

Dominic O'Brien,
Principal Scrutiny
Officer

0208 489 5896

dominic.obrien@haringey.gov.uk

10 March 2026

To: All Members of the Overview and Scrutiny Committee

Dear Member,

Overview and Scrutiny Committee - Wednesday, 11th March, 2026

I attach a copy of the following reports for the above-mentioned meeting which were not available at the time of collation of the agenda:

11. NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE (NCL JHOSC) - AMENDED TERMS OF REFERENCE (PAGES 1 - 12)

To refer revised NCL JHOSC terms of reference to Council for approval.

13. WORK PROGRAMME UPDATE (PAGES 13 - 40)

Scrutiny Review:

- Interim report: Provision of Services for Children Under One Year Old

Yours sincerely

Dominic O'Brien,
Principal Scrutiny Officer

This page is intentionally left blank

Report for: Overview and Scrutiny Committee – 11 March 2026

Item number: 11

Title: North London Joint Health Overview and Scrutiny Committee (JHOSC) – Amended Terms of Reference

Report authorised by : Ayshe Simsek Democratic Services and Scrutiny Manager

Lead Officer: Fola Irikefe – Principal Scrutiny Officer

Ward(s) affected: N/A

1. Describe the issue under consideration

- 1.1. Haringey is currently a member of the Joint Health Overview and Scrutiny Committee (JHOSC) for North Central London. The other boroughs that are members are Barnet, Camden, Enfield and Islington. However, from the 1st of April 2026 the NCL and NWL ICB will merge and will become West and North London ICB. The JHOSC will continue to focus on the services provided by the previous NCL ICB until further governance arrangements are established.
- 1.2. The Committee revised its terms of reference following member feedback in 2024, but final approval has been delayed due to unresolved issues around resourcing scrutiny support. Boroughs face financial pressures and cannot all share the monetary cost of the scrutiny Officer support, leading to proposals for rotating support annually among the 5 boroughs as set out in the attached report, though concerns remain about feasibility and timing. This proposed way forward was agreed by the Committee at their meeting on the 30th of January 2026.
- 1.3. Under the terms of the Constitution, joint arrangements with other local authorities require the approval of full Council and therefore any changes to the terms of reference will need to be agreed by it.

2. Cabinet Member Introduction

N/A

3. Recommendations

- 3.1 That the Committee recommend to Council that the amended terms of reference for the JHOSC be approved, to allow decision making on the resourcing of this Committee.
- 3.2 To note that further details on the governance arrangements for the JHOSC are yet to be established, following the merger of North Central London ICB and North West London ICB and therefore the terms of reference will also be subject to further review later in the year when further details are known.

4. Reasons for decision

- 4.1 Under the terms of the Constitution, the amended terms of reference for the JHOSC require approval by full Council.

5. Alternative options considered

N/A

6. Background information

- 6.1 The JHOSC has been operating since 2013 and provides an opportunity for Councils in the north central London area to use their health scrutiny resources more effectively by collaborating where there are matters that affect all participating boroughs. Collaboration can also increase the influence of health scrutiny by enabling boroughs to speak with one voice on relevant health issues. In addition, the JHOSC can also enable more effective use of NHS resources by enabling engagement by NHS health services with Health Overview and Scrutiny Committees (HOSCs) on relevant issues to be undertaken jointly rather than separately.

7. Revised Terms of Reference

- 7.1 The revised terms of reference, was agreed by the JHOSC at its meeting on 30 January 2026, and details are set out in the attached report.

8. Contribution to strategic outcomes

- 8.1 The work of the JHOSC relates to closely to Priority 2: Outstanding for all: Enable all adults to live healthy, long and fulfilling lives

9. Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)

Finance and Procurement

- 9.1 The JHOSC as a committee will not incur costs. Only those costs for which provision can be found from within existing budgets can be agreed to by this authority.

Legal

- 9.2 The Director of Legal and Governance has been consulted in the preparation of this report, and makes the following comments.
- 9.3 Overview and Scrutiny Committee (the Committee) has the Constitutional power to make recommendations to Full Council in connection with the discharge of any functions.
- 9.4 In addition, the Committee also has the Constitutional power to review and scrutinise matters relating to the health service and all NHS funded services

within the Borough. Accordingly, the Committee has the power to adopt the recommendation contained in this report.

Equality

- 9.5 The Council has a public sector equality duty under the Equalities Act (2010) to have due regard to:
- Tackle discrimination and victimisation of persons that share the characteristics protected under S4 of the Act. These include the characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (formerly gender) and sexual orientation;
 - Advance equality of opportunity between people who share those protected characteristics and people who do not;
 - Foster good relations between people who share those characteristics and people who do not.
- 9.6 The work of the JHOSC should address the above mentioned duties by considering them within its work plan and individual pieces of work. This should include considering and clearly stating;
- How policy issues impact on different groups within the community, particularly those that share the nine protected characteristics;
 - Whether the impact on particular groups is fair and proportionate;
 - Whether there is equality of access to services and fair representation of all groups;
 - Whether any positive opportunities to advance equality of opportunity and/or good relations between people, are being realised.

10. Use of Appendices

Cover report – Terms of Reference for the Committee, NCL JHOSC (30th Jan 2026)

Appendix A - Draft terms of reference for NCL JHOSC

This page is intentionally left blank

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	London Boroughs of Barnet, Camden, Enfield, Haringey and Islington
REPORT TITLE Final Terms of Reference for the Committee	
REPORT OF Committee Chair, North Central London Joint Health Overview & Scrutiny Committee	
FOR SUBMISSION TO NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	DATE 30 January 2026
SUMMARY OF REPORT This paper provides the final terms of reference for the JHOSC and proposes that the administrative support for the JHOSC is rotated on an annual basis between the five boroughs in the following order: Appointed Chair's borough 2026/2027(Haringey to provide support for first 6 months of the municipal year to allow effective handover and continuity) Islington 2027/28 Enfield 2028/2029 Barnet 2029/2030 Camden 2030/2031 Local Government Act 1972 – Access to Information No documents that require listing have been used in the preparation of this report. Contact Officer: Ayshe Simsek Democratic Services and Scrutiny Manager Tel: 020 8489 2929 E-mail: ayshe.simsek@haringey.gov.uk	

RECOMMENDATIONS

The North Central London Joint Health Overview & Scrutiny Committee is asked to:

- a) Agree the final terms of reference, for onward approval at the Overview and Scrutiny meetings of Haringey, Enfield, Barnet, Camden and Islington and onward ratification at their full Council meetings between March and July 2026.

1. Purpose of Report

- 1.1 An updated terms of reference for the North Central London Joint Health Overview & Scrutiny Committee is provided as **Appendix A**.
- 1.2 The Committee is asked to approve the final terms of reference and propose onward agreement by respective borough parent Scrutiny Committees. This will be followed by ratification at borough Council meetings between March and July 2026.
- 1.3 The update to the terms of reference put forward another option that has been consulted on with Democratic Services managers in the five boroughs. This is as follows:

The administrative support will be rotated on an annual basis, at the start of the municipal year, between the five boroughs and in the following order:

Appointed Chair's borough 2026/2027 (Haringey to provide support for first 6 months of the municipal year to allow effective handover and continuity)
Islington 2027/28
Enfield 2028/2029
Barnet 2029/2030
Camden 2030/2031

2. Background

- 2.1 Early in the 2024/25 municipal year, JHOSC Members noted that the existing terms of reference for the Committee were relatively brief and proposed that a new version should be written to better reflect its practices and procedures.
- 2.2 The Committee met in August 2024 to provide initial input and then again in September 2024 to discuss a first draft of the terms of reference. A second draft was produced shortly afterwards based on this feedback and there have been no

significant amendments subsequent to this. This version is published as **Appendix A**. This document outlines the purpose and powers of the Committee, its relationship with the Health Overview & Scrutiny Committees (HOSCs), the membership of the Committee and the protocol for meetings.

