

NOTICE OF MEETING

CHILDREN AND YOUNG PEOPLE'S SCRUTINY PANEL

Thursday, 26th February, 2026, 6.30 pm - George Meehan House,
294 High Rd, London N22 8JZ (watch the live meeting [here](#), watch
the recording [here](#)).

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

Co-optees/Non-Voting Members: Christine Cordon (North Harringay Primary
School) (Co-Optee), Camillia Borwick-Fox (Ferry Lane School) (Co-Optee) and
Amanda Bernard (Haringey SEND Parent Carer Forum)

Quorum: 3

1. FILMING AT MEETINGS

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

By entering the meeting room and using the public seating area, you are consenting to being filmed and to the possible use of those images and sound recordings.

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

2. APOLOGIES FOR ABSENCE

3. ITEMS OF URGENT BUSINESS

The Chair will consider the admission of any late items of urgent business (late items will be considered under the agenda item where they appear. New items will be dealt with as noted below).

4. DECLARATIONS OF INTEREST

A member with a disclosable pecuniary interest or a prejudicial interest in a matter who attends a meeting of the authority at which the matter is considered:

- (i) must disclose the interest at the start of the meeting or when the interest becomes apparent, and
- (ii) may not participate in any discussion or vote on the matter and must withdraw from the meeting room.

A member who discloses at a meeting a disclosable pecuniary interest which is not registered in the Register of Members' Interests or the subject of a pending notification must notify the Monitoring Officer of the interest within 28 days of the disclosure.

Disclosable pecuniary interests, personal interests and prejudicial interests are defined at Paragraphs 5-7 and Appendix A of the Members' Code of Conduct.

5. DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS

To consider any requests received in accordance with Part 4, Section B, Paragraph 29 of the Council's Constitution.

6. MINUTES (PAGES 1 - 6)

To approve the minutes of the previous meeting.

7. HARINGEY AUTISM STRATEGY IMPLEMENTATION UPDATE (PAGES 7 - 16)

8. SEND AND ALTERNATIVE PROVISION STRATEGY 2026 - 2029: UPDATE ON CONSULTATION FEEDBACK

Verbal update.

9. HEALTHY WEIGHT STRATEGY: PROGRESS ON TACKLING UNHEALTHY WEIGHT IN CHILDHOOD (PAGES 17 - 46)

10. CABINET MEMBER QUESTIONS: CABINET MEMBER FOR CHILDREN, SCHOOLS & FAMILIES

Verbal update.

11. WORK PROGRAMME UPDATE (PAGES 47 - 50)

12. NEW ITEMS OF URGENT BUSINESS

To consider any items admitted at item 3 above.

13. DATES OF FUTURE MEETINGS

N/A

Philip Slawther, Principal Scrutiny Officer
Tel – 020 8489 2951
Email: philip.slawther2@haringey.gov.uk

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

Wednesday, 18 February 2026

This page is intentionally left blank

MINUTES OF THE Children and Young People's Scrutiny Panel HELD ON Thursday, 15th January, 2026, 6.30 pm

PRESENT:

Councillors: Anna Lawton (Chair), Kaushika Amin, George Dunstall

ALSO ATTENDING: Amanda Bernard, Cllr Mary Mason and Cllr Lotte Collett

40. FILMING AT MEETINGS

The Chair referred Members present to agenda Item 1 as shown on the agenda in respect of filming at this meeting, and Members noted the information contained therein'.

41. APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Grosskopf, Cllr Abela and Cllr Isilar Gosling. Cllr White attended the meeting as a substitute for Cllr Grosskopf.

42. ITEMS OF URGENT BUSINESS

None.

43. DECLARATIONS OF INTEREST

None.

44. DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS

None.

45. MINUTES

RESOLVED

That the minutes of the previous meeting held on 18th November were agreed as a correct record.

46. HARINGEY EDUCATIONAL ATTAINMENT & SCHOOLS FINANCIAL UPDATE 2024-25

The Panel received a report which provided an update on educational attainment outcomes for children and young people in Haringey in 2024-25. The Panel also

received a report which provided an update on schools' finance. The report was introduced by James Page, Chief Executive of the Haringey Education Partnership and Jane Edwards, Director of Schools and Learning, as set out in the agenda pack at pages 11-25. Cllr Zena Brabazon, Cabinet Member for Children, Schools and Families was also present for this item. By way of introduction to the education attainment report, the following was noted:

- The Panel was advised that Haringey had seen improving results in education attainment and that since 2022, the borough was chasing London, rather than national averages. Attainment levels across London were much higher than almost anywhere else.
- The score for good levels of development at Early Years was 73.5%. This was the tenth highest score nationally. Phonics was at 84%, which was above the London and national average.
- At KS2, Haringey reached the London average in reading, writing and maths at 70%. This was a major improvement on past performance.
- Significant progress had been made in closing gaps in attainment. SEND scores were high and rising in these results. Disadvantaged Turkish and Black African students came in above the Haringey average.
- The Panel were advised that one disappointing piece of data was a regression in attainment from Black Caribbean boys at KS2, after two years of improving scores. It was suggested that a significant reason for this was because of the makeup of the cohort, being 60% boys and 40% SEND it was suggested that this was an anomaly and it was expected that results would bounce back next year.
- At GCSE, London was on average half a grade higher than the national average. Haringey was in the middle of the London and national average. Disadvantaged students performed well. SEND scores were characterised as being very high.
- Haringey had the lowest exclusion rate of secondary school pupils in the whole of London. Officers emphasised that of 32 secondary exclusions last year, 25 were successfully reintegrated within the academic year.
- The Panel was advised that outcomes for Turkish/Kurdish students at KS4 got much stronger, but they were not as good in terms of early years. As part of the racial equality group, chaired by Mr Page, a Turkish/Kurdish working group had been established which was led by a school leader. The working group would be looking at specific actions to take in order to improve performance. It was suggested that part of it related to delayed language development.

The following arose in discussion of this item:

- a. The Panel sought clarification about the interaction of scores for Turkish/Kurdish and those for EAL, and that fact that EAL scores at KS4 suggested that speaking a second language wasn't in itself a disadvantage. In response, officers advised that they did not have the figures for the percentage of EAL that were made up of Turkish/Kurdish young people. It was acknowledged that the reasons were complex and that EAL was made up of an umbrella of different communities who had different migration experiences. It was suggested that socio-economic differences and cultural differences played a significant role.
- b. The Panel sought assurances around the lower than expected attainment for Black Caribbean boys at KS2 and what was being done to bridge the gap. In

response, officers set out that the general point around it being 60% boys, was that girls did better than boys in terms of educational attainment across all of the data sets. It was emphasised that this was an anomalous result and therefore it was expected to be a one-off. Attainment for this group had increased by twelve percentage points in two years and that the current score was a regression.

- c. The Panel asked about the racial equality group and how the SEND cohort was represented at steering group meetings. In response, officers advised that the steering group did used to meet more regularly, but that the group took a decision to redefine its membership around those who were leading on areas of work. This was a decision taken by the group as a whole.
- d. A co-opted member of the Panel commented that they were concerned around who was present to represent those young people and who understood how to engage with them. Concerns were made about the role played by historical trauma and that the reasoning behind tended to be based on assumptions. In response, officers set out that the inclusion and access group made sure that every school was trauma informed, to ensure that it met the needs of any part of the cohort. Officers also highlighted the impact of language that cares had in engaging with young people in a meaningful way. This had been highlighted by Ofsted. It was suggested that the challenge was how to take this into schools. The Panel was also advised that there was a black educators network in order to recruit, retain and encourage black teachers. There was also a pan-London network to racial equality that had been set up.

Clerk's Note: 19:03 – Cllr Mary Mason and Cllr Lotte Collett joined the meeting at this point.

- e. In response to a question, officers advised that disadvantaged in the context of the report meant in receipt of Pupil Premium.
- f. In response to a question, officers agreed to provide a written response around the reasons behind the attainment gap for Turkish/Kurdish young people at KS2. The Panel felt that ascribing it to having english as a second language did not fit with the scores for EAL. **(Action: Jane Edwards/James Page)**.
- g. In response to a question about how to lower attainment gaps, it was emphasised that what was happening in the classroom in terms of the quality of teaching and learning was the key factor. It was also set out that HEP were working closely with schools with lower levels of attainment and to ensure that intervention began in early years in order to prevent the gap from widening as children progressed through the school system.

RESOLVED

Noted

47. CHILDCARE SUFFICIENCY ANNUAL REPORT NOVEMBER 2023- DECEMBER 2024

The Panel received a copy of the Childcare Sufficiency Annual Report 2023-24, along with a cover report and an appendix that set out the take up of the government's scheme of 30 free hours childcare. The report was introduced by Jane Edwards, Director of Schools and Learning, as set out in the agenda pack at pages 27-58. Christine Yianni, Childcare Sufficiency Manager and the Cabinet Member for Children,

Schools and Families were also present for this item. The following arose as part of the discussion of this item:

- a. The Panel queried how the cost of childcare in Haringey compared to inner, rather than outer, London boroughs. In response, officers agreed to provide the figures in writing. **(Action: Christine Yianni)**.
- b. The Panel questioned whether the Council had a role in facilitating the childcare market, if and when they believed that there were gaps in provision. In response, officers advised that they did look at the market, see if there were any gaps and let people know if more provision was needed. A number of schools had set up nurse provision recently, in response to market demand. Officers commented that the growth in provision was in the 9 months plus category due to the new funding entitlement. The Council had sort to direct grant funding for this age group into areas that were under provisioned. The Cabinet Member commented that Early Years was run on the basis of being a market, with providers having to operate like a business. The driver for the funding for 9-23 months old children was to get parents back to work.
- c. In relation to language and racial equity, it was commented that the term 'minority ethnic' used in the report was outdated. Instead, it was suggested that the term 'global majority' should be used. It was also commented that there were cultural factors behind why some communities had lower take-up levels of formal childcare settings. It was stated that it was important to acknowledge and understand the cultural differences at play.

RESOLVED

Noted.

48. VIRTUAL SCHOOL ANNUAL REPORT 2024-25

The Panel received a copy of the Virtual Schools Annual Report 2024-25, along with a covering report. The report was included in the agenda pack for Panel Members to note. The Panel was advised that any questions on the report would be taken in writing.

RESOLVED

Noted.

49. NEW ITEMS OF URGENT BUSINESS

N/A

50. DATES OF FUTURE MEETINGS

26 February.

51. WORK PROGRAMME UPDATE

RESOLVED

That the work programme was noted and any amendments were agreed.

CHAIR: Councillor Anna Lawton

Signed by Chair

Date

This page is intentionally left blank

Report for: Children's Scrutiny Panel 26 February 2026

Title: Haringey Autism Strategy implementation update

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

Lead Officer: Tim Miller, Assistant Director of Place, Integration, Transformation & Delivery (Haringey), NHS North Central London ICB

Ward(s) affected: N/A

**Report for Key/
Non Key Decision:** Non Key

1. Describe the issue under consideration

1.1 Haringey agreed a 10-year, all-age strategy to improve outcomes, experience and inclusion for autistic people in 2021.

1.2 This report provides an update of the implementation at the midway point.

1.3 The report outlines the areas of improvement to date and future improvement plans.

2. Cabinet Member Introduction

N/A

3. Recommendations

3.1 That Members note contents of the report.

4. Reasons for decision

4.1 This report is for information only.

5. Alternative options considered

N/A

6. Background information

N/A

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

N/A

8. Carbon and Climate Change

N/A

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

N/A

10. Use of Appendices

Appendix I - Autism Strategy Implementation update

11. Background papers

N/A

Appendix I - Autism Strategy Implementation update

Summary

Haringey agreed a 10-year, all-age strategy to improve outcomes, experience and inclusion for autistic people in 2021. It runs to 2031, so we are coming up to the half-way point of the plan.

The strategy sought to deliver across 9 improvement areas, tackling 3 priorities at a time in 3 year 'blocks'.

The initial priority group was to make improvements in diagnostic pathways, mental health / crisis services and care and support more generally. Coproduction with families and young people & professionals has driven a wide range of improvements, some of which are highlighted below, and established a platform for further improvement through the second half of the strategy.

