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Enfield Borough Council

Childcare Sufficiency Assessment (SEND) 2025

Private & Confidential

April 2026



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Executive Summary

This report presents the findings of the 2025 Special Educational Needs and Disabilities (SEND) Focused Childcare Sufficiency Assessment, prepared for the London Borough of Enfield by Premier Advisory Group (PAG).

Following the 2024 Childcare Sufficiency Assessment (CSA), Enfield commissioned PAG to produce both this SEND-focused assessment and the broader 2025 Sufficiency Assessment. While the main CSA addressed core criteria relating to special educational needs, this report examines in greater depth the sufficiency of childcare places for children with SEND across the Borough, with particular focus on the early years sector.

Together, the two assessments fulfil the Council's statutory duty under the Childcare Act 2006 to assess and report annually on the sufficiency of childcare for children with disabilities and those with special educational needs.

Overall sufficiency position

The overall sufficiency picture for SEND childcare in Enfield is one of rising and increasingly complex demand that is not matched by current provision. The Borough is navigating a SEND system under considerable and intensifying pressure, and the early years childcare market is experiencing those challenges acutely. Demand is growing across every key indicator; the early years provider market has contracted, not expanded; and the funding, workforce and infrastructure required to meet that demand adequately are not yet in place.

As of January 2025, Enfield supported 4,764 children and young people with Education, Health and Care Plans (EHCPs), representing 6.4% of the total child population, compared to the national average of 5.3% and the London average of 5.4%. This figure has more than doubled in a decade, rising from 1,350 (2.3%) in 2015/16 to the current level, at a rate that substantially outpaces both the London average growth of 97% and the national average of 104.66% over the same period.

Looking ahead, this upward trend shows no sign of abating. Whilst school-level projections are the primary data source for forward planning, they offer a meaningful indication of the scale of growth in need across the Borough. The number of specialist school places required is forecast to increase by

28.52% between 2025/26 and 2029/30, outpacing both Outer London (25.86%) and England (22.27%). These numbers reflect a pipeline of need that begins in the early years. Children entering specialist school provision will, in many cases, have had SEND identified and supported, or missed, at the childcare stage. The trajectory is therefore directly relevant to assessing the sufficiency of early years and childcare provision for children with SEND.

Key findings

The evidence gathered across demand, supply and consultation points consistently points to the following conclusions.

- **Rapidly rising early years demand:** The early years EHCP population grew by 12.6% in a single year, from 430 children aged 0-5 in 2023/24 to 484 in 2024/25. Growth was sharpest among five-year-olds, where EHCP numbers increased by 26.54% - above both the London (20.19%) and England (24.22%) averages - reflecting heightened identification pressure at the point of school entry
- **Above-average SEN support in early years settings:** In 2024/25, 1,106 children aged five and under in Enfield's early years settings were in receipt of SEN support, representing 16.7% of the total early years headcount. This exceeds both the London average of 16.4% and the England average of 14.2%, and the pattern of identification suggests that need is being picked up later in Enfield - becoming most visible at ages four and five - rather than consistently at the earliest stages, with implications for the timeliness and intensity of support required at the pre-school stage
- **A shifting and increasingly complex need profile:** Speech, Language and Communication Needs (SLCN) dominate the early years SEND profile, accounting for 85.7% of identified need among children aged two and under. However, SLCN's relative share falls steadily as children age, giving way to a growing proportion of ASD and Social, Emotional and Mental Health presentations. By age five, ASD accounts for 29.9% of identified need and SEMH for 11.5%; together they represent over 40% of the cohort. Enfield's SLCN rate across the 0-5 population (54.1%) exceeds the England average (55.5% including SEN support cases), and its ASD prevalence (26.2%) is higher than both London (21%) and England (16%). This shift toward more complex and varied presentations has direct implications for the type and capability of provision required across the Borough