- 2.3 The final approval of the terms of reference has been delayed due to ongoing discussions about the future resourcing of the scrutiny support for the Committee. While the venues for the meetings of the Committee rotate between the five Boroughs, the London Borough of Haringey currently provides the administrative support to the Committee and the Haringey Members proposed that the financial resourcing could be shared across Boroughs in future. However, with all Boroughs currently experiencing financial pressures, it has not proved possible to resolve this issue. It was then further proposed in July 2025 that starting from the 2026/27 municipal year that the chairing of the meetings be done on an annual rotation basis and in borough alphabetical order. (Year 1 - Barnet to chair the meetings) (Year 2 - Camden to chair meetings) (Year 3 - Enfield to chair meetings) (Year 4 - Islington to chair meeting) then Haringey (Year 1 - 2030 to chair meetings) and this option was not agreed with by the JHOSC meeting.
- 2.4 The Committee agreed in July for the Chair to write to Chief Executives of the five boroughs reiterating the need for financial support to manage and co-ordinate the JHOSC meetings and there were also further discussions with Enfield. Subsequently, the borough Democratic services managers have responded and apart from Camden, the other 3 boroughs are not able to provide the financial support needed to facilitate these meetings which includes:
- Compiling and publishing agendas and minutes for over 7 meetings a year,
 - Co-ordinating agenda planning meetings,
 - Annual scrutiny of the NHS Quality Accounts for North London Mental Health NHS Trust, Royal Free London NHS Foundation Trust, Whittington Health NHS Trust and North Middlesex University Hospital NHS Trust
 - Co-ordinating and supporting briefing meetings with the Chair and Chief Strategy & Population Health Officer at North Central London Integrated Care Board (NCL ICB), and other senior officers. This can be around one a month. These relate to actions arising from the meetings.
 - Co-ordinating venues for meetings with Haringey predominantly hosting the meetings.
 - Working on governance issues such as updates to the terms of reference.
 - Following up on action tracker and information sharing prior to meetings to help with the background and understanding of issues prior to the JHOSC meetings.
- 2.5 The previous terms of reference in 2016 indicated that the borough hosting the meetings should provide administration, but this provision was not workable before due to need for continuity with support to the chair and to ensure follow up on actions and agenda planning support. Therefore, given that monetary funding for this support cannot be provided and to maintain democratic accountability of this body, it is proposed that each borough provides democratic services officer support

on an annual basis. Democratic Services managers have raised concerns about the number of meetings, the timing of the changes and whether this can be delayed until after the local elections.

3. Appendices

Appendix A – Draft terms of reference for NCL JHOSC

DRAFT TERMS OF REFERENCE – North Central London Joint Health Overview & Scrutiny Committee (NCL JHOSC) (Barnet, Camden, Enfield, Haringey, Islington)

1 - Purpose of Committee

- 1.1 The North Central London (NCL) Joint Health Overview & Scrutiny Committee (JHOSC) (Barnet, Camden, Enfield, Haringey, Islington) will operate formally as a statutory committee.
- 1.2 The purpose of the JHOSC is to:
- engage with relevant NHS bodies on strategic area wide issues in respect of the co-ordination, commissioning and provision of NHS health services across the whole of the area of Barnet, Camden, Enfield, Haringey and Islington.
 - respond, where appropriate, to any proposals for change to specialised NHS services that are commissioned on a cross-borough basis and where there are comparatively small numbers of patients in each of the participating Boroughs.
 - respond to any formal consultations on proposals for substantial developments or variations in health services affecting the North Central London (NCL) area of Barnet, Camden, Enfield, Haringey and Islington on behalf of Councils who have formally agreed to delegate this power to the JHOSC.
- 1.3 The Committee will have regard to the Department of Health & Social Care's guidance on health overview and scrutiny which states that *"the primary aims of health scrutiny are to strengthen the voice of local people and provide local accountability"* and should *"ensure that local people's needs and experiences are considered as an integral part of the commissioning and delivery of health services and that those services are effective and safe"*.¹

Powers

- 1.4 The JHOSC is established by the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. These regulations have been amended by the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) (Amendment and Saving Provision) Regulations 2024. This enables two or more local authorities to appoint a joint overview and scrutiny committee of those authorities to exercise relevant functions subject to terms and conditions as the authorities may consider appropriate.
- 1.5 The JHOSC will comprise of Councillors across the same five Boroughs in order to enable effective scrutiny of the West and North London ICB (covering the areas of Barnet, Camden, Enfield, Haringey and Islington)
- 1.6 The West and North London ICB should provide relevant information about any significant forthcoming reorganisation of NHS services in the NCL(Barnet, Camden, Enfield, Haringey and Islington) area to the JHOSC in a timely manner.

¹ <https://www.gov.uk/government/publications/health-overview-and-scrutiny-committee-principles/health-overview-and-scrutiny-committee-principles>

Relationship to HOSCs

- 1.7 The JHOSC will work independently of both the Cabinet and health overview and scrutiny committees (HOSCs)² of its parent authorities, although evidence collected by individual HOSCs may be submitted as evidence to the joint committee and considered at its discretion.
- 1.8 The JHOSC will seek to promote joint working where it may provide more effective use of health scrutiny and NHS resources and will endeavour to avoid duplicating the work of individual HOSCs. As part of this, the committee may establish sub and working groups as appropriate to consider issues of mutual concern provided that this does not duplicate work by individual HOSCs; and
- 1.9 The agenda papers of JHOSC meetings will be provided to each of the local authorities in the NCL JHOSC(Barnet, Camden, Enfield, Haringey, Islington) area for publication on their websites.
- 1.10 The minutes of JHOSC meetings will be provided to the HOSCs for possible inclusion in their agenda papers. If the HOSCs are minded including this as an item on their agenda, any HOSC members who are also members of the JHOSC may wish to use this item as an opportunity to provide a verbal update on issues raised at the previous JHOSC meeting.

2 - Membership of Committee

- 2.1 The Committee shall be comprised of up to ten members in total, with a maximum of two members nominated from each of the five NCL Boroughs (Barnet, Camden, Enfield, Haringey, Islington)
- 2.2 Appointments to the JHOSC will usually be approved at each authority's Council AGM at the beginning of the municipal year and expire at the end of the same municipal year.
- 2.3 Appointments by each authority to the JHOSC will reflect the political balance of that authority.
- 2.4 Members who hold an executive post shall not be appointed to the JHOSC.
- 2.5 It is strongly advisable that one of the members nominated by each Borough is the Chair of their local HOSC as this helps to strengthen the links between the JHOSC and the HOSCs. It may also be beneficial for the second nominated member from each Borough to be the Chair or a member of their main Overview & Scrutiny Committee (OSC).

Chair/Vice-chairs

- 2.6 The Committee shall appoint a Chair and up to two vice-Chairs at the beginning of the first meeting of each municipal year.

² The name and structure of HOSCs varies between Boroughs so, in this context, HOSC refers to the Scrutiny Committee or Panel that usually deals with health policy issues.

The administrative support will be rotated on an annual basis, at the start of the municipal year, between the five boroughs and in the following order:

Appointed Chair's borough 2026/2027 (Haringey to provide support for first 6 months of the municipal year to allow effective handover and continuity)

- Islington 2027/28
- Enfield 2028/2029
- Barnet 2029/2030
- Camden 2030/2031

This is to ensure close working and continuity for effective progression of actions and responsibilities.

Quorum

2.7 The quorum for the Committee shall be:

- a) At least four members of the Committee; and
- b) At least one member from at least four of the five Boroughs.

Substitutes & Co-opted members

- 2.8 Member substitutes from each authority will be accepted. It will be the responsibility of individual committee members and their local authorities to arrange substitutions and to ensure that the lead authority is informed of any changes prior to the meeting.
- 2.9 Where a substitute is attending the meeting, it will be the responsibility of the nominated member to brief them in advance of the meeting.
- 2.10 The Committee shall reserve the right to consider the appointment of additional temporary co-opted members in order to bring specialist knowledge to inform specific work streams or agenda items. Any co-opted member appointed will not be permitted to vote at meetings.

3 – Protocol for meetings

- 3.1 Meetings of the Committee will be conducted under the Standing Orders of the Local Authority hosting and providing democratic services support and will be subject to these terms of reference.

Work programme

- 3.2 A schedule of meetings will be agreed by the Committee at the beginning of each municipal year. The Committee shall hold five ordinary meetings of the Committee in each municipal year.
- 3.3 The Committee may also hold up to two further meetings in each municipal year for the specific purpose of scrutinising the draft Quality Accounts produced annually by NHS Trusts that provide services in Barnet, Camden, Enfield, Haringey, Islington area.