There have also been improvements in post-16 employment offers, education sector awareness and data collection.

Delivery of the plan going forwards is being reviewed as part of the refresh of the borough's partnership priorities and ways of working, and partners are updating the structure and work plans by which to deliver the rest of the strategy's ambitions.

Panel should be aware that as an all-age strategy, there is also aligned work focusing on Haringey's adult population which has not been included within this report.

Below is an update from partners on the delivery of the strategy's priorities over the last 4-5 years.

Improving diagnostic services for autistic children & young people

"I can get a diagnosis in a timely way with an offer of some pre or post diagnostic support locally"

Whittington Health, Tavistock and Portman and partners have led on this area: -

- Used NCL transformation money to reduce waiting times for under 5s, 12+ and to improve pre- and post-diagnostic support
- Restarted face to face post diagnosis parent/carer workshops for 5-11 year olds
- Introduced follow-up/wellbeing phone calls post diagnosis as per NICE guidelines. This includes use of a parent/carer questionnaire coproduced with SENDPower. Feedback from this is used to develop services e.g. introducing a newsletter for families
- Set up a Haringey Social Communication Team webpage as part of the Whittington website with information for parents/carers and practitioners.
- Produced videos parent/carers on toileting, selective eating and behaviour/regulation with access to follow on online workshops. The pre-

recorded videos are open to all, the workshops for those waiting and post diagnosis

- Developed a new sleep pathway for families on the waiting list or post diagnosis which includes advice and access to clinical psychologist and paediatrician as needed.
- Used the NHS backlog money to maintain waiting times despite increased referrals.
- Worked with Markfield to support with parent/carer coffee mornings and training courses which are open to those on the waiting list and post diagnosis (see further on *improving care and support* below)
- Developed update letters for those on the waiting list with an updated waiting time and signposting to local support including workshops mentioned above

We are working on / planning: -

- To launch a support line (phone and email) for parents/carers and practitioners from 1/4/26. This will be aimed at those on the waiting list with some key working available for vulnerable families post diagnosis
- To develop a termly newsletter for families on the waiting list with additional information and updated waiting times
- To work with the NCL Transformation team and NLFT CAMHS to join up Autism and ADHD assessments
- NLFT and the Council's Youth Justice Service (YJS) have recently developed pathways which will fast track neurodevelopmental assessments. The fast track guide describes that each child should be considered on a case-by-case basis depending on several factors (e.g., child/families wishes to engage in assessment, age of child, length of time remaining with YJS, whether assessment can better support understanding of offending behaviours, capacity of CAMHS-YJS staff member with appropriate qualification and training).

Improving mental health, complex and crisis care services for autistic children & young people

"I can get the right support at the right time"

NLFT have led on this work in partnership with Haringey Council:

- We have an embedded Learning Disability and Autism (LDA) Practitioner within the assertive outreach teams (AOT) across Barnet, Enfield and Haringey boroughs and a established a Home Treatment Team (HTT), providing specialist clinical leadership and direct clinical input for autistic children and young people with complex mental health and behavioural presentations

- Improved identification and understanding of autism, learning disability, sensory needs, and communication differences within crisis and intensive community settings
- Enhanced risk formulation that distinguishes between distress driven by unmet neurodevelopmental needs and mental illness, reducing inappropriate escalation, restraint, and admission
- Specialist advice and modelling for staff on reasonable adjustments, trauma informed and autism informed approaches during crisis presentations, including A&E and out of hours responses
- Closer working with families, education, social care, and ND pathways to provide consistent, system wide support and shared understanding of the young person's needs

NLFT are working on / planning:

- Strengthening the role of the LDA practitioner in proactive care planning for high intensity, high risk autistic young people who frequently present in crisis or attend A&E
- Developing clearer pathways between ND services, crisis services, AOT, and HTT to reduce fragmentation and revolving door presentations
- Expanding autism informed crisis care approaches, including sensory modulation, environmental adaptations, and behaviour support planning within community and acute settings
- Building workforce confidence and capability through ongoing training, reflective practice, and joint case formulation led by the LDA practitioner
- Improving transition planning and discharge pathways for autistic young people, ensuring continuity of care and reducing escalation at key transition points

Improving care and support for autistic children & young people

My friends and family have access to support, information and advice as part of their journey alongside me"

Markfield have been commissioned to extend their SENDIASS offer with additional support for autistic children and their families. Open Door have also been commissioned to provide additional pre/post diagnostic psychological therapy aligned to Markfield's project. The services delivered within the SENDIASS autism project are designed to complement the existing statutory services, by giving parents & carers opportunities to:

- Meet with other parents/carers for peer support
- Learn more about autism and practical ways to support autistic children

- Get individual advice on navigating the local statutory and voluntary sector services for autistic children, including help to apply for Disability Living Allowance (DLA)

The autism pathway project beneficiaries are Haringey residents who are:

- Parents and carers of children and young people who are either on the waiting list for an autism assessment or have been recently diagnosed with Autism
- Young autistic people up to 18 years old and those on the waiting list for an autism assessment

In this project SENDIASS is delivering:

- One-to-one advice appointments to help navigate services, and find out about local and national resources. These appointments are offered online and in person
- Support to fill in forms to claim Disability Living Allowance (DLA). Due to the volume of requests, we operate a waiting list.
- Group training sessions and workshops for parent/carers about different topics.
- Bi-monthly face to face parent/carer support groups. These in-person meetings allow parents a space to chat and have peer to peer support.
- A monthly youth club for autistic young people aged 12 to 17

Improving accessibility for autistic children & young people

“I have good access to physical and mental health services and expect good outcomes if I need these services”

Whittington Health have: -

- Developed neuro-affirming training to support health professionals when talking to young people and their families. This aligns with training by LAST developed for Education professionals.
- Worked jointly with LAST with Somali parents of autistic children to further understand cultural differences in understanding autism.

We are working on / planning: -

- Revising the post diagnosis pack for older children to include more neuro affirming resources to support understanding and acceptance of the diagnosis

Improving education, employment and training in the community for autistic children & young people

“I can access education and help if I need it in my local community and do not have to travel far away to have my needs met

“My family, my friends, my teachers and others I trust know how to help me best when I need extra support. They create spaces for me or with me that help me learn and thrive.”

Haringey Council is committed to ensuring autistic children and young people have opportunities to support their transition from education, through to training and eventually paid employment. Currently, the following opportunities are available within the borough:

- Haringey Council and Mencap Training Academy run a Supported Internship programme for 18–25-year-olds on an Education, Health and Care Plan. Over the course of an academic year participants complete 3 full time internships in council departments and local businesses. The interns spend 4 days a week at their work placement and spend 1 day per week in the classroom. The programme also includes travel training and work coach support, which extends beyond the programme length. The Supported Internship provides valuable workplace experience, which is a key stepping stone to paid employment.
- Mencap training Academy offer a Pre-supported Internship Programme for 16-25-year-olds. This programme readies participants for a Supported Internship, the key difference being participants spend the majority of their time in the classroom, with 1 day per week at an internship. This provides an important first step for young people who aren't ready to go from full time education to 5 days a week at a workplace.
- Connect to Work provides intensive employment support for residents with Health conditions. As part of this provision, there is a dedicated support stream for residents with more challenging health barriers such as autism, which follows the Supported Employment Quality Framework. This strand is being delivered by PLUS and is open to any resident who is 18+ with an associated medical condition, who would like to work. The provision co-locates in the Haringey Autism Hub, to better connect with autistic residents.

The Council have also worked with schools across Haringey on professional development in relation to autism:

- We have rolled out Autism Education Trust training to all primary schools in Haringey, 4 out of 5 special schools and 9/12 secondary schools

Empowering autistic children & young people

“I feel encouraged to speak up and be me”

Haringey Council Elevated Youth Panel and Youth Council Participation have led involvement and coproduction, aligned to and part of the SEND partnership in Haringey: -

- The Haringey Youth Participation Team has established a youth voice panel known as Elevated Youth, comprising young people aged 11–25 with a range of SEND needs, including autism. This panel plays an integral role in ensuring

that neurodiverse young people are meaningfully represented in local decision-making.

- Elevated Youth members are also active participants in the Haringey Youth Council, which was launched in November 2025. The Youth Council is designed to ensure that young people feel heard, valued, and included, regardless of their neurodiversity. Members are regularly invited to take part in Cabinet meetings, contribute to the development of surveys, and attend panel discussions that seek young people's views on issues affecting their lives, such as community safety, education, and mental health.
- Within the Youth Council, a member of Elevated Youth has been elected as Deputy Leader for 2 years. This young person has been commended for their commitment and for their advocacy on behalf of autistic young people, drawing on their own lived experience to help influence change. They shared that being part of the Youth Council has allowed them to socialise with peers from different schools across the borough and collaborate on making a positive difference within their community.
- Youth Council meetings take place once a month, scheduled for the second Wednesday of each month. Meetings are held at the Rising Green Family Hub from 4:30pm to 6:30pm.

We are working on / planning: -

- We are working on and planning a range of new initiatives designed to further strengthen youth participation, increase accessibility for neurodiverse young people, and embed co-production across all areas of service development. This includes enhancing autism-friendly communication practices, expanding the Elevated Youth panel to ensure broader representation, and developing targeted training for professionals on how to work effectively with autistic young people. We are also planning to introduce more structured opportunities for young people to contribute to policy shaping. Such as workshops focused on mental health, education, and SEND support. Additionally, we are exploring new partnership opportunities with schools, the voluntary sector, and health services to ensure that autistic young people can engage safely, confidently, and meaningfully in influencing decisions that affect their lives.

NLFT CAMHS services

We have

- Established **Haringey Youth Boards** with a diverse group of young people who access CYPMHS, including autistic young people and those with a range of mental health experiences.
- Embedded **co-production as standard practice**, ensuring autistic young people directly influence service design, delivery, and improvement.

- Enabled young people to **co-chair strategic meetings** with senior leaders and directors, creating space for challenge, accountability, and shared decision-making.
- Involved autistic young people in **recruitment panels**, ensuring their lived experience shapes workforce selection and values-based hiring.
- Supported young people to deliver **peer-to-peer support**, strengthening confidence, belonging, and community connection.
- Achieved national recognition through the **2025 HSJ Award for Empowering Young Voices**, celebrating the impact of our youth boards and co-production model.

Planned

- Implement **Digital Storytelling** to help staff better understand autistic young people's lived experiences, improving empathy, communication, and trauma-informed practice.
- Launch the **North Central London Young People's Participation Forum**, ensuring autistic young people influence mental health service development across the wider NCL footprint.
- Strengthen pathways for autistic young people to take on **leadership, ambassador, and advisory roles**, ensuring sustained involvement beyond one-off consultations.
- Expand training and support for staff to embed **neurodiversity-affirming practice**, co-designed with autistic young people.
- Increase opportunities for autistic young people to shape **service evaluations, quality improvement projects, and strategic planning**.
- Develop accessible communication tools (visual, digital, and co-produced) to ensure autistic young people can meaningfully engage in decision-making.

Improving data collection for autistic children & young people

We have: -

To strengthen data quality and improve oversight, the NCL NHS Neurodiversity Programme have implemented a new NCL metrics template designed to capture rich and meaningful information about children and young people awaiting an autism and ADHD diagnostic assessment. This template incorporates over 19 key metrics, including demographic details, to provide comprehensive insights that inform commissioning decisions and highlight areas of inequity across NCL. By standardising

and streamlining data collection, we now have consistent data flows that enable robust analysis, support evidence-based planning, and ensure services are responsive to population needs. This initiative represents a significant step forward in improving transparency, accountability, and equity within neurodevelopmental pathways.

Key Benefits

- **Enhanced Data Quality:** Standardised metrics ensure accurate, consistent, and reliable data collection across NCL.
- **Informed Commissioning:** Rich insights enable evidence-based decisions to optimise resource allocation and service planning.
- **Equity Oversight:** Demographic data highlights disparities, supporting targeted interventions to reduce inequities.
- **Improved Transparency:** Clear, consistent reporting strengthens accountability and governance.
- **Better Outcomes:** Data-driven strategies improve pathways and experiences for autistic and ADHD children and young people.

