-house foster carers who can support children and young people to step-down from residential care.	The number of children and young people stepping down from residential care into family-based placements or supported semi-independent provision.		
7.	Strengthen our approach to meeting the needs of children and young people with disabilities and their families.	Implement a refreshed short breaks and respite offer.			
		Develop proposals and seek to secure resources needed to develop two transition units for young people with learning difficulties.			
		Undertake focused work to develop a more robust commissioning framework for residential education provision – engaging with the market and establishing an outcome and transition focus in our approach to quality assurance.			
8.	Build a workforce with the skills, expertise, and qualities to ensure				

Looked After Children Sufficiency Strategy 2022-2026

children and young people develop during their period in care – the Haringey Way across the wider Haringey workforce				
---	--	--	--	--

DRAFT

Linked Documents

1. **Haringey Borough Plan 2019 – 2023**
https://www.haringey.gov.uk/sites/haringeygovuk/files/borough_plan_2019-23.pdf
2. **Early Help Strategy 2021 – 2023**
https://www.haringey.gov.uk/sites/haringeygovuk/files/haringey_early_help_strategy_2021-2023.pdf
3. **Haringey All-Age Autism Strategy 2021 – 2031**
<https://www.minutes.haringey.gov.uk/documents/s126646/Appendix%201%20-%20Haringey%20All%20Age%20Autism%20Strategy.pdf>
4. **Young People at Risk Strategy 2019 – 2023**
https://www.haringey.gov.uk/sites/haringeygovuk/files/young_people_at_risk_strategy.pdf
5. **Haringey SEND Strategy 2022 – 2025 (Draft)**
https://www.haringey.gov.uk/sites/haringeygovuk/files/draft_haringey_send_strategy_2022-25.pdf
6. **Haringey CAMHS Transformation Plan**
<https://www.minutes.haringey.gov.uk/documents/s114368/Haringey%20CAMHS%20Transformation%20Plan%202019-20%20v21%20Executive%20Summary.pdf>
7. **The Care Planning, Placement and Case Review (England) (Amendment) Regulations 2021**
<https://www.legislation.gov.uk/uksi/2021/161/made>