- 3.4 In addition to ordinary meetings of the Committee, extraordinary meetings may be called from time to time as and when appropriate. An extraordinary meeting of the Committee may be called by the Chair after consultation with the vice-Chairs.
- 3.5 The Committee shall be regularly consulted on the setting of items for the agendas of future meetings through a standing item on the work programme at every ordinary meeting of the Committee. Members of the Committee can also submit suggestions for future agenda items to the Chair and vice-Chair(s) at any time.
- 3.6 The Chair and vice-Chair(s) will usually meet with senior representatives from the west and North London ICB covering(Barnet, Camden, Enfield, Haringey, Islington) and any other relevant NHS organisations approximately 6-8 weeks in advance of an ordinary meeting of the Committee in order to determine the agenda for the meeting and the content of the reports. This should include consideration of any input from the other Committee members.

Meetings

- 3.7 Ordinary meetings of the Committee will normally be held at 10am and are typically scheduled to last for two and a half hours. The Committee may vary the scheduling and timings of the meetings as and when required.
- 3.8 The Committee will normally hold an informal private 30-minute meeting just before the main meeting, in order to allow Committee members to discuss any procedural issues and possible lines of enquiry relating to the reports in the agenda pack. The Committee may vary the arrangements for this as and when required.
- 3.9 The venues for meetings of the Committee will normally be rotated regularly across all five Boroughs in the NCL(Barnet, Camden, Enfield, Haringey, Islington)area.

Voting

- 3.10 The Committee will usually endeavour to reach its decisions by consensus. However, in the event that a vote is required, each Member present will have one vote. In the event of there being an equality of votes, the Chair of the meeting will have the casting vote.

Deputations/Questions

- 3.11 A deputation may be received by the Committee if a request stating the object of the deputation is received by the Chair and/or committee clerk at least three clear days prior to the meeting.
- 3.12 Up to 15 minutes shall usually be allocated to deputations on the Committee agenda.
- 3.13 The deputation spokesperson will be given five minutes to introduce the deputation referring to the matters in their deputation requisition. After this they may answer any questions from Committee members. The Chair will allocate a maximum amount of time for each deputation and will have regard to other items of business on the agenda when doing so.



Scrutiny Review: Interim Report on Provision of Services for Children Under One Year Old.

A Scrutiny Review by the Children and Young People's Scrutiny Panel 2025/26

Panel Membership	Cllr Anna Lawton (Chair)
	Cllr George Dunstall
	Cllr Marsha Isilar Gosling
	Cllr Anna Abela
	Cllr Kaushika Amin
	Cllr Mark Gross Kopf
	Cllr Ruairidh Paton

Support Officer: Philip Slawther, Principal Scrutiny Officer

philip.slawther2@haringey.gov.uk

0208 489 2957

CONTENTS

1. Chair's ForewordPage 3
2. RecommendationsPage 4

BACKGROUND INFORMATION

3. Background to the Review, Terms of Reference & Membership.... Page 5
4. Existing Provision of Services for Children Under 1 – Overview.... Page 7

REVIEW

5. How Haringey Compares to the Government's Strategy for Early Education and Childcare.....Page 12
6. Childcare SufficiencyPage 16
7. Early Education, Childcare & DevelopmentPage 17
8. Communicating Early Childcare and Education ServicesPage 22
9. Childminders and Providing Stay & Play Activities.....Page 23
10. Peer Support and Inequalities.....Page 25
- Appendix A.....Page 27

1. Chair's Foreword

This review was undertaken to understand how well the services available in Haringey support children under one and their families during the earliest and most critical stages of life. Evidence gathered from Children's Services, Public Health, health partners, academics and local families highlighted the essential role of high-quality early relationships, accessible health visiting, and the strong early years and family hub offer already in place across the borough. The Panel heard that capacity pressures, rising demand from the expansion of the nine-to-23-month entitlement, and a decline in the childminding workforce are significant challenges. Issues of inequality were repeatedly emphasised: the current funding model disproportionately benefits economically secure families while excluding those most likely to benefit from early education, peer support and affordable childcare.

I am grateful to everyone who took part in this review for their time and thoughtful contributions, which made this report possible.

Anna Lawton, Chair of the Children and Young People's Scrutiny Panel

2. Recommendations

- 1) That Cabinet lobby the Government to expand the nine-to-23-month childcare funding entitlement so that it includes not only working parents, but also families on Universal Credit below the income threshold, children in care, and children with an EHCP—bringing it in line with the entitlement available for two-year-olds who receive additional support. Cabinet should also ask the Government to equalise the funding rates for Two-Year-Old Funding and the extended Early Years Entitlement, to avoid providers favouring younger children from working families due to higher per-pupil funding.
- 2) That the Council develop a comprehensive online directory of early years classes and activities with a dedicated webpage, enabling parents to easily identify available services across Haringey by day and time. The Panel also recommends that the range of services be actively promoted through the Council's social media channels. Parents and carers advise that accessing services through individual children's centres and provider websites can be difficult to navigate.
- 3) That Cabinet explore ways to provide dedicated stay-and-play provision for childminders and nannies, who are currently excluded from most existing activities. The Panel suggests offering at least one session per month, rotating between libraries across the borough, and exploring the establishment of a childminders' support group.
- 4) That Cabinet work with health partners and VCS organisations to maintain free perinatal peer-support groups, such as NCT-style sessions, for parents on low incomes. The Panel is concerned about unequal access to peer support where paid classes are unaffordable.

3. Background to the Review, Terms of Reference & Membership

- 3.1 As part of the work planning process for Overview & Scrutiny in 2024/25 & 2025/26, an online scrutiny survey and an in-person Scrutiny Café event were held, in order to engage with the local community and resident groups, and to seek their views about which areas scrutiny should focus its attention on over a two year period. As part of the feedback relevant to the Children & Young People's Panel, one of the areas that came up most frequently was early years and childcare. The Panel decided to look at the issue of early years and childcare from the perspective of services for children under one, as it is felt that services aimed at this age group attract less scrutiny than that of older children. It is felt that in order to give every child the best possible start in life, it's crucial that these services are available, are working well and that there is equitable access across Haringey.
- 3.2 Early years and healthcare from pre-birth to one is crucial, it is also important for maternal and parental support, given issues like post-natal depression, which according to the NHS website, affects more than one in ten women within a year of giving birth. The support offered to families of children under one in the first six months is different to the next six months. During the first six months, the focus is on helping mothers get out and socialise with their babies, ensuring infants are feeding and sleeping well, and keeping up to date with vaccinations. Activities during this stage often include song time, swimming and baby massage. In the second six months, the emphasis is on stay-and-play sessions in children's centres, alongside supporting babies' cognitive and language development. The introduction of 30 hours of government funded nursery provision for children from nine months has created increased demand for nursery provision. This review will also be looking at nursery provision across the borough.
- 3.3 The Panel would like to understand what provision in Haringey looks like for both the nought-to-six months age range and the nine-to-12 months age range. What is the take up of these services and do we have enough provision to meet the demand. The Panel would also like to understand whether the provision is distributed evenly across the borough. The Panel wanted to look at the Council's public health outcomes and commissioned public health services, including things like uptake of the national Healthy Start programmes and the Anchor Approach. Whilst the overall provision of public health services will form part of the wider analysis of services available for children under one in the borough, an assessment of these specific programmes will need to form part of any subsequent piece of work that arises from this interim report.
- 3.4 As an Interim report, the scope of the review has been narrowed to focus primarily on Early Years provision, funded childcare take-up and a look at the overall availability of services for children under one in the borough. Local Elections are due in May 2026 and the membership of this Panel will change for 2026/27. A subsequent iteration of this Panel will be in a position to follow-up on this report and undertake a further review on some of the areas that the Panel was unable to look at in sufficient detail. The Panel have been limited by

time constraints, given the start of the pre-election period in late March and the desire to produce a report and have it agreed by Overview & Scrutiny Committee on 11th March, before the pre-election period starts. It is the Panel's intention that the parts of the review that we were unable to look at will be scrutinised as part of a further piece of work in the next municipal year.