The Youth Justice Service have mechanisms in place to monitor and report on the number of children that have autism as a diagnosis and other neurodevelopmental needs. The neurodevelopmental needs of children are reported to the Youth Justice Partnership Board every quarter.

We are working on / planning: -

- NHS teams are currently developing a **Power BI dashboard** to provide real-time visibility and transparency of this data. This will enable commissioners and stakeholders to access live insights, monitor trends, and make timely, informed decisions to improve service delivery and equity across NCL.

Report for: Children's Scrutiny 26 February 2026

Title: **Healthy Weight Strategy: Progress on tackling unhealthy weight in childhood**

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

Lead Officer: Linda Edward, Senior Commissioner Public Health
Benjamin Seifert, Public Health Officer – Healthy Schools Programme Lead

Ward(s) affected: N/A

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

1. Describe the issue under consideration

- 1.1 The Haringey Healthy Weight Strategy (2022-25) set out to promote healthy weight and to create a framework for addressing unhealthy weight and working with partner agencies. It applies a Health in All Policies (HiAP) perspective and a "whole systems / life course" approach, through four priority areas linked to Haringey's Health and Wellbeing Strategy: Start Well, Live Well, Age Well, and Healthy Place.
- 1.2 This report covers the current healthy weight data for children and young people, corresponding to the Start Well and Healthy Place priorities of the Healthy Weight Strategy (2022-25). It details the Public Health approach to healthy weight for children and young people in Haringey, alongside our current actions and planned next steps, which includes the refresh of the Healthy Weight Strategy for 2026-29.

2. Cabinet Member Introduction

N/A

3. Recommendations

- 3.1 That Members note contents of this report.

This page is intentionally left blank

Healthy Weight Strategy

Progress on tackling unhealthy weight in Childhood

Public Health Team

Report for Children and Young People's Scrutiny Panel

26th February 2026

What does the data tell us ?

National Child Measurement Programme (NCMP) Data

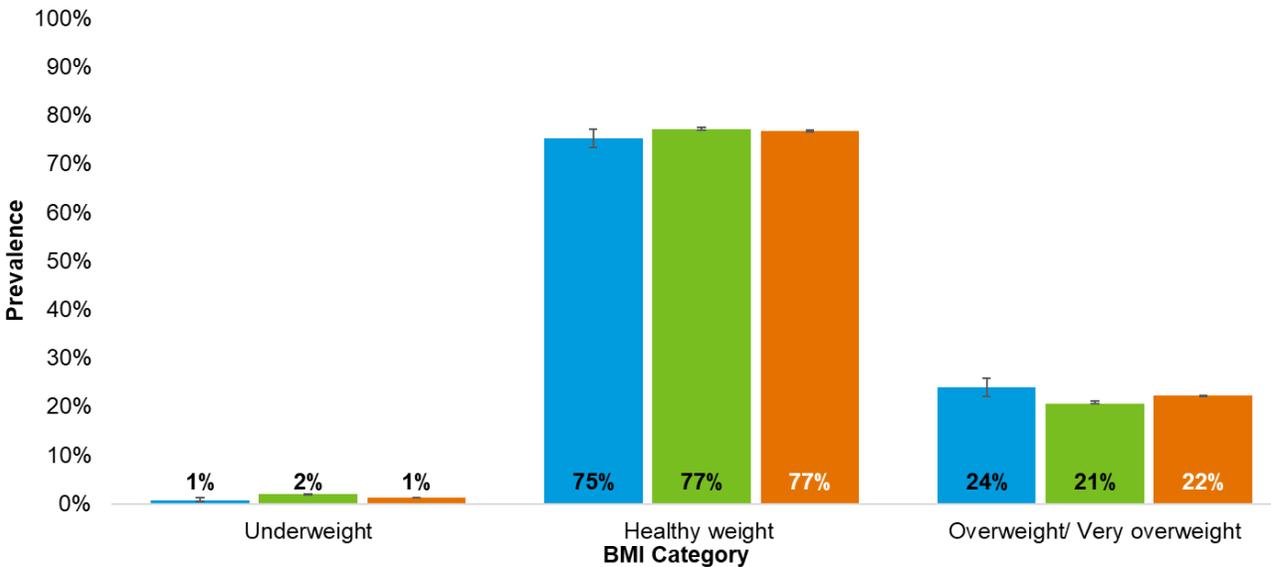
Data from the 2023/24 National Child Measurement Programme, which measures the height and weight of reception and year 6 pupils.

Haringey's 2023/24 results are broadly in line with those of London and the rest of England

Reception

Prevalence of Overweight and Underweight in Haringey, in comparison to London and England (Reception), 2023/24.

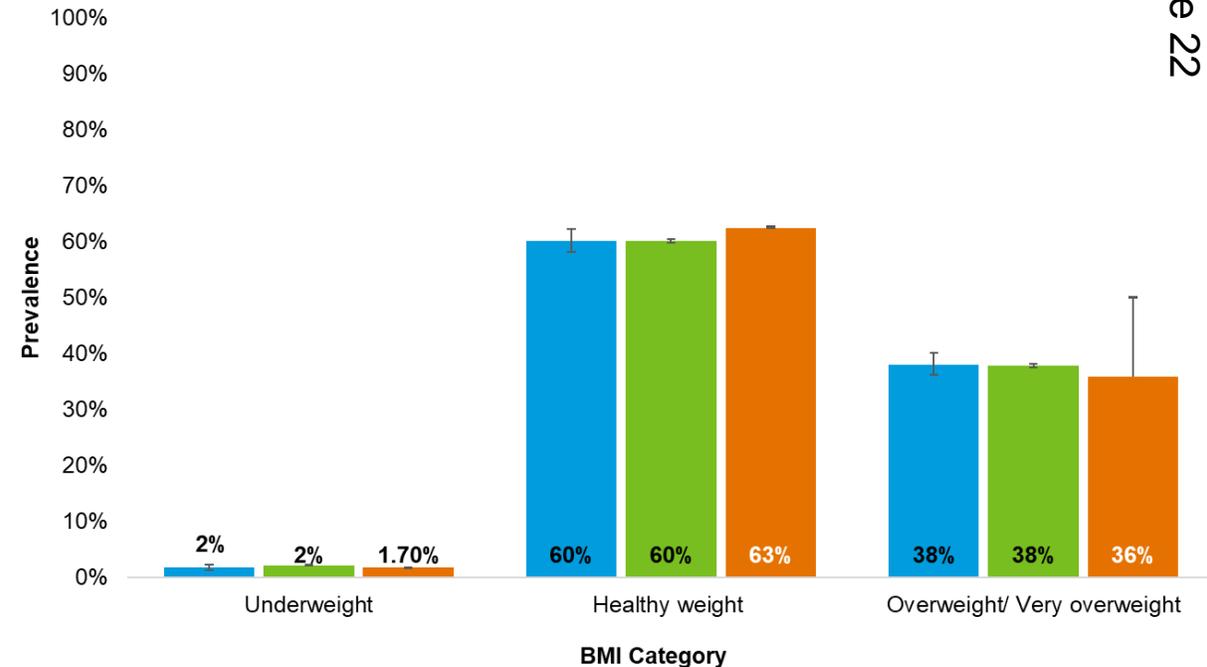
■ Haringey ■ London ■ England



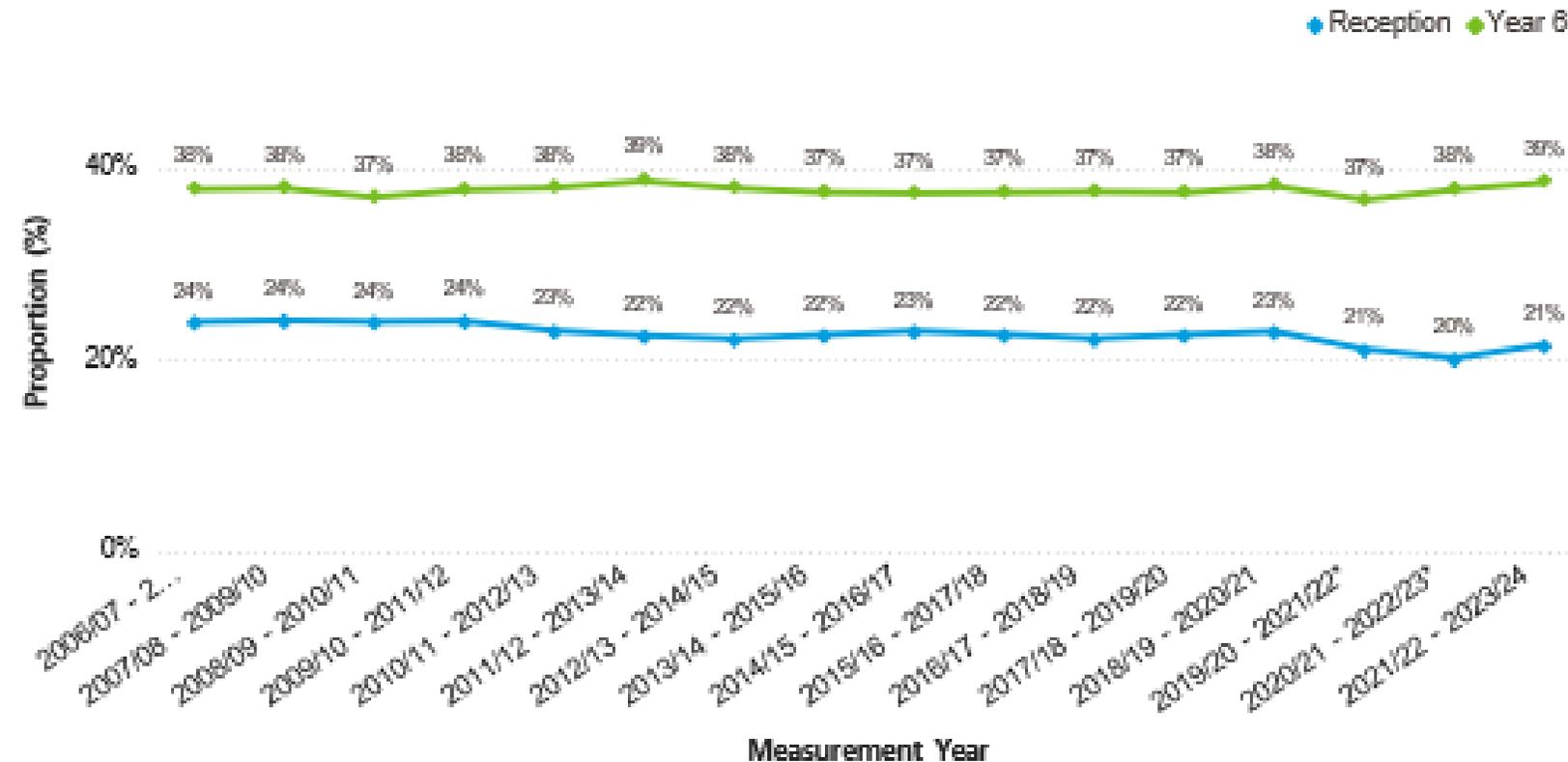
Year 6

Prevalence of Overweight and Underweight in Haringey, in comparison to London and England (Year 6), 2023/24.