- **A contracting provider market:** As of January 2026, Enfield's childcare market comprised of 639 providers offering 6,859 registered places - a net decrease of approximately 34 providers and 115 places compared to the previous year. A shrinking market leaves fewer settings to absorb growing SEND demand and heightens the risk of sufficiency gaps, particularly in higher-need areas
- **Minimal PVI sector SEND access:** Only 17 children aged 0-5 with an EHCP were recorded in non-maintained early years provision in January 2025, representing just 3.5% of the early years EHCP cohort. The overwhelming majority of EHCP children in the early years are supported through maintained, specialist or school-based provision, raising serious questions about whether PVI settings are funded, equipped and confident to offer places to children with the highest levels of need
- **A workforce not yet equipped to meet demand:** Only 36.36% of providers report having sufficient SEND-experienced staff to meet current demand. Confidence levels vary markedly by need type, with providers broadly confident in supporting SLCN and mild-to-moderate presentations, but considerably less so for more complex need types including severe learning difficulties
- **Funding that does not meet the cost of inclusion:** No provider surveyed reported that current SEND funding fully meets the costs of supporting children with special educational needs. Funding was described as covering only a portion of the actual cost, with shortfalls falling on settings in areas of staffing, 1:1 support, specialist resources and the higher ratios required for complex presentations. Delays and administrative complexity in accessing SENIF - including termly rather than more frequent decision cycles, repeated reapplications and a lack of clear feedback - compound the financial pressure and reduce the responsiveness of the system at the point when families need it most
- **Accessibility barriers beyond place availability:** Provider willingness to offer inclusive places does not consistently translate into accessible provision. Among responding providers, five had turned away children with SEND in the previous twelve months for reasons including room capacity, staffing constraints and an inability to support complex needs. From a family perspective, survey responses indicate that system navigation, uncertainty about eligibility and limited awareness of available support represent

significant barriers to access - particularly in communities with language barriers or limited prior engagement with SEND services.

Until funding adequacy, workforce capability and specialist support infrastructure are addressed concurrently, sufficiency for children with SEND in Enfield cannot be achieved through the existing market in its current form. The Borough risks a widening gap between statutory duty and practical delivery.

Key recommendations summary

The recommendations below should be considered in conjunction with the wider recommendations contained in the 2025 Childcare Sufficiency Assessment. The two assessments are complementary, and progress on SEND sufficiency will depend in part on the broader childcare market operating effectively alongside targeted SEND-specific action.

- **Commission a structured cost analysis of SEND inclusion funding:** Map the actual cost of supporting children with different needs against current DAF and SENIF rates. This is a prerequisite for funding reform and will equip the Council to engage with the DfE from a position of evidence rather than assumption
- **Develop an Early Years SEND Workforce Development Plan:** Establish minimum SEND competency standards, create a ring-fenced training bursary programme prioritising PVI settings and childminders, and introduce on-site specialist support visits to settings with the highest SEND caseloads
- **Establish a cross-sector SEND community of practice:** Create a structured forum bringing together early years practitioners, health professionals and the local SEND team to share knowledge, strengthen early identification pathways and reduce the isolation settings experience when supporting complex needs
- **Produce a plain-English SEND childcare guide and strengthen family outreach:** Publish an accessible guide to entitlements, funding and support pathways in key community languages, with targeted outreach through Family Hubs — particularly for families not yet engaged with SEND services
- **Implement ward-level SEND sufficiency monitoring:** Develop a quarterly data dashboard tracking EHCP placement rates, waiting lists and SEND-capable capacity by ward, reported

to the Thriving Children and Young People's Scrutiny Committee to drive commissioning and identify emerging gaps

- **Strategically bid for Schools-Based Nursery Capital funding:** From September 2026, local authorities, rather than individual schools, will be able to submit multi-year proposals directly to the DfE's Schools-Based Nursery Capital Programme. This presents a significant strategic opportunity for the Council to align capital investment with its SEND and early years priorities. Given Enfield's above-average SEND prevalence and identified gaps in provision, this funding should be regarded as a core delivery tool rather than a simple bid process
- **Commission a SEND-focused Childcare Sufficiency Assessment in 2026:** Deliver a dedicated SEND CSA with a SEND-specific provider survey, structured interviews and genuine co-production with families. The assessment should also investigate why so few early years EHCP children are placed in PVI settings — establishing whether this reflects placement decisions, capacity constraints or access barriers before designing a response.

1. Introduction

1.1 About Childcare Sufficiency Assessments

The Council is required to 'report annually to elected council members on how they are meeting their duty to secure sufficient childcare and make this report available and accessible to parents'. Enfield Borough Council have prepared this report in order to meet this duty.

Having sufficient childcare means families can find care that meets their child's learning needs and enables parents to make a real choice about work and training. This applies to all children from birth to age 14, and to children with disabilities. Sufficiency is assessed for different groups, rather than for all children in the local authority.