- 3.5 The Overview & Scrutiny Committee agreed the terms of reference for the Scrutiny Review on 20th October 2025. Evidence gathering for the review took place between November 2025 and February 2026. Our starting point was to speak to Children's Services, Public Health and Health colleagues to get a better understanding of the current services that are available in Haringey. We also spoke to a number of external witnesses including; parents and carers, local childminders, Action for Children, and academics with expertise in this area.
- 3.6 A full list of all those who provided evidence is attached as Appendix A.
- 3.7 At the beginning of the review we had a number of key lines of questioning that we wanted to explore. These developed as the review progressed and some areas around the Council's public health outcomes and commissioned public services were re-prioritised for a follow-up piece of work on this topic. The key areas of focus for this report are:
- What is available for children under one in Haringey? Firstly, for the nought-to-six months age range and then in the nine months to one year when government funded (term time) free provision of 30 hours childcare is available.
 - Where can you access provision?
 - What is the take-up like? Who accesses it and who doesn't? Are we reaching the people we want?
 - In relation to the 30-hours free childcare do we have the provision to meet the demand for everyone that wants it, including across different settings like child minding and other services?
 - How do we compare to the government's vision

Terms of Reference

- 3.8 To review the provision of services for under 1's in Haringey and to make recommendations for how these could be improved. The Panel wanted to understand best practice across the sector and whether there are areas of improvement that could be made.
- 3.9 The Membership of the Panel is as follows:

2025-26

Councillors Anna Lawton (Chair), Anna Abela, Mark Grosskopf, Kaushika Amin, Marsha Isilar-Gosling, George Dunstall and Ruairidh Paton.

4. Existing Provision of Services for Children Under 1 – Overview.

Public Health and Healthcare Services

- 4.1. Health Visiting services are commissioned by Public Health through the Whittington NHS Trust using a prevention and early intervention model and the delivery of universal and targeted services. The Healthy Child Programme (HCP) is a universal public health programme for children and families from pregnancy to adulthood. The HCP for children under five is delivered by health visiting teams and it offers a programme of screening tests, developmental reviews and information and guidance on parenting and health choices. Key elements of this include: Newborn hearing screening; new birth visit; six-eight weeks review; starting solids workshop; one year review; 2.5 year reviews; healthy weight clinics; advice line to speak to duty health visitor; infant feeding support; and referral to other services such as, Parent Infant Psychology Service and Breastfeeding Network. The Maternal Early Childhood Sustained Home visiting programme is an intervention programme offered to vulnerable parents from 28 weeks up to two years. It supports families to learn skills and build capacity in order to parent effectively. It is done through scheduled home visits by a qualified health visitor who delivers a structured child development and parent education programme, as well as directing families to community based support services.
- 4.2. The NHS Healthy Start scheme supports low-income families and pregnant women to purchase healthy foods and vitamins in order to promote healthy growth and development for young children and mothers. The scheme provides a pre-paid card with monthly funds specifically for purchasing things like fresh fruit, vegetables and baby formula. Haringey also offers free vitamins as part of this and is the only borough in North Central London to do so.
- 4.3. Haringey's Baby Friendly and Early Nutrition Strategy seeks to improve breast feeding rates by removing barriers that prevent women from breastfeeding, and improve children's nutrition from age zero to two. The Breastfeeding Network is a commissioned breast feeding peer support service, which reduces health inequalities, particularly in the east of the borough. In addition, there is a breast pump loan scheme via infant feeding clinics ran by the Whittington. There is a Breastfeeding Welcome scheme which seeks to raise awareness of the benefits and barriers to breastfeeding. Haringey health visitors, alongside breastfeeding peer-support groups, provide education, early identification and management support for tongue-tie. Slinging London are commissioned to deliver drop-in sessions for safe sling support and free sling hire for Haringey parents, primarily in the east of the borough. The Oral Health Promotion and Prevention Service aims to reduce health inequalities and improve access to dental services as early as possible, through oral health promotion activities. Oral health is an important aspect of a child's overall health status, and is seen as a marker of wider health issues, such as poor nutrition.
- 4.4. A programme of routine vaccinations for newborn babies and infants under one is delivered through GP services at eight weeks; 12 weeks; 16 weeks; and 12 months. There has been an improved level of uptake in recent years

with 79% of eligible children receiving all vaccinations at one year old. The national target is 95% (to provide herd immunity). The Anchor Approach is a trauma-informed, relationship-based framework used in schools, education settings, and family services to support mental health, resilience, and emotional regulation in children and young people. Anchor Approach 'How to Be' cards are distributed to parents by Health Visitors at the one-year check. The cards help parents to support their children to self-regulate. Team Talk is a borough-wide initiative, co-produced as part of the Anchor Approach, to support the emotional wellbeing and mental health of children in early years and school settings. It uses a child centred model to foster a multi-agency approach in order to identify needs early.

- 4.5. The Parent Infant Psychology Service (PIPS) works with parents who may be struggling with a range of issues such as; poverty, housing insecurity, history of trauma, discrimination and offers psychologist and therapist services for those parents. PIPS uses an outreach model, seeing families at health visitor led weighing clinics, midwifery clinics, and across the four family hub sites. PIPS also offers therapeutic group sessions and training in perinatal mental health and parent infant relationships to staff working in early years in Haringey. HENRY is an eight week programme that is available to families to support them with healthy eating and healthy lifestyles.

Early Help

- 4.6. Haringey offers a range of Early Help services including children's centres, Family Hubs and targeted family support. There are nine children's centres in Haringey, predominantly located in the centre and east of the borough. The children's centres offer sensory stay and play activities, as well as parent-led stay and play activities, where parents can bring their child and play with them alongside other families. There are a number of other services available at children's centres; including baby massage, baby wonder and health visitor six-eight week baby reviews. There are also a number of targeted programmes offering advice and guidance for new parents covering various subjects such as; breast feeding, weaning, talking therapy, and oral health.
- 4.7. Haringey was one of 75 local authorities awarded funding to develop Family Hub provision as part of phase one of the programme, which ends in March 2026. From April 2026, all local authorities in England will receive funding to develop Family Hub provision. The services at family hubs are for families with children and young people aged from nought to 19, and up to 25 if they have SEND, but there is a particular focus on children ages nought to two. There are four family hubs in the borough, located at the Triangle Centre, Muswell Hill Community Centre, Park Lane Centre in Northumberland Park, and Rising Green located in Wood Green. Family hubs offer a range of services for children under one, including; baby weighing, one-to-one consultation with PIPS (Parent Infant Psychology Service), sling library, and breastfeeding support. There are also online resources available for parents with children under one, such as Dad Pad, which offers advice and guidance to new dads.
- 4.8. Family hub navigators are available to ensure families can access face to face support relevant to their needs. Early Help offer family assessments to families

who are experiencing difficulties and are looking for a level of support, but who don't meet the statutory threshold for social care. Families can be referred through children's centres, health visitors and the family themselves. Between April and September 2025, through the Children Centres, 43 children were assessed as part of a family assessment and the main presenting issue for families was mental health, but other issues included domestic abuse and disability. The Haringey assessment model is a strengths based, 9-step framework that uses a multi-agency team to identify the right support, and adopt a family centred approach, with an identified lead practitioner working collaboratively with families.

- 4.9. Part of the service offer available through Early Help is therapy services, to offer support for young children and families in Haringey who need therapy assessments and interventions. These include children with complex needs, movement disorders, physical development delays, orthopaedic issues, or who were born very prematurely. Families can be referred to speech and language therapy, occupational therapy, physiotherapy and specialist health visitors. There is also other specialist support available for children under two with Special Educational Needs & Disabilities. Services are provided at a range of locations, including health centres, children's centres and family hubs in Haringey. Support is also provided through home visits and specified appointments. There is also a range of online advice and support available, as well as signposting parents to local support groups and VCS organisations.
- 4.10. There are a number of parenting programmes provided by Early Help, including a 'Triple P' Positive Parenting Programme providing a toolbox of ideas and strategies for positive parenting; a Circle of Security programme that helps parents and caregivers understand and respond to their children's emotional need to build secure attachments; and a Mellow programme for mothers who experience low mood or anxiety and parents who would like support with the emotional challenges of parenting. The ABC programme targets health and social inequalities by providing hands-on health education to a targeted cohort of parents from deprived communities. The programme is for parents in Enfield and Haringey with little or no knowledge/confidence around child health, common illnesses or lifesaving skills. There are also specialist parenting programmes for dads, and for parents who have separated.