■ Haringey ■ London ■ England



Rolling three-year trend in prevalence of overweight/very overweight among Reception and Year 6 pupils in Haringey, 2006/07 - 2023/24



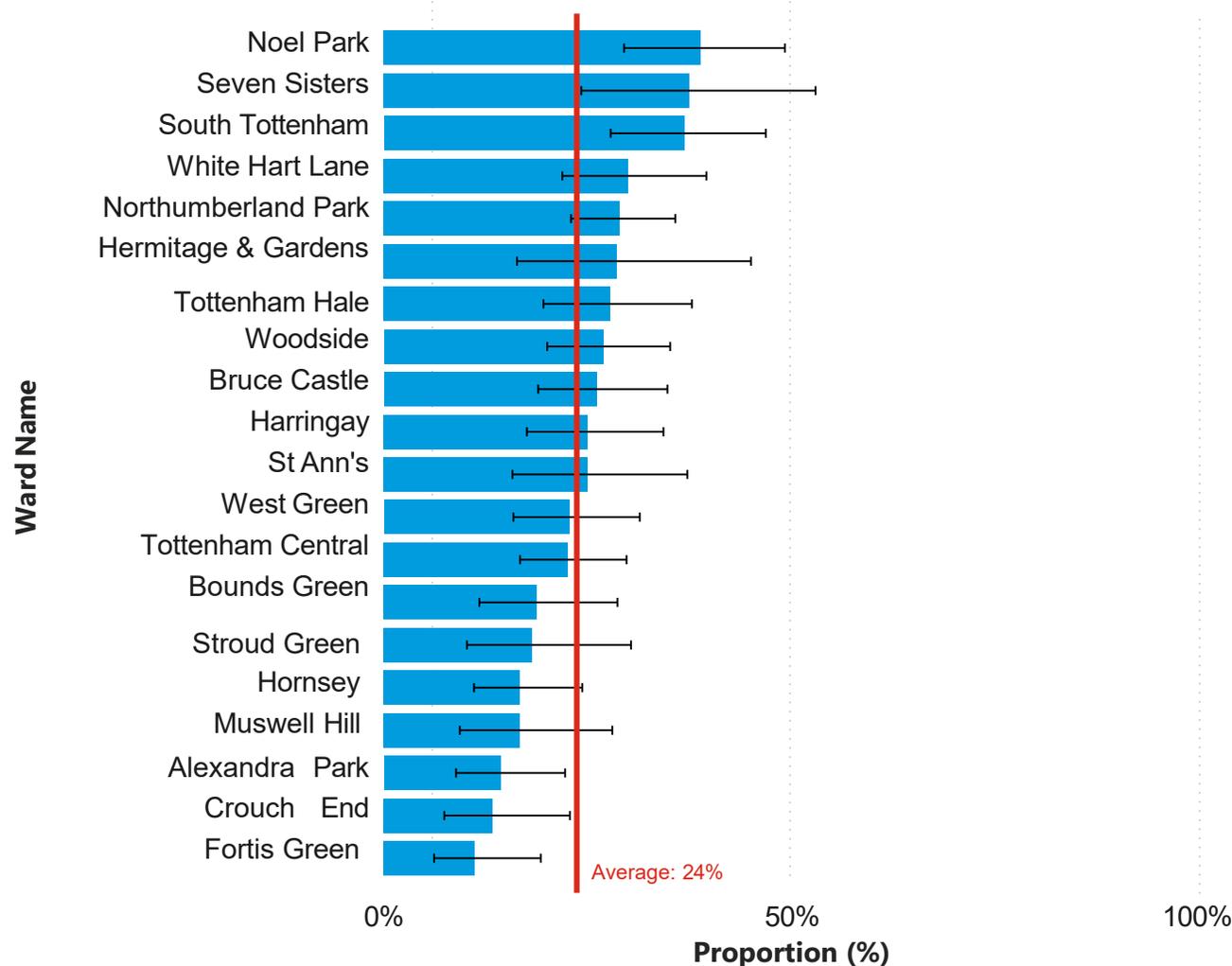
Viewing the data in three-year rolling averages helps account for random fluctuations in the prevalence of overweight/very overweight in Haringey

The percentage of Year 6 pupils who are overweight/very overweight has not changed significantly in the latest 3-year rolling average.

The percentage of Reception pupils who are overweight/very overweight has not changed significantly in the latest 3-year rolling average.

* NB: In 2019/20 and 2020/21 the NCMP was not carried out in Haringey due to the COVID-19 pandemic. Therefore, in the 2019/20-2021/22 3-year rolling average, only 2021/22 data is included.

Prevalence of overweight and very overweight in Reception in Haringey, 2023/24, by ward of residence



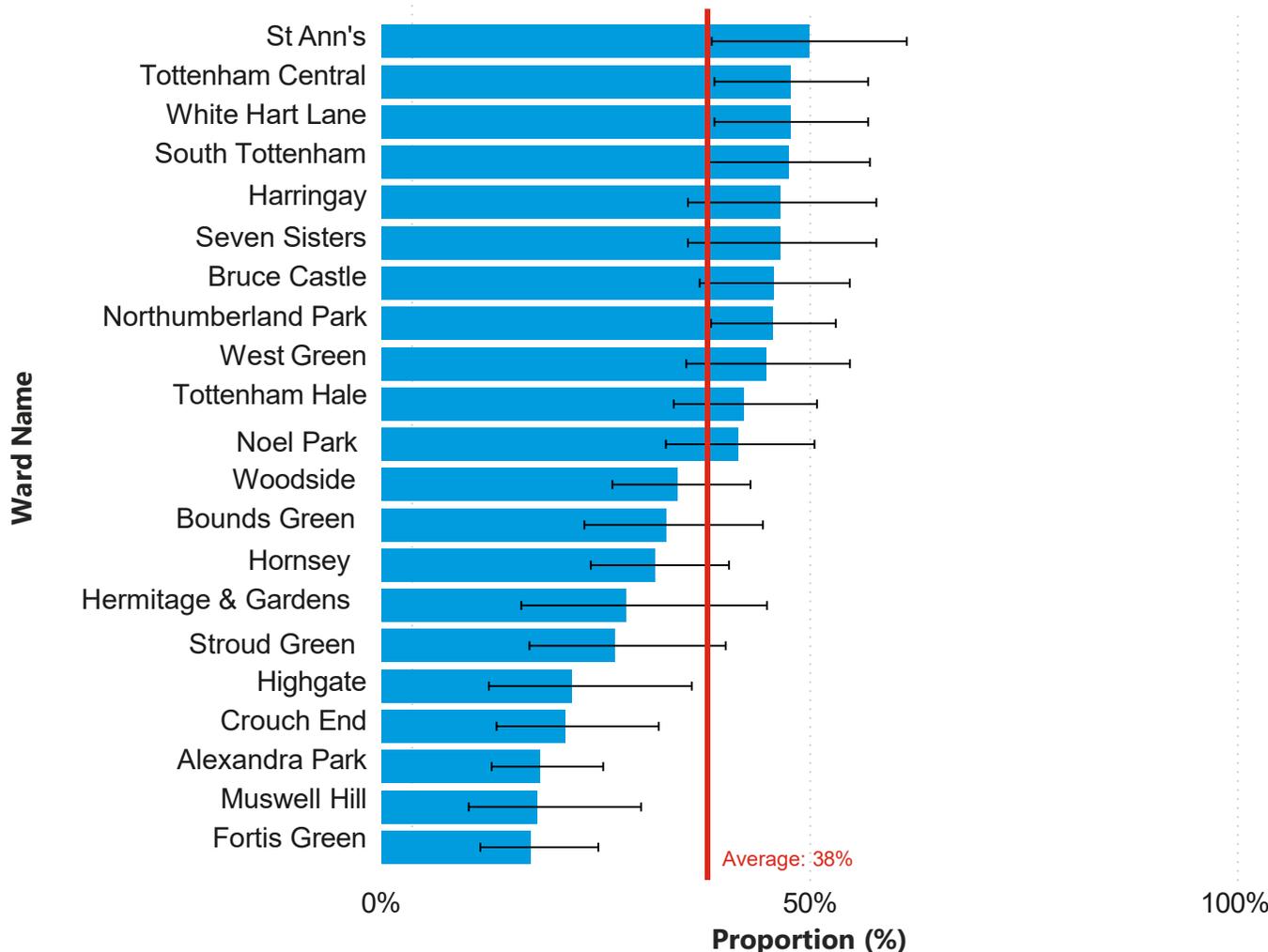
Ward Name	Proportion	Number of pupils
Alexandra Park	14%	15
Bounds Green	19%	15
Bruce Castle	26%	30
Crouch End	13%	10
Fortis Green	11%	10
Harringay	25%	25
Hermitage & Gardens	29%	10
Highgate		<8
Hornsey	17%	20
Muswell Hill	17%	10
Noel Park	39%	35
Northumberland Park	29%	55
Seven Sisters	38%	15
South Tottenham	37%	35
St Ann's	25%	15
Stroud Green	18%	10
Tottenham Central	23%	35
Tottenham Hale	28%	25
West Green	23%	25
White Hart Lane	30%	30
Woodside	27%	35
Haringey Average	24%	465

The greatest proportion of overweight and very overweight pupils in Haringey live in Noel Park (39%). This was significantly higher than the Haringey average.

The largest number of overweight and very overweight pupils live in Northumberland Park (n=55).

NB: 335 Reception pupils attend Haringey schools but live outside the borough. These pupils have been removed from the analysis, and the average here reflects only Haringey residents.

Prevalence of overweight and very overweight in Year 6 in Haringey, 2023/24, by ward of residence



Ward Name	Proportion	Number of pupils
Alexandra Park	19%	25
Bounds Green	33%	25
Bruce Castle	46%	55
Crouch End	21%	15
Fortis Green	17%	20
Harringay	47%	35
Hermitage & Gardens	29%	10
Highgate	22%	10
Hornsey	32%	40
Muswell Hill	18%	10
Noel Park	42%	50
Northumberland Park	46%	80
Seven Sisters	47%	35
South Tottenham	48%	50
St Ann's	50%	35
Stroud Green	27%	15
Tottenham Central	48%	55
Tottenham Hale	42%	55
West Green	45%	45
White Hart Lane	48%	55
Woodside	35%	45
Haringey Average	38%	770

The greatest proportion of overweight and very overweight pupils in Haringey live in St Ann's (50%). This was significantly higher than the Haringey average.

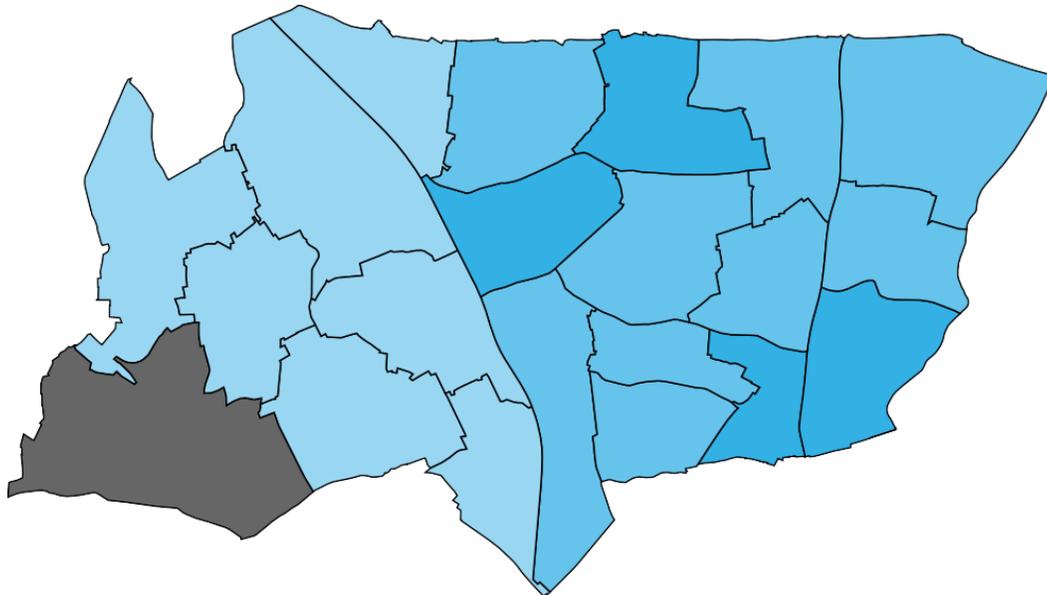
The largest number of overweight and very overweight pupils live in Northumberland Park (n=80).

NB: 449 Year 6 pupils attend Haringey schools but live outside the borough. These pupils have been removed from the analysis, and the average here reflects only Haringey residents.