In this report, which focuses specifically on sufficiency within the Special Educational Needs and Disabilities (SEND) Early Years sector in Enfield, we have assessed sufficiency using data on childcare need and availability. We have considered feedback from local parents about how easy or difficult it has been for them to find suitable childcare for children with SEND.

1.2 About this commission

Premier Advisory Group (PAG) was commissioned to deliver a Childcare Sufficiency Assessment (CSA) for Enfield Borough Council in 2025, providing the Council with an update to the previous CSA delivered by PAG in 2024. This report is to serve as a SEND-focused assessment of childcare sufficiency in Enfield, drawing on publicly available data and elements of the consultation as per the full CSA.

This SEND CSA has been produced in conjunction with PAG's broader 2025 CSA for Enfield, which provides a comprehensive overview of Early Years childcare sufficiency across the Borough. Whilst the main CSA addresses core criteria regarding SEND, this report delves more deeply into sufficiency as it relates specifically to children with SEND and their families. The commissioning of this SEND Childcare Sufficiency Assessment (CSA) reflects Enfield's wider strategic direction, particularly its emphasis on early intervention, system reform and improved access to provision.

Enfield’s Early Help Strategy prioritises “early identification... of children... who would benefit from early help”¹, establishing a preventative, whole-system approach to need. In parallel, the SEND Partnership Strategy 2023-2027 sets a clear direction for reform, including “early and consistent identification of SEN in the early years” and the need to “strengthen the SEND system”² through improved workforce capability and clearer accountability. It further emphasises the importance of “identify, assess and intervene early” and improving “access and participation in early years settings”³.

In this context, the CSA is positioned not simply as a statutory sufficiency assessment, rather as a core evidence base to inform future planning, commissioning and workforce development decisions, supporting delivery of a more responsive, inclusive and sustainable SEND system.

1.3 Enfield’s approach to Childcare Sufficiency Assessment

As outlined in the main CSA, Enfield regularly commissions Childcare Sufficiency Assessments to ensure provision across the Borough is sufficient, accessible and high-quality. This SEND CSA sits alongside that broader assessment, applying the same analytical approach specifically to the needs of children with SEND and their families, and informing targeted strategic planning and intervention in this area.

¹https://www.enfield.gov.uk/__data/assets/pdf_file/0011/5411/enfield-early-help-for-all-strategy-2021-2025-your-council.pdf

²https://www.enfield.gov.uk/__data/assets/pdf_file/0017/30644/SEND-Partnership-Strategy-2023-2027-Your-council.pdf

³<https://governance.enfield.gov.uk/documents/s91510/SEND%20Strategy%20Engagement%20-%20Scrutiny%20Report.pdf>

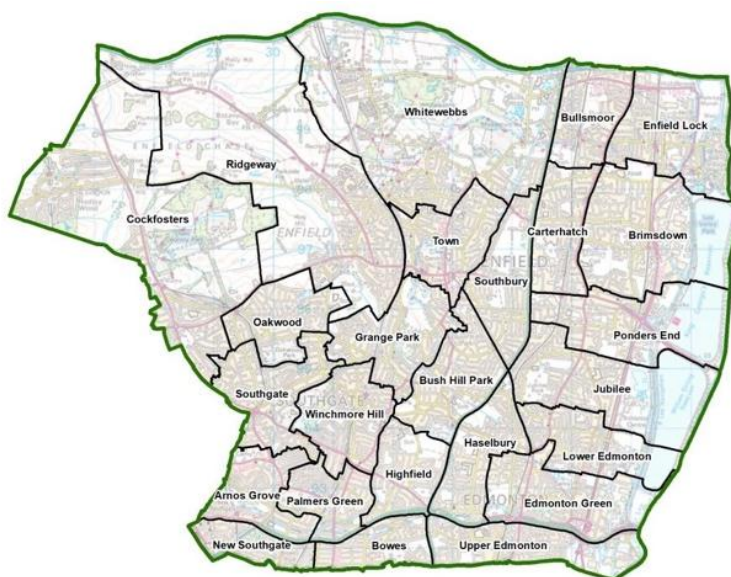
2. Methodology and overview

2.1 Approach

The assessment draws on a combination of national, regional, and local datasets to provide a high-level overview of childcare demand, supply, quality, and affordability in the London Borough of Enfield with regard to SEND. The assessment has employed a mixed-methods approach, combining secondary analysis of publicly available national datasets (outlined below) with primary data gathered through a provider survey, a parent/carer survey and structured stakeholder engagement⁴. These sources provide a picture of the childcare landscape in Enfield and highlight areas of strength, challenge and opportunity for development.