Early Years, Childcare & Education.

- 4.11. The landscape for early years provision in Haringey incorporates a range of providers; childminders, children's centres, private voluntary and independent providers (PVIs), early years provision in schools (including LA maintained schools), standalone maintained nursery schools, and council nurseries. There are three local authority maintained nurseries, these have a headteacher and governing body, and are paid through the schools block funding, just like a school. These are Rowland Hill, Woodlands Park and Pembury House. In addition, the Council also chooses to run four local authority (non-maintained) nurseries, which are set up like a PVI nursery and operate like any other Council service that operates commercially and generates revenue. They do not get funding through the schools block, but receive income through nursery fees instead. These are Stonecroft, Triangle, Park Lane and Woodside. Most local

authorities don't have local authority run non-maintained schools.

- 4.12 Early Years provision is delivered by a patchwork of different providers across Haringey, who have opted to deliver places. Each provider has a number of placements that they are registered to provide for. There are separate funding entitlements for children who are 9 months to 23 months, 2-3 years old, and 3-4 years old. The funding rate for children between 9 months and 23 months is the highest and it decreases as the child moves through the different age ranges. In September 2025, the government introduced 30 free hours of childcare for children from 9 months to 23 months. The funding is available for the term after the child turns 9 months. There is also a work requirement to take up this offer; there is a minimum household salary threshold along with minimum hours of work (as well as a maximum salary of one parent earning £100k or over). This work requirement does not exist for 3-4 year olds (15 hours), and children who are 2-3 can receive free childcare (15 hours) if they have additional needs or their parents are in receipt of Universal Credit. Parents can apply for a 30-hour code through HMRC the term before their child turns 9 months. The code is shared with providers who enter it onto the provider portal and check the eligibility of the code, confirming when a child can start. 30-hour codes are valid the term after a child turns 9 months. Parents must update their code every 3 months through their HMRC childcare account for the code to remain valid for the next term.
- 4.13 Ahead of the rollout of the 30-hour funded childcare entitlement, the Council launched a targeted awareness campaign. This included updating online materials—such as web pages, childcare directories, and community pop-up information—to help parents understand eligibility criteria and the HMRC application process. Offline activity involved distributing printed materials to partners, placing banners in parks and provider settings, and using digital advertising boards across the borough. The Council also offered additional support through childcare brokerage for families struggling to secure places, business support for participating providers, and a series of online preparation sessions for early years settings.
- 4.14 In comparison to neighbouring boroughs, Haringey performs strongly in terms of take-up of funded entitlements. It has the second highest percentage take-up rate for eligible two-year-olds and also ranks second for four-year-olds. Data was not available for the under-one age range, but the above figures demonstrate strong overall take-up levels.
- 4.15 Following a drop in children's communication and language skills, during Covid-19, Early Years provides a dedicated Language Enhancement and Empowerment Programme to improve children's speech, language, communication, and literacy skills through structured interventions, and using trained speech and language therapists. Additional funding was secured through health colleagues initially, and then latterly through the family hubs. Early Years also runs a dedicated public facing campaign called Get Talking Haringey to push the development of children's communication and language. This included hosting a series of events in local parks and at Alexandra Palace, where the Poet Laureate delivered a public reading.

5. How Haringey Compares to the Government's Strategy for Early Education and Childcare

- 5.1 The government's Giving Every Child the Best Start in Life¹ strategy, launched in July 2025, sets out a national vision for integrated early years services delivered through Best Start Family Hubs. These hubs will connect health, education and voluntary sector professionals to create a single, accessible offer for families from pregnancy through early childhood. Services include midwifery and health visiting appointments, breastfeeding advice, parenting classes, stay-and-play sessions, support for children with additional needs, and access to wider family and housing support.
- 5.2 The strategy seeks to reduce inequalities, strengthen communities and support long-term economic growth by addressing the needs of the 4.5 million children currently growing up in poverty. By 2028, the government aims to deliver up to 1,000 family hubs, achieve 75% of children reaching a 'good level of development' (GLD) at age five, and expand access to early education and childcare. This chapter summarises the strategy's main themes and assesses how Haringey's provision aligns with it.

Better Support for Families

- 5.3 The national programme introduces Best Start Family Hubs from April 2026, with funding for all local authorities. Hubs will be open to all families but prioritise areas of high need, with a projected reach of 500,000 children. A new Best Start in Life campaign, linked to a digital parenting hub, which seeks to improve access to guidance and childcare entitlement information. The strategy envisages that the digital parenting hub will, in future, be linked to the NHS App, and will replace the paper 'red book'. Other commitments include strengthening maternity and health visiting services, improving childhood vaccination and oral health, and supporting healthy eating.

More Accessible Early Education and Childcare

- 5.4. Key policy commitments include:
- 30 hours of funded childcare for eligible working parents from when their child is nine-months old.
 - Investment of £370 million and expansion of school-based nurseries, generating up to 6,000 additional places from September 2025.
 - Stronger inclusion funding, including an increase in the Early Years Pupil Premium to £570 per child.
 - Additional SEND support through funding and training for 1,000 early years SEND coordinators.

¹ <https://www.gov.uk/government/publications/giving-every-child-the-best-start-in-life>

Improving Quality in Early Years Education

- 5.5 The strategy emphasises a more professional early years workforce through increased training, qualifications and evidence-informed practice. The government aims for every setting to employ an early years teacher.
- 5.6 Quality initiatives include:
- Expansion of Stronger Practice Hubs.
 - Greater partnership working between schools and nurseries to support smooth transitions into reception.
 - Enhanced Reception Year support and targeted work from Regional Improvement for Standards and Excellence (RISE) teams to improve teaching and to offer enhanced support through specialist maths and english hubs.
 - A focus on early language and maths, supported through programmes such as the Nuffield Early Language Intervention, which delivers small-group and one-to-one sessions to build vocabulary and communication skills.

Local Delivery and Accountability

- 5.7 Local authorities will be required to develop Best Start Plans supported by reliable funding. They will oversee childcare sufficiency, support providers to meet demand, and coordinate integrated services through family hubs. Parent panels will help shape the offer locally. A national outcomes framework will track progress towards the 2028 GLD target.

How Haringey Compares

- 5.8 Haringey's vision for early years, is set out in the Corporate Delivery Plan (CDP), specifically in Theme 3 and the outcomes "Happy Childhoods" and the "Best Start in Life." This aims to ensure all children and young people are supported to achieve their full potential through high-quality, joined-up services. The vision aligns closely with government strategy.
- 5.9 Haringey's services for children and young people were rated "good" by Ofsted in 2023, and in 2024 the borough received the highest possible rating for its SEND services following a joint Ofsted and CQC inspection. On the 24th of February 2026, Haringey received a rating of "outstanding" from Ofsted for its Children's Services. The Council has also progressed significantly on the Safety Valve programme, working to stabilise the High Needs Block budget. To support the expansion of early years entitlements, the Council is working with providers to increase local childcare capacity, promote the new offers and target harder-to-reach families.

Local Early Years Offer

- 5.10 Haringey delivers a broad early years offer across health, education, early help and the voluntary sector. Its priorities closely mirror the national emphasis on reducing inequalities and improving early childhood outcomes. However, the expected rise in demand for childcare for children under two may require further expansion of local provision.
- 5.11 A central element of the national strategy is the rollout of 1,000 family hubs by 2028. Haringey already operates four hubs, recently expanded from two in March 2025 -a key CDP performance target. By September 2025, 2,350 children, parents and carers, and 1,038 families had accessed the hubs. Each hub hosts a new 'Parenting Surgery' offering informal access to family practitioners, health visitors, DWP representatives, housing advisors and other professionals. Support from the National Literacy Trust adds further early language and home-learning initiatives.
- 5.12 The hubs are geographically distributed in areas of greatest need and offer services including perinatal and mental health support, speech and language therapy, vaccinations, infant feeding support and wider health services such as advice for smoking cessation. Furthermore, two of the four family hubs have nursery provision on site. While many components of the national Best Start Hub model already exist locally, further integration work will be required by 2028 to meet the full ambition of the government's model.