Reception

Prevalence of overweight and very overweight in Reception in Haringey, 2023/24, by ward of residence

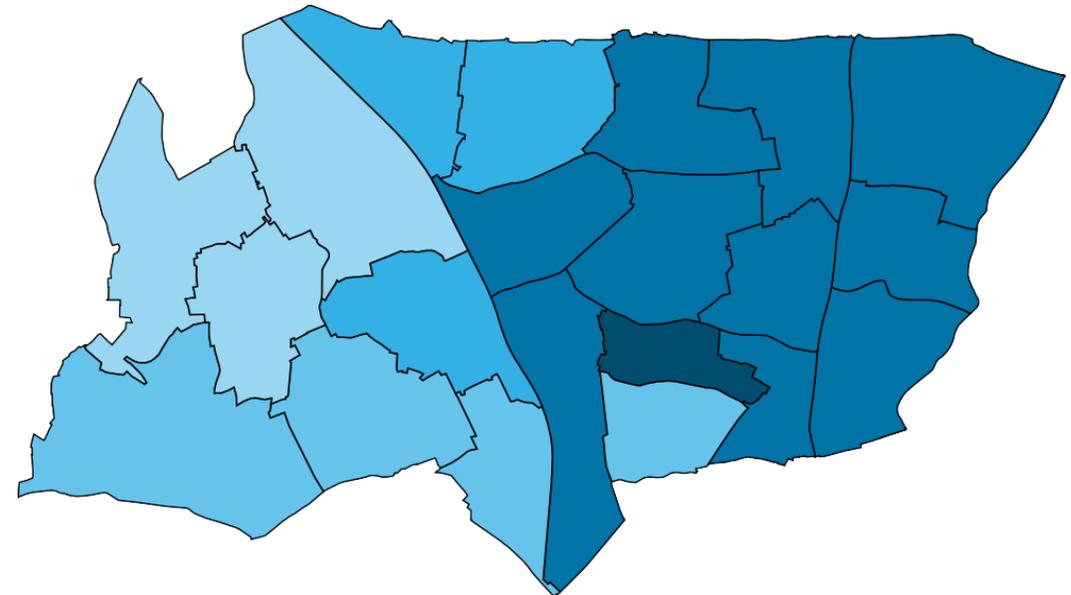
Proportion ● (Blank) ● 10-19% ● 20-29% ● 30-39%



Year 6

Prevalence of overweight and very overweight in Year 6 in Haringey, 2023/24, by ward of residence

Proportion ● 10-19% ● 20-29% ● 30-39% ● 40-49% ● 50-59%



Source: NHS Digital National Child Measurement Programme Enhanced Dataset

Note: Where number of students is less than 8, values have been suppressed and shown as blank

Health Related Behaviours Questionnaire (HRBQ) Data

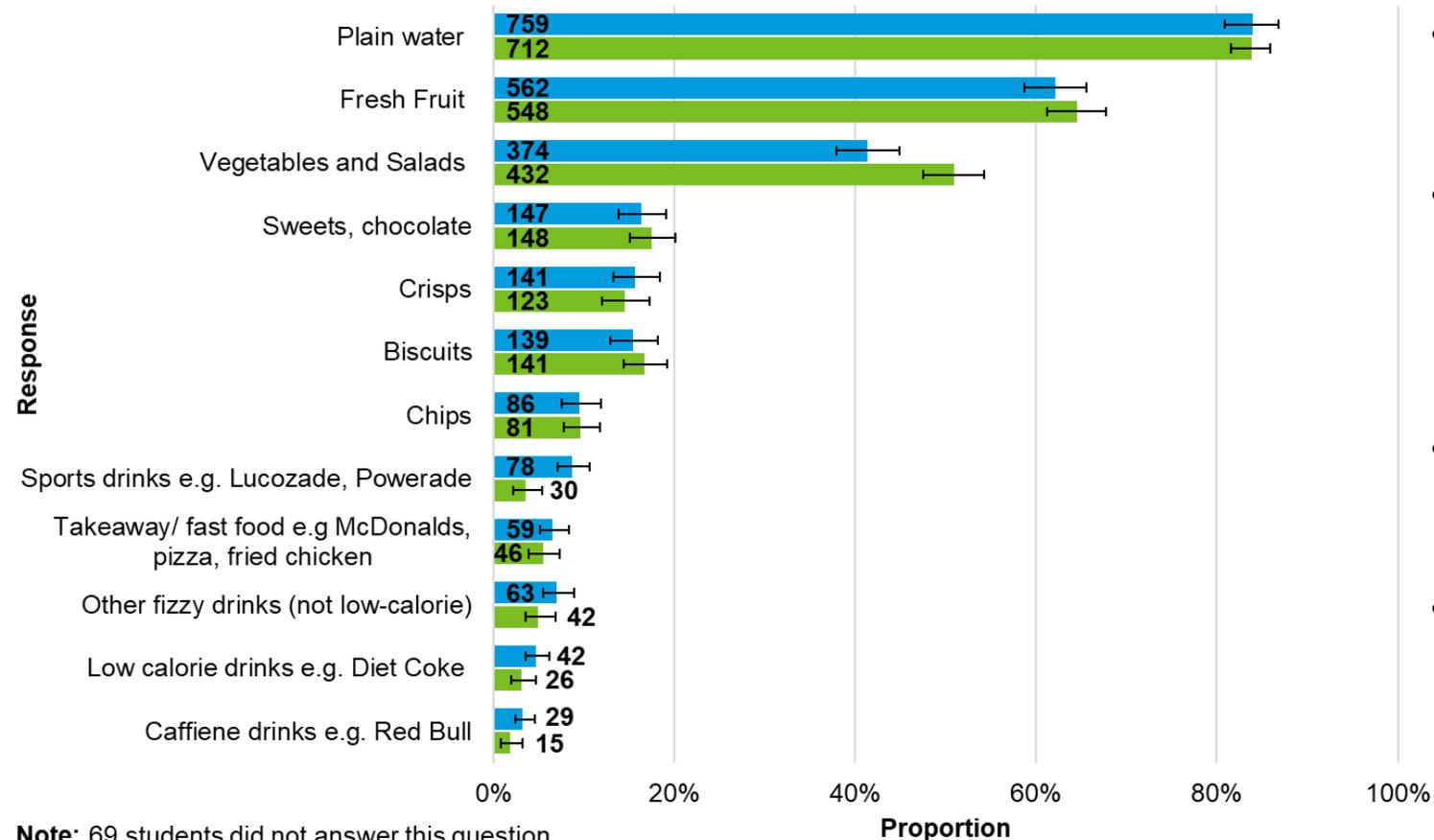
Data from the 2023/24 Health Related Behaviours Questionnaire, which surveyed:

- 1780 primary school pupils from years 4 & 6
- 817 secondary pupils from years 8 & 10.

21 schools took part in 2023/24.

How often do you eat or drink any of the following? Proportion answering 'on most days'

■ Boy ■ Girl

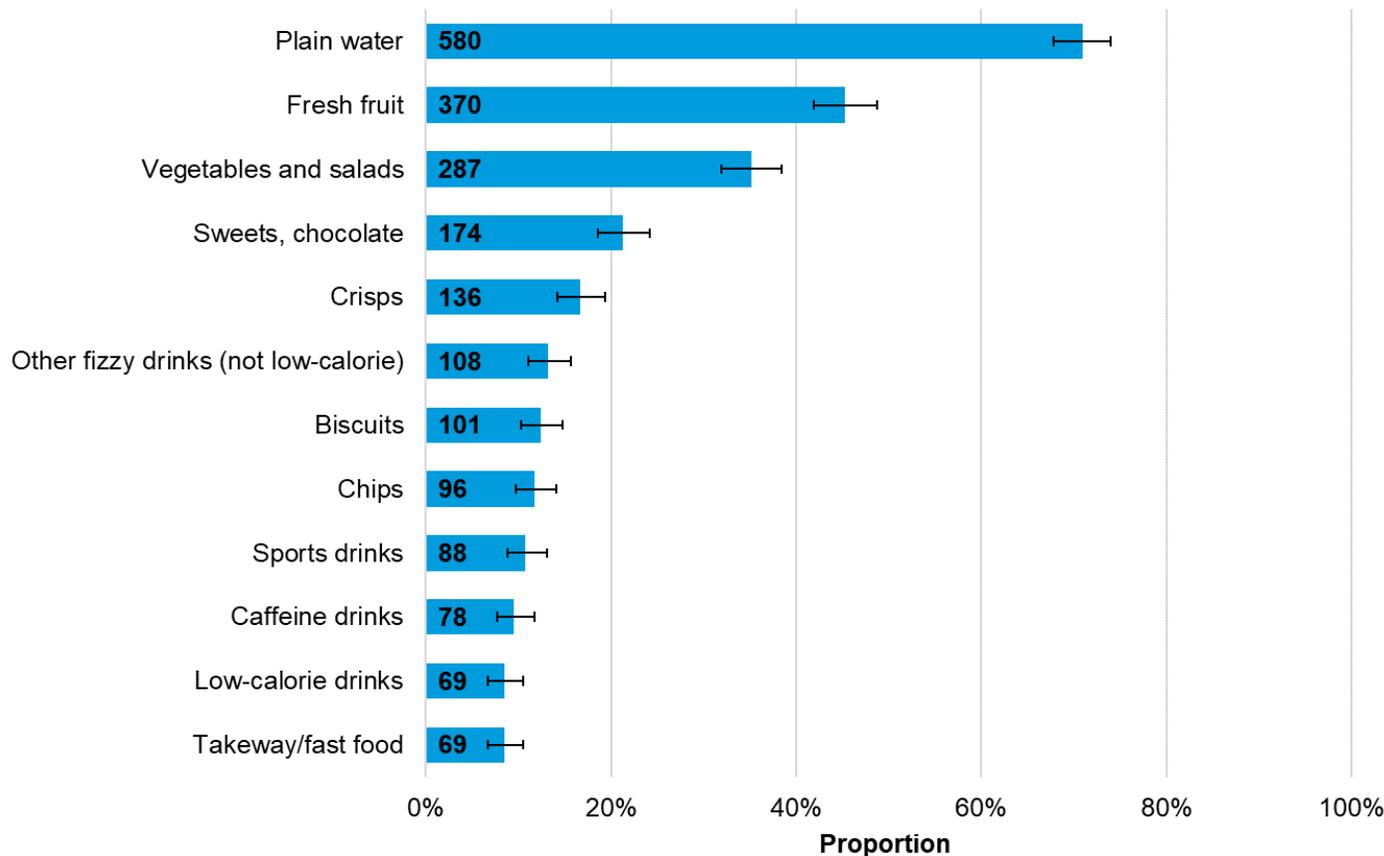


- Year 4 students were significantly less likely to drink plain water on most days than Year 6 students (77% vs 89%).
- There were no other differences between the eating habits of Year 4 and Year 6 students.
- Girls were significantly more likely to eat vegetables and salads every day (51% vs 41%) while boys were significantly more likely to consume sports drinks (9% vs 4%)
- 2% (n=44) of primary school students said they drank **caffeine drinks** on most days.
- Overall, the proportion of pupils who reported that they consume **fresh fruit (63%)** or **drink plain water (84%)** on most days has not changed from 2022/23 (64% and 83% respectively).

Note: 69 students did not answer this question

Source: Health Related Behaviour Questionnaire, 2023/24

How often do you eat or drink any of the following? % responding on most days



- 71% of secondary school students said that they drank plain water on most days.
- 45% ate fresh fruit on most days while 35% said they ate vegetables or salads.
 - This was significantly lower than in primary school pupils.

10% of secondary school students said they drank caffeine drinks on most days.