2.2 Demographic research

These areas, shown below, have been broadly defined by considering town and community council ward boundaries. Analysis is presented at Borough-level wherever the data permits. All ward boundaries reflect the 2022 boundary changes in the London Borough of Enfield.



⁴ Note: the provider survey and stakeholder engagement were conducted as part of the broader Childcare Sufficiency Assessment 2025 for Enfield. Findings have been re-analysed specifically for the purposes of this SEND-focused assessment.

GLA Custom Age Population Projections (2024-2028)⁵ has formed the primary dataset for estimating current and future populations of children aged 0-4 and 5-18. These estimates ensure consistency with regional planning frameworks.

Supplementary analysis from the Enfield Borough Profile (2024)⁶ and Office for National Statistics (ONS) Census and mid-year estimates has been used to contextualise demographic trends and highlight historical population shifts.

This includes ward-level breakdowns and projections to 2031. When assessing population and the concentration of the population of children by ward, an analysis has also been included of Enfield's GP registration data. This has been used to supplement and support the data available through public population data, such as that produced by ONS.

2.3 Consultation

Consultation forms a core element of Enfield's CSA evidence base, providing insight into lived experiences that cannot be captured through quantitative data alone. Engagement was carried out with both parents and carers and childcare providers to understand the perspectives of key stakeholders on availability, affordability, accessibility and quality of local childcare.

Feedback from parents and carers was gathered through an online survey from June to December 2025. Structured focus groups were offered but not delivered due to low parental engagement. The consultation explored experiences of finding and using childcare, perceived sufficiency of places, barriers to access and views on affordability and quality.

Three in-depth interviews were also undertaken with providers, alongside a wider survey distributed to all Ofsted-registered childcare providers in Enfield.

Response rates were limited, and this is acknowledged as a constraint on the robustness of supply-side findings.

⁵ GLA Population Estimates as per London template instructions (<https://data.london.gov.uk/dataset/gla-population-projections-custom-age-tables>).

⁶ "Ward Profile: Town 2024", Enfield Council, https://www.enfield.gov.uk/data/assets/pdf_file/0025/60919/Town-ward-profile-2024-Your-council.pdf

Findings from both strands are triangulated throughout the demand and supply sections to arrive at evidenced sufficiency conclusions and a targeted action plan.

2.4 Data sources used

The sources we have referred to provide a comprehensive picture of the childcare landscape in Enfield and highlight areas of strength, challenge and opportunity for development. The sources which we have referred to include, but are not limited to:

- SEN2 Return (DfE)
- School Census SEN tables (DfE)
- Early Years Census (DfE)
- Section 251 Outturn Data
- Ofsted Registered Provider list
- Get Information About Schools
- GLA Custom Age Population Projections
- The Enfield Borough Profile
- The Enfield Joint Strategic Needs Assessment
- The Office for National Statistics ONS Census and Mid-Year Estimates
- Previous Enfield Childcare Sufficiency Assessments
- Local Authority Administrative Data (Enfield)
- DWP Data (Free School Meals/Eligibility)
- Indices of Multiple Deprivation (2019)
- DfE Statistical Neighbours Comparator.

2.5 Known limitations

The following limitations apply to this SEND-focused assessment and should be considered when interpreting findings. Whilst they do not undermine overall conclusions, they identify areas where evidence could be improved and where future data collection will strengthen the overall picture.

Limitation	Impact	Mitigating action
The Ofsted provider register does not record SEND capacity	Supply-side data relies on the provider survey, which had a limited response rate	Findings treated as indicative rather than comprehensive. A SEND-specific survey is recommended for future CSAs
The provider survey and interviews were conducted for the full CSA, not specifically for SEND	Questions were not SEND-specific, limiting direct applicability	Where possible, SEND-relevant findings have been identified and distinguished from wider market findings
Only three provider interviews were conducted	Qualitative evidence on provider experience is not fully representative of the sector	Findings used to illustrate themes rather than draw definitive conclusions

3. About Enfield and the SEND landscape

The following section provides a summary of the characteristics of the population of children and young people in Enfield. Further detail, breakdown and contextual analysis are provided in the full Childcare Sufficiency Assessment (2025).