Performance in Key Public Health Indicators

- 5.13 Performance data shows strong or improving outcomes across many early years health metrics:
- 88% of children received a face-to-face New Birth Visit within 10–14 days of birth.
 - 86% received a 6–8-week contact.
 - 82% had a 12-month review by 15 months.
- 5.14 The above metrics are slightly above target. Rates of premature births, low birth weight and infant mortality are broadly in line with London and national averages. New-born hearing screening has recovered since the pandemic, reaching 97.2%, though this remains below target. Hospitalisation for dental caries (tooth decay) in 0–5-year-olds has been falling since 2015/16. Vaccination uptake at age one stands at 79%, consistent with other North Central London boroughs but below London and England averages. Haringey's Income Deprivation Affecting Children Index score is 20.1%, compared with a London average of 17.2%. The borough ranks as the 61st most deprived local authority in England and the 10th most deprived in London.

Early Years Outcomes and Childcare Expansion

- 5.15 Against the national target of 75% of children achieving a GLD by age five,

Haringey's 2025 figure is 73.2%. The Council works closely with school-based nurseries and maintains a strong focus on inclusion and SEND support. Preparations are underway to meet the expanded funding entitlements, supported by ongoing childcare sufficiency planning. Haringey operates three standalone maintained nursery schools and four Council-run (non-maintained) nurseries. Future expansion of in-house provision would require capital investment. Potential challenges include workforce shortages—especially in the private, voluntary and independent (PVI) sector, which may limit overall capacity.

Quality of Early Years Education

- 5.16 The Council delivers a strong offer for communication and language development, with speech and language services and other therapies available through family hubs. Many providers operate in partnership with schools and use evidence-based approaches aligned with the Early Years Foundation Stage framework.
- 5.17 Challenges include variation in quality among providers in a rapidly changing market. Achieving an early years teacher in every setting, as the government aspires, could have financial implications for providers and affect sector viability. Inconsistent access to professional development in the early years sector may also hinder full adoption of the national quality agenda, unless it is accompanied by additional funding.

Local Delivery and Accountability

- 5.18 The Council already places emphasis on integrated, co-produced services and targeted early help. However, a formal Best Start Plan aligned with national expectations will need to be developed, together with integration into the national digital platform and alignment with the forthcoming outcomes framework. The government is releasing £1.5 billion by 2028 to support the establishment of 1,000 Best Start Hubs.

Summary

- 5.19 Haringey shows strong alignment with the government's strategy, with many elements already in place—particularly around reducing inequalities, supporting families and improving early childhood outcomes. Further work is needed to fully meet the national model by 2028, particularly around system integration, development of a Best Start Plan and the establishment of parent panels. These changes provide an opportunity for the Council to meet its vision for children and young people, further its collaborative, family-centred approach, and to ensure that every child receives the high-quality, accessible support envisioned in Giving Every Child the Best Start in Life.

6. Childcare Sufficiency.

- 6.1 The Council has a statutory duty to secure sufficient childcare for working parents and those training for employment, for children aged nought to 14 (up to 18 for children with disabilities). The Council monitors childcare sufficiency termly via provider submissions to the Synergy portal. This data sets out the number of places offered across age ranges and the vacancies available.
- 6.2 Summer Term 2025 returns for children aged one and under show 451 places across 103 providers: 47 childminders, 51 private nurseries, three Children's Centres and two Maintained Nursery Schools. Officers advised that it is not possible to confirm whether all 451 places are used by children under one, as the data reflects under-two provision linked to the nine- to 23-month funding entitlement. Places can be used flexibly within this entitlement, and because funding begins the term after a child turns nine months old, the period before they turn one is often short.
- 6.3 The Council publishes an annual Childcare Sufficiency Annual Report (CSAR). The latest version², published December 2025 and covering November 2023 to December 2024, shows that provision for children under one is mainly delivered by private nurseries and childminders. According to the CSAR, 85% of nought to one-year-old places were occupied in December 2024, falling to 80% for one- to two-year-olds. The report highlights ward-level pressures, including:
- A shortage of provision for under-twos in: Bruce Castle, Crouch End, Hornsey, Fortis Green, Noel Park, West Green.
 - Very few providers in Hermitage & Gardens, where families rely on neighbouring wards, and in Stroud Green, which is heavily reliant on childminders.
 - Specialist cultural need in South Tottenham.
 - Low vacancies for under-two provision across most wards.
- 6.4 The CSAR notes a national and local decline in childminders, with 44 resignations from the Ofsted register in Haringey as of December 2024. As childminders are key providers for infants, this reduction directly constrains availability for under-ones. Although new private nurseries created 114 additional under-five places in 2023/24, this expansion is small compared with the number of eligible children under one in the borough.
- 6.5 Regarding quality, 96% of Haringey providers were rated 'good' or 'outstanding' by Ofsted. The average weekly cost of childcare for under-fives in private nurseries is £232–£280, above both outer London and inner London averages (£230 and £181 respectively). Childminder costs in Haringey average £196–£210, also higher than the outer London average.
- 6.6 Haringey has the lowest live birth rate in London, and the number of children entering primary schools has declined since 2013. Public health data estimates 6,250 children aged nought to one in Haringey. Only some of those

² <https://www.minutes.haringey.gov.uk/documents/g11285/Public%20reports%20pack%2015th-Jan-2026%2018.30%20Children%20and%20Young%20Peoples%20Scrutiny%20Panel.pdf?T=10> Pages 27-58

will fall within the nine-month to one-year funded entitlement window, making it difficult to assess whether the 451 places offered are sufficient. The Council does not routinely monitor under-one figures separately, as data is collected based on the nine- to 23-month entitlement.

- 6.7 The 85% occupancy rate for under-one places suggests provision broadly meets demand, though with limited spare capacity; however, this data is 14 months old. Since then, the government has increased free hours for eligible nine-month-olds from 15 to 30 per week, significantly increasing demand. If, as expected, this leads to additional demand for childcare for children under one in the borough, then providers may require additional baby room facilities. This shift is expected to widen capacity gaps, particularly in wards already under strain, and requires providers to scale up staffing and suitable space. Providers have increased the number of places from 263 (for children nought to five) to 451 by December 2024. Although not directly comparable, this indicates a clear increase in supply to meet rising demand. The number of children taking up a funded childcare place for nine- to 23-month-olds rose to 965 in Autumn 2025, up from 742 in December 2024, demonstrating increased take-up across the wider entitlement age range.
- 6.8 In summary, the available data shows a stretched childcare market for under-ones, particularly in areas with existing capacity pressures, characterised by:
- An occupancy rate of 85% and limited spare capacity.
 - Geographic inequalities in provision, with several wards showing critical shortages.
 - A declining childminder workforce, reducing flexibility for infant care
 - Significant increases in demand following the September 2025. entitlement expansion.
- 6.9 One area of concern for the Panel is the disparity in take-up of the 30-hour entitlement among different communities. The Panel recognises that some communities are less likely to access a place due to cultural beliefs that young children should remain at home with their mother (and learn their first language) until school age. To support the government's vision of expanding early education and childcare, targeted engagement will be needed to ensure equitable access to childcare services across Haringey.