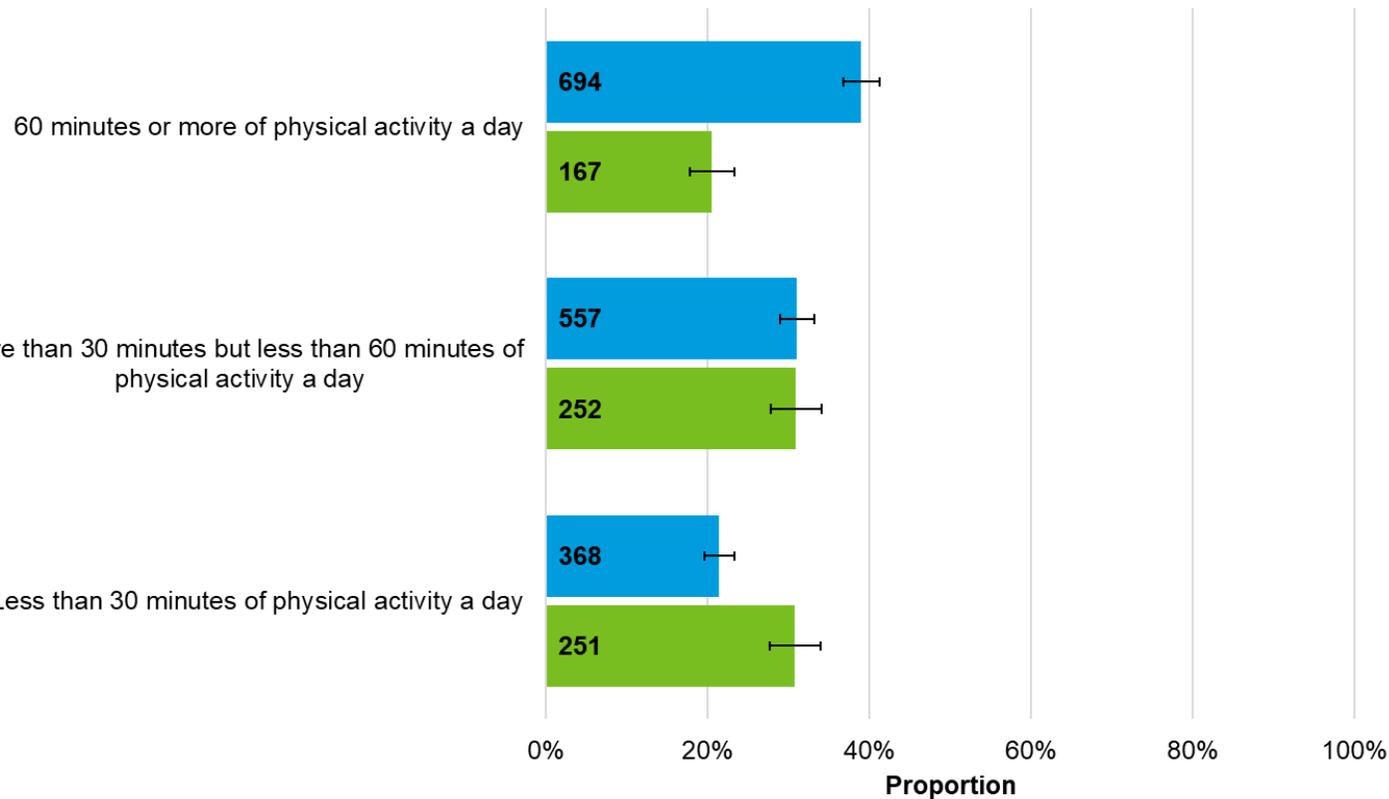
Students were asked whether they consider their health when choosing what to eat. 15% said that they never consider their health, while 29% said they often or always consider their health when choosing what to eat.

Note: 124 students did not answer this question

Source: Health Related Behaviour Questionnaire 2023/24

On an average, how active are you each day?

■ Primary ■ Secondary



Primary school students were significantly more likely than secondary students to do more than 60 minutes of physical activity a day (39% vs 20%) and to have been active every day the previous week (22% vs 15%).

Overall, the proportion of students who agreed or strongly agreed that they enjoy taking part in exercise and sports significantly decreased from 2021/22.

Note: 148 primary and 147 secondary students did not answer this question

Source: Health Related Behaviour Questionnaire, 2023/24

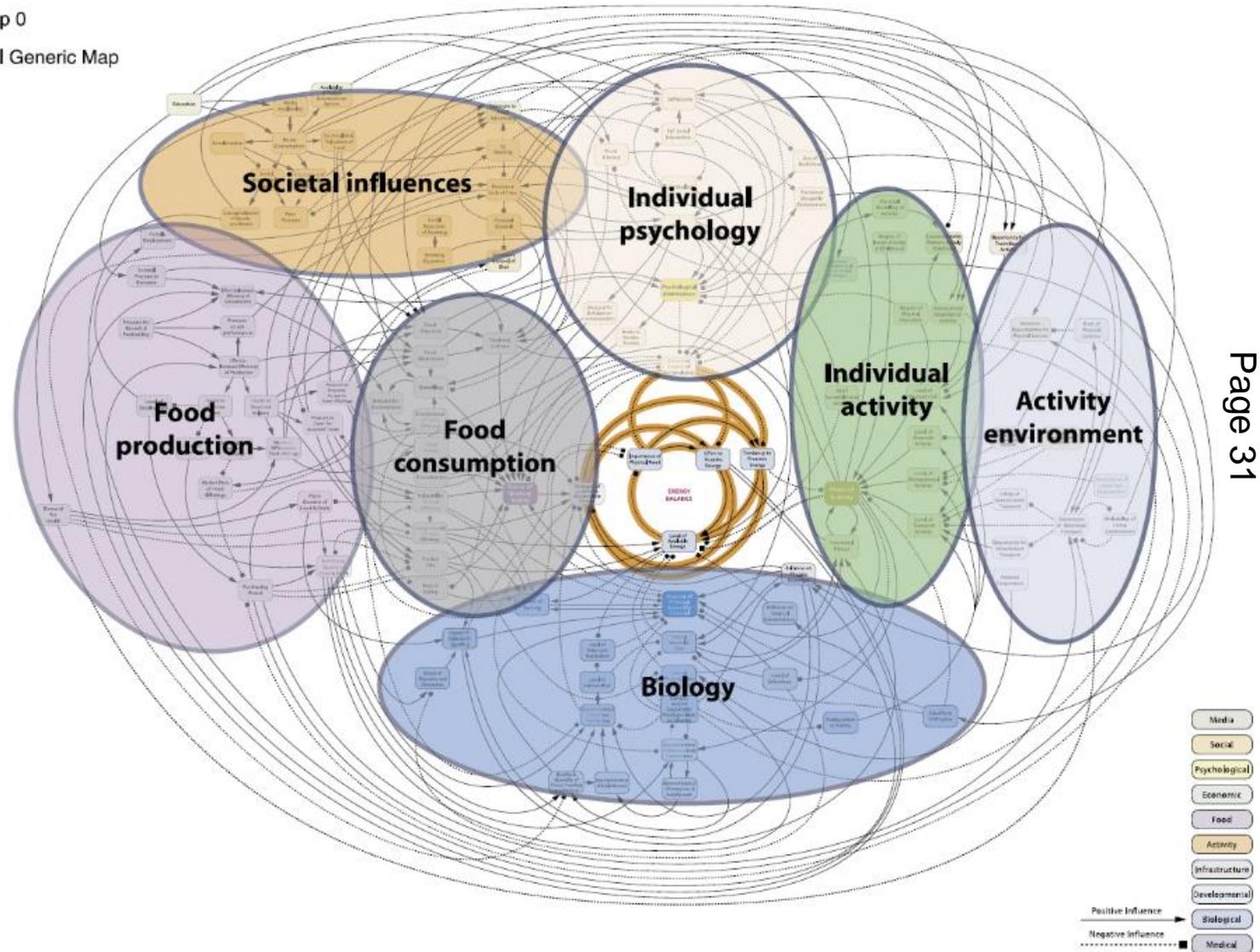
Unhealthy weight is influenced by multiple overlapping factors from individual behaviours to the wider environment, economy and social conditions.

No single service can address this alone.

A whole systems approach brings together partners to create a long-term population level change, combining top-down policy action with bottom-up community-led intervention.

This reflects Haringey's Health in All Policies commitment ensuring health considerations are embedded across planning, housing, transport, parks, licensing and regeneration.

Map 0
Full Generic Map



Healthy Weight Partnership

Multi-sector leadership bringing together Public Health, NHS, leisure, parks and green spaces, early years, active travel, GP federation.

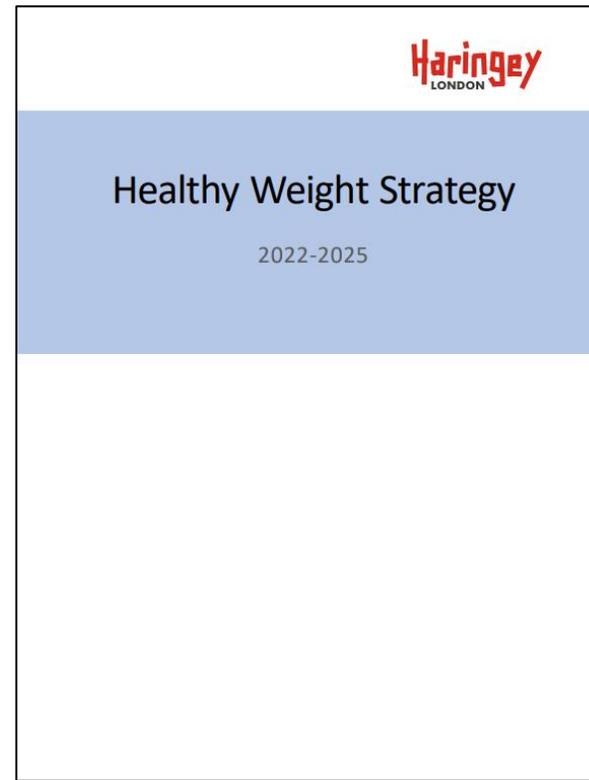
Healthy Weight Strategy and Action Plan

Co-developed using a whole systems approach in 2022; reviewed annually to ensure relevance to local drivers.

Childhood Healthy Weight
Early years, schools, families, community programmes.

Adult Obesity
Weight services, community programmes.

Healthy Place
Planning, active travel, parks, food environment, air quality, housing.



National Strategy/Plan
Childhood Obesity Plan (2016)
Obesity Strategy (2020)
NHS Long Term Plan (2019)

Local policies influencing healthy weight:

Haringey Health and wellbeing strategy, Local Plan, Air Quality, Parks and Green Spaces Strategies, Sports and Physical Activity, Walking and Cycling Action Plan.

Health in All Policies: Embedding health considerations across all council strategies, policies and decisions

Healthy Weight Whole System Delivery Plan

Overall Aim: 1) Reduce obesity in Children and Adults 2) Maintain healthy weight 3) Reducing the gap in obesity levels of the most and least deprived areas in Haringey

The Healthy Weight Whole System Delivery Plan focuses on taking a life course approach and recognises a person's physical and mental health and wellbeing are influenced throughout life by the wider determinants of health. Some of objectives may deliver on several stages of an individuals life.

Objectives

Start Well



- ⇒ Early years settings and schools provide healthy environments in which families and children are encouraged to make healthy lifestyle choices.
- ⇒ Haringey Local Infant Feeding Strategy incorporates support for Healthy Early Years London award scheme
- ⇒ Develop strong communication engagement plan to deliver Healthy Lifestyles messages

Live Well



- ⇒ Promote healthy behaviour in the workplaces
- ⇒ Clear pathways established and promoted for residents to access services for weight management and physical activity.
- ⇒ Work with partners in health and social care to increase uptake of physical activity and active community provision to our residents.
- ⇒ Align the Healthy Weight Strategy to Sports and Physical Activity Strategy/Implementation Plan.

Age Well



Healthy Place



- ⇒ Embed strong leadership and build partnerships to deliver the Healthy Weight Whole Systems Approach
- ⇒ Adopt Health in All Policies (HiAP) approach to improve partnership working to tackle key social determinants of health.
- ⇒ Increase quality open space and play provision through our Parks and Green Spaces strategy/ Sports and Physical Activity Strategy
- ⇒ Reduce the negative impact of fast food and takeaway outlets.