7. Early Education, Childcare and Development.

- 7.1. The Panel received evidence from Edward Melhuish, Professor of Human Development at the University of Oxford. Prof. Melhuish presented key findings from his research into early childhood education and its impact on child development and public policy. Prof. Melhuish ran Effective Preschool, Primary and Secondary Education Project (EPPSE)³ longitudinal study which tracked more than 3,000 children between 1997 & 2015. The study found that children who had access to early childhood education achieved stronger cognitive, language and social development by the time they started school, with the greatest benefits seen among children who experienced high-quality provision. The study also found that the effects were strongest for the most disadvantaged children. Furthermore, children who had better Early childhood education were doing better throughout the whole of their school careers, right through the end of school. The study led to the introduction of free early childhood education of 15 hours a week for every three-year old in 2004, and the later introduction of free early education for two-year olds from disadvantaged backgrounds.
- 7.2. The SEED study (Study of Early Education and Development), led by Prof. Melhuish from 2014 onwards, identified continued benefits of high-quality early education, though the effects were smaller than in earlier research due to more consistent national standards.⁴ Across both major studies, Prof. Melhuish emphasised that high-quality interactions were central to children's development. Children make better progress when adults engage them in meaningful, extended conversations that are responsive to their activities, interests and perceptions. Such interactions help build strong learning behaviours and, in particular, support robust early language development. These findings underline the importance of skilled practitioners in early education settings who can provide rich interaction experiences. They also highlight the critical role of the home learning environment. Evidence shared with the Panel showed that children with poor language skills by the start of school often continue to struggle throughout their education. Language development stabilises by around age three, and assessments at this stage can help identify children who may need support. Crucially, there remains a window of opportunity between ages three and five to improve language outcomes through targeted, high-quality interaction and support.
- 7.3. The Panel also received evidence that the EPPSE study showed that children who access early education are 40% less likely to develop special educational needs (SEN), with this rising to 60% for those attending high-quality provision. The Panel regard this as a striking finding, demonstrating the significant long-term social and economic value of investing in high-quality early years services. Professor Melhuish advised the Panel that while higher staff qualifications generally improve the quality of interactions in early education, excellent practice can still be achieved by less-qualified staff who possess the right skills and attitudes. He emphasised that the key challenge lies in

³ <https://www.gov.uk/government/collections/eppse-3-to-14-years>

⁴ <https://www.gov.uk/government/collections/study-of-early-education-and-development-seed>

recruiting and retaining high-quality staff, a task made more difficult in the UK due to comparatively low pay. This contrasts with Scandinavian countries, where early years practitioners are typically well-qualified and better remunerated. Professor Melhuish also noted that, from the age of two, children who already experience rich, high-quality interactions at home continue to benefit from early education, particularly through enhanced social interaction and emotional development.

- 7.4. Professor Melhuish advocates for fully integrated, child-centred children's centres combining health services, childcare, early education and parental support under one roof. He highlighted St Stephen's Children's Centre in Newham as a model example, which offers midwifery, health visiting, early education, childcare and parent support alongside a primary school on the same site. The primary school linked to the centre ranked top in England after adjusting for socioeconomic status, and a local sixth form, from where a lot of these children went to school post-11, sent a high proportion of its students to Oxbridge.⁵
- 7.5. When questioned by the Panel, Professor Melhuish advised that studies found that no single type of provision, either school-based, or private or voluntary, consistently outperformed others. Instead, quality varied within all types. Schools tended to perform well because they offer higher wages and attract better-qualified staff. Ultimately, it was the quality of staff-child interactions that mattered most.
- 7.6. The Panel also heard evidence from Professor Emily Jones, a developmental psychologist at Birkbeck and Professor of Psychiatry and Neurobiology at King's College London. Professor Jones has conducted multiple longitudinal studies following children from pregnancy or early infancy, many of whom have additional needs. She explained that parental mental health, particularly depression, anxiety and stress often peaks around the time a child reaches 12 months, a period when many parents experience increased isolation. Parental wellbeing is closely linked to infants' development, though the direction of influence can be complex. Prenatal stress and anxiety, in particular, are strong indicators of families who may later struggle.
- 7.7. Prof. Jones emphasised that consistent, high-quality early relationships are essential for healthy development. These relationships do not need to be exclusively with parents; a stable and responsive nursery key worker can play the same role. High-quality nursery provision can be transformative for families under significant stress, but only when standards of care are consistently high, poor-quality provision risks worsening outcomes. Services for babies under one, she argued, must therefore support not only the infant but also the parent–infant relationship, especially during the challenging

⁵ <https://www.bbc.co.uk/news/articles/cq6v6j88jq9o>

return-to-work period.

- 7.8. Prof. Jones noted that nursery places for under-ones remain limited, expensive and often inaccessible for low-income families. While the introduction of free hours from nine months may help some, the benefits will only be realised if there is a well-paid and sufficient workforce. Infants from stable, low-stress households may thrive at home, but the families who would benefit most from funded childcare - those under financial and emotional strain, are currently excluded due to the work-requirement rules. The Panel believes the Government should expand the entitlement to include families with additional needs, aligning it with the existing means-tested offer for two-year-olds.
- 7.9. Professor Jones also highlighted that strong social networks are particularly important during the first year. Supportive relationships help parents navigate decisions around feeding, sleep and vaccinations. Mixed-demographic stay-and-play groups and informal community settings reduce isolation, help families understand child development and build trust in services. She strongly endorsed flexible, relationship-centred models such as baby hubs and drop-ins, especially where professionals such as health visitors, breastfeeding advisors, sleep specialists and vaccination leads are embedded within sessions. Parents often benefit from short-term crèche provision that gives them space to rest or socialise while allowing professionals to offer light-touch, early help.
- 7.10. Regarding emerging SEND, Professor Jones explained that autism and ADHD are rarely diagnosed before school age, though early indicators, such as sleep and feeding difficulties, and unusually high or low activity levels, can emerge earlier. Many families struggle for years before diagnosis, making interim relational and developmental support critical. Parents benefit from safe environments where they can compare experiences and receive professional reassurance. Children with sensory or behavioural differences need calm, predictable, stimulating spaces, while early professional contact can help accelerate support pathways. Although evidence is limited, we were advised that state-funded nurseries are generally better equipped to support emerging SEND needs due to their needs-based approaches and more stable funding. In contrast, private providers may indirectly exclude children, for example, by citing insufficient staffing.
- 7.11. The Panel received evidence from Action for Children that the current focus on funding early childhood education for working families was having the effect of excluding children from disadvantaged backgrounds, despite them being the children who would most benefit from accessing that provision. Because the entitlement is restricted to working parents, families on low incomes are unable to access funded places, and in many cases places are unavailable anyway, as they have already been taken up by eligible working households. Action for Children highlighted findings from the IFS Annual Report on

Education Spending in England: 2025–26, which shows that families benefiting from the nine-to-23-month entitlement would be using childcare regardless. In effect, the funding supports economically stable families but does little to help those on minimum-wage incomes return to work.

- 7.12. The Panel also received evidence that nurseries might previously have viewed two-year-old places as financially attractive due to a higher per-pupil funding rate. However, providers can now allocate those places to infants eligible for the extended Early Years Entitlement, which offers a higher rate than the two-year-old funding and covers 30 hours a week rather than 15. As a result, funding is being redirected away from disadvantaged children, exacerbating existing inequalities and increasing the likelihood that children without access to early education will start school already behind their peers

Recommendation 1

That Cabinet lobby the Government to expand the nine-to-23-month childcare funding entitlement so that it includes not only working parents, but also families on Universal Credit below the income threshold, children in care, and children with an EHCP—bringing it in line with the entitlement available for two-year-olds who receive additional support. Cabinet should also ask the Government to equalise the funding rates for Two-Year-Old Funding and the extended Early Years Entitlement, to avoid providers favouring younger children from working families due to higher per-pupil funding.

8. Communicating Early Years' Activities and Classes

- 8.1 As part of the evidence-gathering process, the Panel visited Broadwater Children's Centre to speak with parents and carers about their experiences of services for children under one in Haringey. The Stay and Play session was busy and welcoming, with a mix of established NCT networks and parents attending for the first time. Many highlighted the value of having a warm, accessible space to socialise with their babies—particularly in winter, when parks were unusable and people's homes were too small to host groups. Parents also appreciated that the sessions were free and did not require booking, making it easier to attend around unpredictable nap schedules.
- 8.2 Parents told us that while the Council offers a wide range of services across children's centres and family hubs, information is scattered across multiple webpages and Instagram feeds. This patchwork makes it difficult to get a clear picture of what is available, when sessions are running, and where they are located. One parent explained that they had to scroll through a provider's Instagram feed in order to find out the time of an activity.
- 8.3 The Panel heard evidence that parents would benefit from a single, easily accessible online directory bringing together all early help activities and classes across Haringey. Instead of navigating separate pages for children's centres or family hubs, parents want one authoritative source showing what's on, by day, time, location and age group. The Panel agrees that consolidating this information would make services easier to find and use. We also believe the directory should be actively promoted through the Council's social media channels to ensure it reaches as many families as possible.

Recommendation 2

That the Council develop an online directory of early years classes and activities with a dedicated webpage, enabling parents to easily identify available services across Haringey by day and time. The Panel also recommends that the range of services be actively promoted through the Council's social media channels. Parents and carers advise that accessing services through individual children's centres and provider websites can be difficult to navigate.

9. Childminders and Providing Stay and Play Activities.

- 9.1. The Panel heard from two Haringey childminders who each run small, home-based childcare businesses. Both highlighted the ongoing decline in the childminding workforce, attributing this to increasing regulatory demands, a stringent inspection regime and funding rates that make the role financially unsustainable. They explained that government funding entitlements vary significantly by age group: while the hourly rate for children aged nine to 23 months is £13.40, the rate for three to four year-olds is just £6.18. In nursery settings, providers can adjust staffing ratios to offset these lower rates. However, childminders who work alone cannot do this, resulting in an effective pay cut as the same child gets older. One childminder, Ms Payne, told the Panel that caring for three and four year-olds sometimes left her earning below the minimum wage.
- 9.2. The childminders noted that most children typically begin with them between nine and twelve months of age. Since the introduction of the extended funding entitlement, they have seen a noticeable rise in enquiries for younger babies, whereas previously children often started with them closer to 18–24 months. They felt strongly that funding policy is now shaping parental behaviour and influencing when families seek childcare. Both commented that children generally move from childminding into larger settings between ages two and three, as parents begin thinking about school readiness. They added that many families prefer the home-like environment of a childminder for very young children but view nurseries as more appropriate for older age groups. The childminders suggested that this trend may be further reinforced by recent high-profile news stories relating to nursery safeguarding.
- 9.3. Ms Payne spoke positively about a LEEP session she attended at a children's centre, describing it as a valuable opportunity for professional connection in what can otherwise be an isolating sector. She told the Panel that one practical area where the Council could offer further support is training on the Council's childminder portal. The system is perceived as difficult to use, and previous remote training sessions appear to have stopped.
- 9.4. A key theme in the discussion was the lack of a professional community for childminders. The profession was described as lonely, with few dedicated spaces for childminders to meet, collaborate or access activities. Most stay-and-play sessions refuse entry to childminders, prioritising parents instead. We also heard from someone who was employed as a nanny when we visited the Broadwater Children's Centre, who reported that she had been unable to access certain services due to being a nanny rather than the child's parent. Given the evidence received as part of the review about the importance of strong social networks, as well as the importance of mental health to both babies and carers, the Panel would like to see more support provided to childminders in particular. Especially, given the challenges they face, and the fact they provide a vital source of childcare in the borough, especially for younger children.
- 9.5. The Panel would like the Council to explore the feasibility of dedicated stay-and-play provision for childminders, making use of under-utilised library spaces through a rotating programme of sessions across the borough. The

Panel also suggests that a small grant could be offered to a local childminder to coordinate these sessions, helping build a sustainable model within existing resource constraints. We note how valuable the previous LEEP session had been to one of the childminders, underscoring the need for more opportunities of this kind. The Panel is keen, therefore, for the Council to consider broader support options, including establishing a childminders' support group.

Recommendation 3

That Cabinet explore ways to provide dedicated stay-and-play provision for childminders and nannies, who are currently excluded from most existing activities. The Panel suggests offering at least one session per month, rotating between libraries across the borough, and exploring the establishment of a childminders' support group.

10. Peer Support and Inequalities

- 10.1 The Panel received evidence from Action for Children around the fact that there are significant inequalities considerations when it comes to early childcare and education, and that the government's focus on funding childcare for working families has exacerbated existing inequalities between children from disadvantaged backgrounds and their peers. The Panel was advised that the social and health inequalities began at birth and widened as the child got older. In addition to wanting to see the funding entitlement for children nine-to-23 months extended to children with whose parents receive extra support, the Panel would also like to see more done to ensure adequate provision of antenatal and perinatal peer support for parents who are socio-economically disadvantaged.
- 10.2 One of the things the Panel heard from a number of the people it spoke to, was around how difficult the transition to parenthood could be, particularly without adequate support in place. A key resource during pregnancy and early childhood are antenatal courses designed to prepare expectant parents for birth and early parenthood, such as those delivered through the National Childbirth Trust (NCT). These courses cover a range of topics like birth choices, stages of labour, pain relief, how to feed babies, and early parenting skills. In addition, they hold meetings in person and organise social events locally, in order for parents to build support networks with other local parents. The Panel considers these support networks to be extremely valuable for new parents, particularly because they enable parents to connect through WhatsApp groups with other local parents who are experiencing similar challenges, and to exchange messages at any time of night when other forms of support may not be available. However, NCT classes typically cost around £300, and are often criticised for being accessible mainly to middle-class families, with the high cost acting as a barrier for those on lower incomes.
- 10.3 Antenatal education and support are also available through local authorities and the NHS. These services, however, tend to focus on information-giving and structured preparation for childbirth, rather than developing peer-networks. Since the Covid-19 pandemic, much of this provision has moved online, reducing opportunities for parents to build meaningful in-person social support networks of the type commonly developed through NCT classes.
- 10.4 Haringey delivers a Start for Life programme through its Family Hubs, providing support to families with children aged nought to five. This includes targeted services for families from conception to age two—known as the “1,001 critical days”—covering maternity care and early childhood support. Maternity services within the borough are provided by North Middlesex Hospital and the Whittington NHS Trust. The Whittington offers free antenatal classes⁶, delivered both in person and online via Microsoft Teams. Parenting support is also available through programmes designed to strengthen parenting skills and address issues such as parental conflict, or mothers suffering with low mood and anxiety. In addition, Haringey offers Bump to Baby sessions through Family Hubs. Delivered by the Parent Infant Psychology Service as a six-week

⁶ <https://www.whittington.nhs.uk/default.asp?c=45189>

programme, these sessions help mothers prepare emotionally for childbirth and early parenthood.

- 10.5 Although Haringey offers a wide range of services covering antenatal support, the classes are predominantly delivered online and do not provide the same level of peer connection that paid NCT classes can offer. The Panel is concerned about the equalities implications of this and would like the Council to facilitate in-person antenatal peer support, free of charge, that enables parents on low incomes to build strong local peer networks. The Panel recognises that a range of in-person services are already available during pregnancy and early childhood, and that these do offer some opportunities for parents to meet others. However, these opportunities do not always offer the same level of visibility or continuity as the networks developed through NCT. The Panel is also mindful that take-up of antenatal services varies significantly across different communities and groups, depending on the type of support on offer. It therefore recommends that Cabinet works with partners to ensure the ongoing provision of free, in-person antenatal peer-support groups for low-income parents. The Panel also believes the Council should monitor the take-up of these services and consider expanding them where needed.

Recommendation 4

That Cabinet work with health partners and VCS organisations to maintain free antenatal peer-support groups, such as NCT-style sessions, for parents on low incomes. The Panel is concerned about unequal access to peer support where paid classes are unaffordable.

Appendix 1A list of contributors who gave evidence to the Scrutiny Review

Contributor	Organisation	Date
Jane Edwards	Director Schools and Learning, Haringey Council	3 rd November 2025
Mel Widnall	Head of Early Years, Haringey Council	3 rd November 2025
Akwai Gil	Principal Early Years Advisor, Haringey Council	3 rd November 2025
Jackie Difolco	Director of Early Help, Prevention & SEND, Haringey Council	11 th November 2025
Simone Common	Head of Service Early Help, Prevention & SEND, Haringey Council.	11 th November 2025
Linda Edwards	Senior Public Health Commissioner, Haringey Council	11 th November 2025
Angharad Shambler	Public Health Strategist, Haringey Council.	11 th November 2025
Vanessa Cooke	Director of Operations – Children and Young People's Services. Whittington Health NHS.	11 th November 2025
Paula Magee	Clinical Psychologist and Head of PIPs service. Whittington Health NHS.	11 th November 2025
Tenby Dzingai	Health Visiting Manager, Whittington Health NHS.	11 th November 2025
Parents and carers, attending a baby Stay and Play session at Broadwater Centre.	N/A	19 th January 2026
Chloe Payne	Runs a local child minding business	29 th January 2026
Alice Miles	Runs a local child minding business	29 th January 2026
Edward Melhuish	Professor of Human Development at the University of Oxford	12 th February 2026
Emily Jones	Professor of Psychology, Psychiatry and Neurobiology at Birkbeck and KCL	23 rd February 2026
Emma Gardner	Early Years and Childhood Quality Manager, Action for Children	23 rd February 2026

This page is intentionally left blank