Measure of Success

- ⇒ Reduction in % of children who are measured as being overweight/obese against the last National Child Measurement Programme (NCMP) results.
- ⇒ Baby Friendly Initiative Stage 2 Accreditation achieved.
- ⇒ Increase uptake of London Healthy Schools programme i.e. Daily Mile, Sugar Smart Schools, Active Travel, Healthy Schools Award
- ⇒ Improved behaviour/knowledge outcome on healthy eating and physical exercise reported by children surveyed against SHEU survey
- ⇒ Increase number of water-only schools
- ⇒ Increase number of Early Years settings implementing Infant feeding objectives to achieve their HEYL award
- ⇒ Healthy Weight Communication Plan adopted

- ⇒ Increase number of healthy options available in large workplaces, council facilities and community events
- ⇒ Work with employers to sign up to London Healthy Workplace Charter/Sugar Smart
- ⇒ Adult Obesity Clinical Pathway implemented
- ⇒ Increase the number of front line practitioners trained in MECC and the referral sources across the system.
- ⇒ Residents partaking in physical activity programmes for families and children in open spaces e.g. GOGA, People Need Parks, Holiday Activities and Food Programme (HAF) and Health Walks Programme.
- ⇒ Increase number of vulnerable adults taking part in physical activity

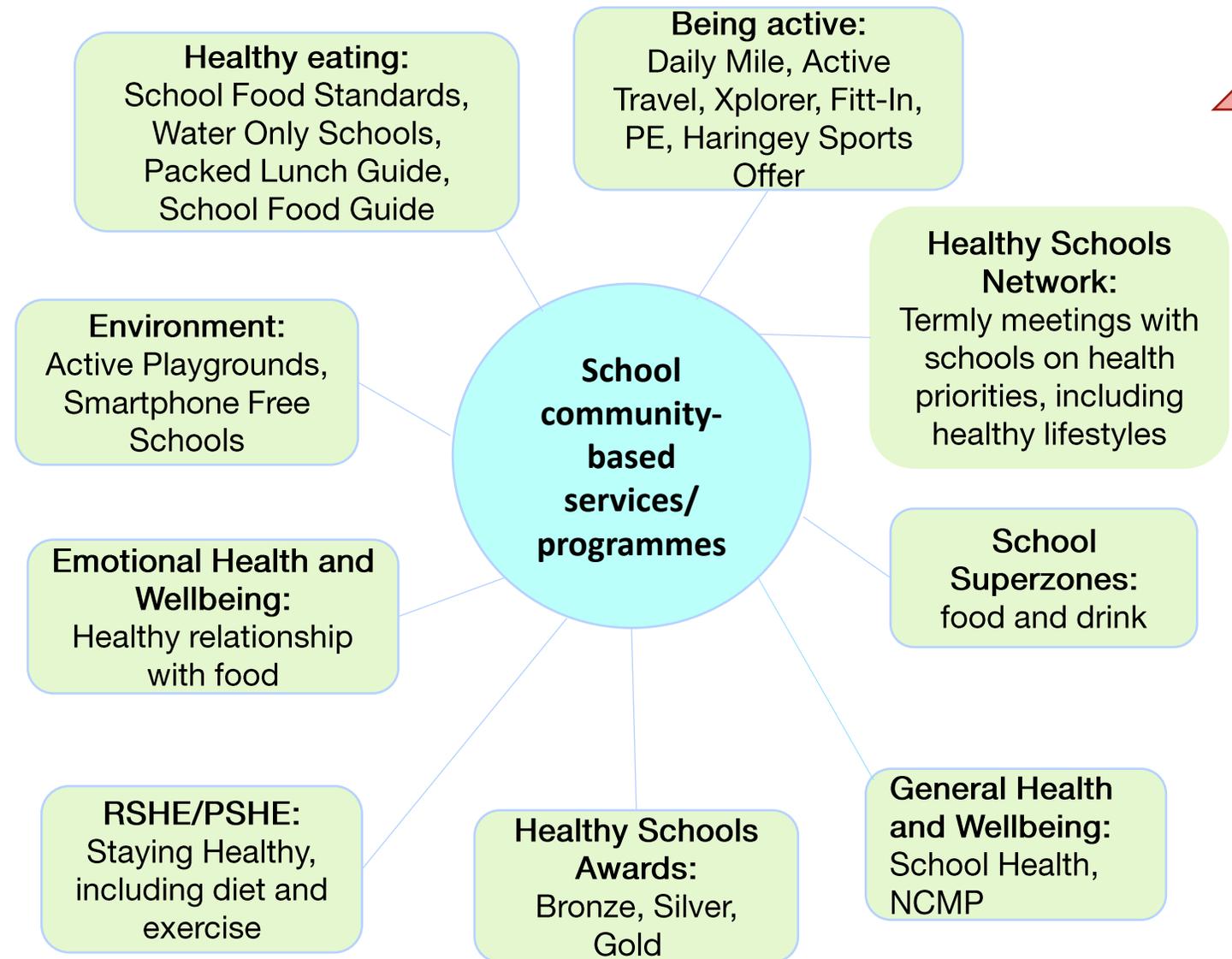
- ⇒ Increase engagement in the Alliance and ensure Healthy Weight is everybody's business
- ⇒ New Local Plan addresses Healthy Weight priorities and JSNA on Healthy Places is adopted informing local decision making.
- ⇒ Review Health Impact Assessments undertaken by developers for all large new developments
- ⇒ Review poor quality housing e.g. HMOs and the lack of facilities to address healthy lifestyle choices
- ⇒ Expansion of Play Streets and School Streets
- ⇒ Increase number of food businesses achieving Healthier Catering Commitment.

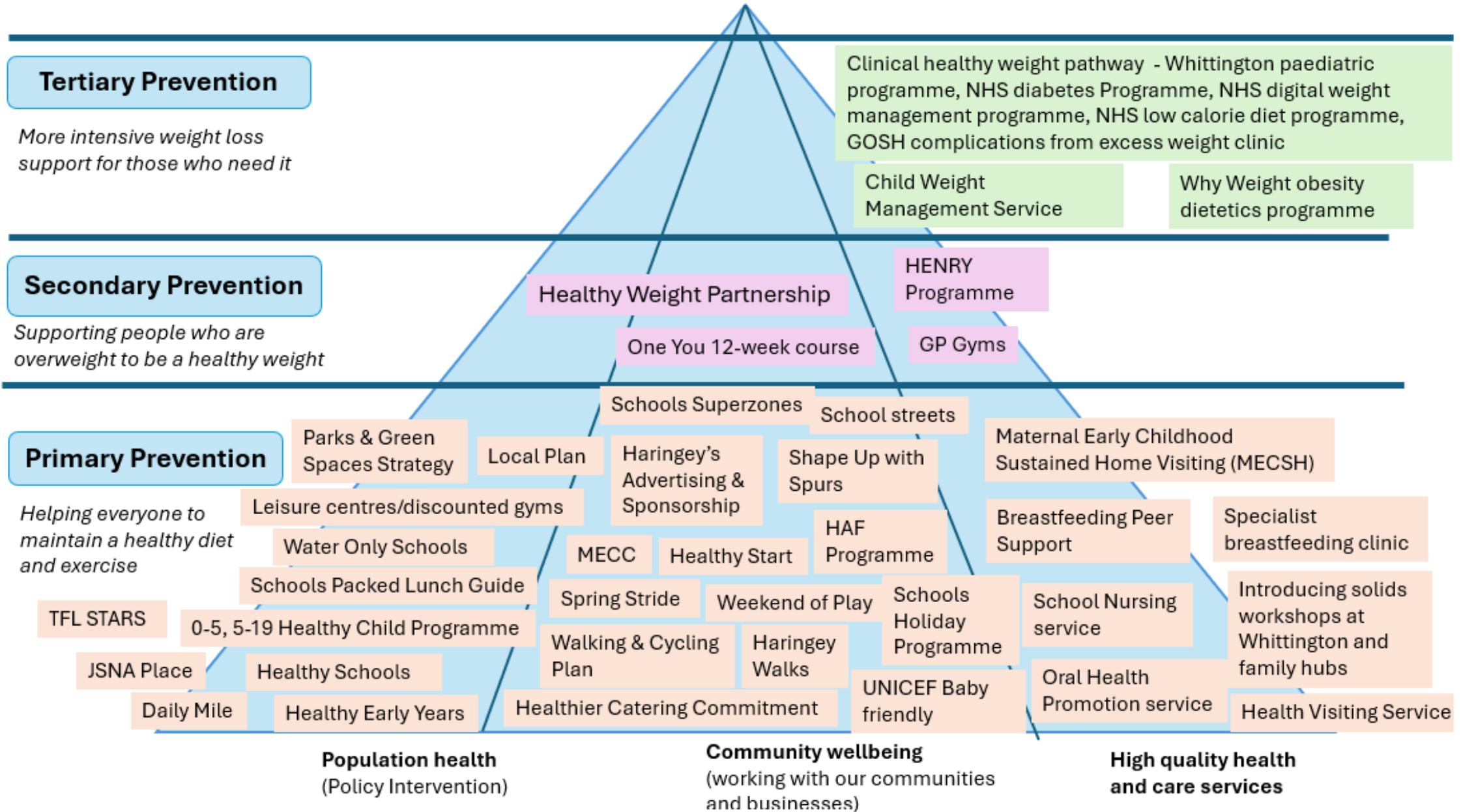
The Haringey Healthy Schools Programme aims to improve the health and wellbeing of children and young people across the borough through a whole-school and whole-systems approach to health. Much of this supports the healthy weight agenda.

The scheme is supported by the Mayor of London as part of the [London Healthy Schools Programme](#).

Healthy Child Programme

The Healthy Child Programme, 0-5 led by health visitors and 5-19 led by School Nurses both contribute to preventing/reducing unhealthy weight, through early identification, health promotion advice and information, signposting and referral to relevant services.





What are we doing?

Children and Young People: 0-5

Healthy Start Scheme

The Healthy Start Scheme is an NHS led scheme where pregnant women and families with children under the age of 4 with low-income background are provided with a prepaid card with monthly funds specifically for purchasing healthy foods such as fresh or frozen fruit and vegetables, pulses (like lentils and beans), plain cows' milk, and first infant formula.

The importance of the NHS Healthy Start scheme lies in its role as a nutritional safety net, supporting low-income families and pregnant women in accessing essential healthy foods and free vitamins, thereby improving diets, lessening financial strain, and promoting healthy growth and development for young children and mothers.

In Haringey, the uptake of the scheme increased by 2% from January 2025-January 2026. There is continued work to promote the scheme, raise awareness and to increase the uptake in Haringey. This includes partnership work with Early Years Settings, utilising Health Champions to promote the scheme with specific communities, and targeted communications campaigns.

Infant feeding

Breast Feeding is an important public health priority in Haringey. This requires supporting women to breast feed and increasing the number of babies who are breastfed.

Haringey's Baby Friendly and Early Nutrition Strategy seeks to improve breast feeding rates by removing barriers which may prevent women who wish to breast feed and to improve children's nutrition from age zero to two.

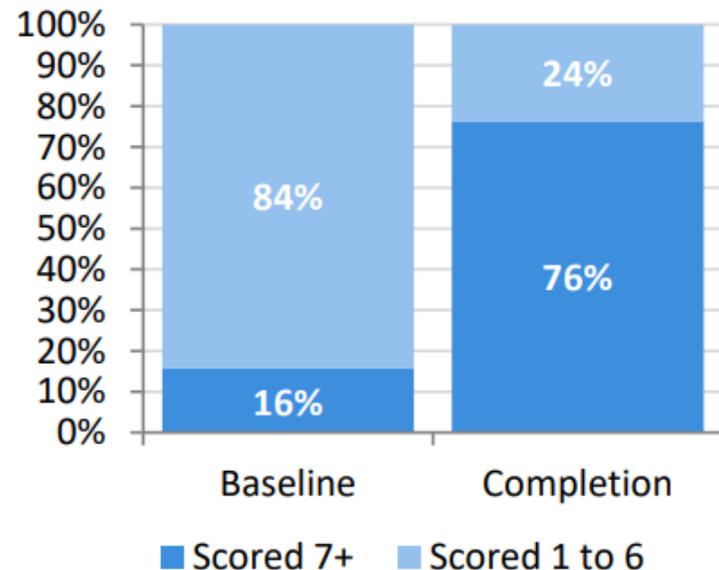
Our commissioned breast-feeding peer support service is a key element within our prevention and early intervention plan. The service is well established and has been instrumental in contributing to reducing health inequalities by targeting groups particularly in the East of the borough, where breastfeeding is unlikely to be the norm, and where additional support may be needed on healthy weaning.

Children and Young People: 0-5

HENRY Programme (0-5)

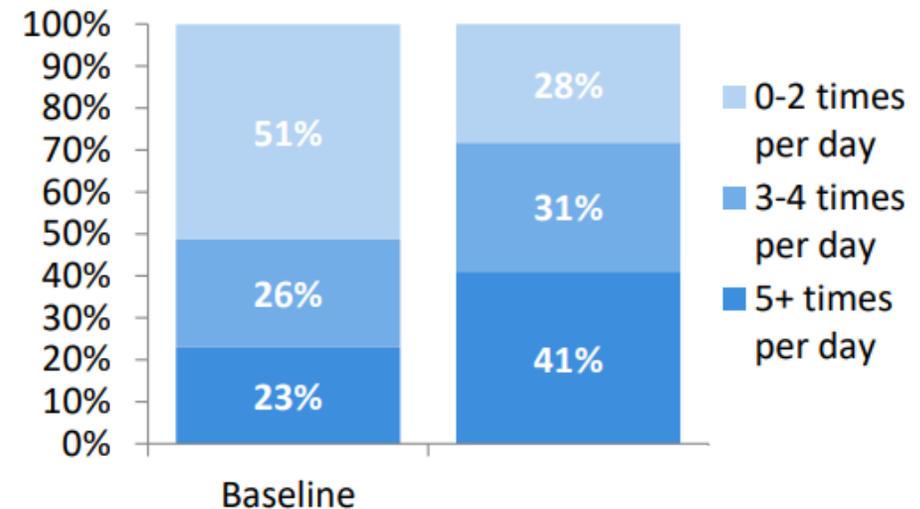
The HENRY Healthy Families programme is a free 8-week group course for Haringey parents with children under five, offering weekly sessions focusing on whole-family nutrition, healthy weight, and child development.

Respondents with a family lifestyle score of 7+



In 24/25, the proportion of respondents who rated the healthiness of their family lifestyle as 7 out of 10 or above increased from 16% at baseline to 76% at completion.

Children's daily consumption (fruit & vegetables)



In 24/25 The proportion of children consuming fruit & vegetables at least 5 times per day increased from 23% at baseline to 41% at completion.

Children and Young People: 5-19

Healthy Schools Programme

- Healthy School Awards include projects on healthy eating and physical activity, embedded across the teaching curriculum, clubs and activities, culture and ethos, and work with parents and the community
- Water Only Schools: Plain water and reduced fat milk are the only drinks permitted, all other drinks are not sold at school and are banned from being brought in. 80% surveyed schools in Haringey reported being Water Only in 2025/26.
- Daily Mile: Children are regularly encouraged to jog or run outside for 15+ minutes at school in addition to PE lessons. 37% surveyed schools in Haringey reported being doing the Daily Mile in 2025/26.
- National Child Measurement Programme: measures height and weight of Reception and Year 6 pupils every year in Haringey schools. In addition to using this borough-wide data, parents of children identified having an unhealthy weight are provided additional advice and support and some children are referred onward for further support.
- Packed Lunch Guidance and wider School Food Guidance provided to schools. Healthy Lifestyles webpage has additional advice and guidance for schools and parents.
- Work with Active Travel team to promote increased physical activity in children, including free cycle training, walking to school, and road safety.
- Xplorer programme run with schools and families to provide a day of exercise outside and encourage greater knowledge and use of Haringey's parks. 2025 saw 5 schools and 190 year 5 children take part.

Children and Young People: 5-19

Child Weight Management Service (5-18) – GP Federation

The Child Weight Management Service, part of Haringey GP Federation, offers children above the healthy weight range and their families free one-on-one sessions with a nutritionist to improve their well-being and prevent future health issues. These appointments can include working together to improve diet, increase movement, or make other lifestyle changes.

The service is open to children aged 5-17.5 who are over the healthy weight range and are registered to a GP practice in the East of Haringey. Children can be referred by a GP or school nurse, or by their parents.

Healthy Place

Healthier Catering Commitment

Local businesses are encouraged to sign up to Haringey's well-established Healthier Catering Commitment programme. 39 businesses have signed up to reducing salt, fats and sugars from their menus, improving the local food environment, targeting businesses near secondary school in deprived areas and across the borough.

Schools Superzones Programme

A place-based approach around schools in areas of the greatest disadvantage, aimed at addressing health and environmental inequalities in the area. Haringey had six Superzones area and we have worked with three schools in Northumberland Park, Haringey Play association and Youth Services to deliver holistic cycle and road-safety training for parents and children. We have also worked with Earlsmead Primary School, Priscilla Wakefield Care Home, Regeneration and Parks on the redevelopment of Rangemoor open space.

Annual 'Good Food for all Londoners' Report

London boroughs take part in the annual survey and covers themes such as community food growing, healthier food environments, Healthy Start uptake, Infant feeding, HAF provision, school meals, nurseries and early years. This helps to benchmark our progress in the council.

We're currently showing leadership in Healthier Food Environments, Healthy Start Uptake and HAF provision. Good practice in community food growing and school meals. We have shown significant improvement in Infant feeding.

Healthy Place

Place-making, Planning and Regeneration

Public Health's Health in All Policies Team assesses major development planning applications for the provision and quality of play space, food growing, green and open spaces and connectivity to existing communities. We work closely with Planning and Regeneration to strengthen design requirements that support reduced obesity and increased walking and cycling. We also provide comments on kitchen spaces and storages in HMOs and currently contributing to the review of the Haringey Local Plan, ensuring healthier food environments (assessed through health equity audit) and wider health considerations are embedded across all developments.

Haringey Advertising and Sponsorship Policy

Haringey is the first council in the country to adopt this policy. Working with Communications, we assess advertising applications on council-owned sites and have successfully rejected unhealthy food and drink advertising and sponsorships.

Children and Young People

- **31 Water Only Schools** in Haringey
- **Xplorer challenge day** with 5 schools and 190 year 5 children
- **GULP Oral Health Project** with healthy eating elements delivered in 10 primary schools
- **Children Centres & Family Hubs (FH)** passed the **Stage 1 UNICEF Baby Friendly Accreditation**
- **Expansion of Breastfeeding Network peer support sessions** in FH.
- **Breast pump loan scheme** available from FH.
- **Expansion of Breastfeeding Welcome scheme**
- **Haringey Healthy Start awarded on Leadership** in the Good Food Local Report 2025.
- **GLA Healthy Start Campaign** resulted in **5% increase**.
- **£13,799.51 was reimbursed** for every healthy start vitamin given.
- **HENRY programme - Significant improvements in family lifestyle, wellbeing, and healthy habits**, with strong gains in fruit, vegetable, and water intake among both parents and children.

Healthy Place

- **Strengthening the Healthy Weight Partnership**
- **Improving communications and promotion of initiatives** i.e. New Healthy Lifestyle webpages for residents
- **Conducted research on the health impacts of Ultra-Processed Foods (UPFs)** and recommendations for public health teams to be implemented in 2025/26
- **Improved Haringey's standing in the Good Food for All London scores (1% increase)**
- **Healthy Advertising Policy** - including coordinating responses to objections and supporting its implementation to reduce exposure to unhealthy food marketing.
- **London Schools Superzones Project** -Supported the evaluation toolkit for the **redevelopment of Rangemoor Open Space**.
- **Engaged with all food businesses on Hornsey High Street** under the HCC initiative, raising awareness and improving understanding of health and compliance.

Healthy Weight Strategy and Action Plan refresh (2026-29)

- Assessing impact of actions from 2022-25 Healthy Weight Strategy
- Strengthening partnership working in line with our whole-systems approach
- Ensure that NCL sector-wide clinical pathway for children with unhealthy weight is embedded across services
- Working with the Policy and Strategy Team to strengthen our strategy and ensure we are addressing equity.
- Incorporating the research on Ultra-Processed Foods in the healthy weight action plan

Healthy Start Scheme

- Continue to promote Healthy Start Scheme to increase the uptake by targeting community groups through partnership working with Health Champions. This will include Turkish, Somali, Charedi Jewish and Eastern European community groups.

Infant feeding

- Haringey Family Hubs and Children Centres will be going for stage 2 & Stage 3 of the Baby Friendly Accreditation in 2026.
- The Breastfeeding Welcome Scheme is continuing to expand and has signed up over 100 venues throughout Haringey. The infant feeding team are launching a breastfeeding campaign in conjunction with the scheme in 2025/2026, involving local mothers and businesses that have signed up.

Healthy Schools

- Exploring how we can promote non-ultra-processed-foods (UPF) school meals and consider how this can be embedded within the whole-school approach to healthy eating in the next year.
- Refreshing School Food Guidance document.
- Signposting schools to further support in ensuring lunches meet and exceed Government School Food Standards.

Healthy Place

Working on Council Policies and Strategies to address Healthy Weight

- Place JSNA to be published by Spring 2026
- Discussions with planning policy team on embedding health and wellbeing in the local plan (e.g. health impact assessment) and improving the food environment.
- Draft new local plan policy on hot food takeaways being restricted within 400m radius from the education establishments.
- Ensuring the Air Quality Action Plan, Parks and Open Spaces, Sports and Physical Activity Strategy includes healthy weight priorities

Supporting Food Businesses

- Target eight council-leased businesses in parks under the HCC initiative and inspect non-food premises (e.g. retail shops, barbers) to identify any food being served to customers.

Contact Details

Linda Edward, Senior Public Health Commissioner for Children & Young People

Ben Seifert, Public Health Officer - Healthy Schools Programme Lead

Maria Ahmad, Public Health Officer - Health Improvement

Children and Young People’s Scrutiny Panel

Work Plan 2024 - 26

<p>1. Scrutiny review projects; These are dealt with through a combination of specific evidence gathering meetings, that will be arranged as and when required, and other activities, such as visits. Should there not be sufficient capacity to cover all these issues through in-depth pieces of work, they could instead be addressed through a “one-off” item at a scheduled meeting of the Panel. These issues will be subject to further detailed development and scoping.</p>		
Project	Comments	Priority
Under 1’s Provision	To review the provision of services for under 1’s in Haringey and to make recommendations for how these could be improved.	

--

1. **“One-off” Items;** These will be dealt with at scheduled meetings of the Panel. The following are suggestions for when particular items may be scheduled.

Date	Potential Items
2023/24	
29 July 2024	<ul style="list-style-type: none"> • Terms of Reference • Appointment of Non-Voting Co-opted Member • Haringey Youth Justice Plan 2024-27 • Performance Update • Haringey local area SEND CQC/OFSTED Inspection Outcome
9 September 2024	<ul style="list-style-type: none"> • Cabinet Member Questions – Cabinet Member for Children, Education and Families • Haringey local area SEND CQC/OFSTED Inspection Outcome • Update on the key issues relating to Housing & Children
19 November 2024 (Budget)	<ul style="list-style-type: none"> • Budget Scrutiny

	<ul style="list-style-type: none"> • Haringey Safeguarding Children Partnership Annual Report 2023-2024
13 January 2025	<ul style="list-style-type: none"> • Cabinet Member Questions – Cabinet Member for Children, Education and Families • Exam and Test Results • Evaluation of Haringey’s Early Help Strategy
13 February 2025	<ul style="list-style-type: none"> • Further Update around Children’s Mental Health outcomes and developments underway for improvement. • Children’s Social Care; Annual Performance 2023/24 • Update on Youth Justice Service Inspection (Verbal)

2025/26	
14 July 2025	<ul style="list-style-type: none"> • Terms of Reference • Appointment of Non-Voting Co-opted Member • Cabinet Member Questions – Cabinet Member for Children, Education and Families

	<ul style="list-style-type: none"> • Performance Update – Looked after Children • Private Fostering Update
9 September 2025	<ul style="list-style-type: none"> • Q1 Budget & Performance Monitoring report (Finance). • Youth Justice Annual Plan - Progress report • Haringey Youth Strategy – Action Plan • Children’s Social Care; Annual Performance 2024/25
18 November 2025 (Budget)	<ul style="list-style-type: none"> • Budget Scrutiny • Haringey Safeguarding Children Partnership Annual Report 2024-2025
15 January 2025	<ul style="list-style-type: none"> • Haringey Educational Attainment & Schools Financial Update 2024-25 • Childcare Sufficiency Annual Report November 2023-December 2024 • Virtual School (VS) annual report 2024-25
26 February 2026	<ul style="list-style-type: none"> • An update on the implementation of the Council’s Autism Strategy. • SEND Strategy for 2026-29. • Healthy Weight Strategy 2022-25. • Cabinet Member Questions – Cabinet Member for Children, Education and Families.