3.1 Characteristics of Enfield's population

3.1.1 Diversity and language

- Enfield is a highly diverse Borough. Enfield reports the 2021 Census recorded that 40% of residents were born outside the UK, with the largest ethnic groups being White British (31.3%), Other White (20.8%), Black/Black British/Caribbean/African (18.3%) and Asian/Asian British (11.5%)⁷
- Over 90 languages are spoken across the Borough; whilst 73.6% of residents speak English as their main language, 13% of households contain no members with English as a main language, with Turkish, Romanian and Bulgarian among the most widely spoken languages after English⁸
- Christianity is the most common religion (46.4%), followed by no religion (19.8%) and Islam (18.6%); faith is a relevant consideration for some families' childcare choices and expectations⁹.

3.1.2 Deprivation and economic disadvantage

- Enfield is the 9th most deprived London Borough and the 74th most deprived local authority in England
- Enfield has an IMD score of 8 out of 10
- The 2025 Indices of Deprivation identifies a pronounced east-west divide within the Borough, with parts of Edmonton among the 2% most deprived areas in England¹⁰

⁷ "Annual Equalities Report 2024/25", citing Census 2021, Enfield Council, accessed 10th January, Annual Equalities Report 2024 to 2025

⁸ "Annual Equalities Report 2024/25", citing Census 2021, Enfield Council, accessed 10th January, Annual Equalities Report 2024 to 2025

⁹ "Annual Equalities Report 2024/25", citing Census 2021, Enfield Council, accessed 10th January, Annual Equalities Report 2024 to 2025

¹⁰ (MHCLG, 2025)

- The 2025 English Indices of Deprivation underscore the severity of economic disadvantage in Enfield relative to the rest of England. Enfield ranks sixth nationally on the Income Deprivation Domain, with 37.7% of the total population living in income-deprived households
- The position is more acute for children: on the Income Deprivation Affecting Children Index, Enfield ranks seventh nationally, with 55.5% of children living in income-deprived households - a rate exceeded by only six local authorities in England.

3.1.3 Child poverty and economic activity

- 18% of children under 16 were living in relative low-income families in 2023/24, and 30.5% of pupils were eligible for Free School Meals, up from 29.1% in 2022/23¹¹
- 60.7% of residents aged 16 and over were economically active at the time of the 2021 Census, with variation across the Borough in levels of economic inactivity, caring responsibilities and long-term illness¹².

These figures are particularly significant in the context of SEND childcare sufficiency. There is a well-established relationship between socioeconomic deprivation and the prevalence of additional needs, with national evidence highlighting “clear evidence linking SEND needs to deprivation.”¹³ This reflects the clustering of underlying risk factors associated with poverty, including poorer health outcomes, developmental delay and environmental stressors, which increase the likelihood of children requiring additional support.

However, the implications extend beyond prevalence into access. Evidence from UNICEF UK and NSPCC shows that families experiencing poverty “face multiple barriers to accessing these services,”¹⁴ and more fundamentally encounter barriers “at every level” of the system.¹⁵ These barriers are

¹¹ “Annual Equalities Report 2024/25”, citing Census 2021, Enfield Council, accessed 10th January, Annual Equalities Report 2024 to 2025

¹² “2021 Census: The Enfield Picture”, Enfield Council, accessed 10th January 2026, 2021 Census - Headline data

¹³ Policy Exchange - *From Rates to Ruin*
<https://policyexchange.org.uk/wp-content/uploads/From-Rates-to-Ruin.pdf>

¹⁴ <https://learning.nspcc.org.uk/research-resources/2024/opening-doors-access-to-early-childhood-services-for-families-impacted-by-poverty-in-the-uk>

¹⁵ NSPCC news release
<https://www.nspcc.org.uk/about-us/news-opinion/2024/families-in-poverty-struggling-to-access-early-childhood-services/>

structural, encompassing affordability, transport, service availability and the complexity of navigating fragmented systems.

Linguistic diversity adds further complexity to how families identify, navigate and sustain childcare arrangements, particularly where children have additional needs. National evidence indicates that language barriers can materially affect both access to services and the identification of need, with children who speak English as an additional language less likely to be identified with SEND and potentially experiencing lower levels of service use¹⁶. Communication barriers are also recognised as affecting engagement with assessment and support pathways, particularly where systems rely on parental understanding, advocacy and sustained interaction with services.¹⁷

¹⁶ Education Policy Institute, Identifying SEND - Final Report (2025)

<https://epi.org.uk/wp-content/uploads/2025/02/SEND-Final-Report-version-FINAL-04.02.2024-2.pdf>

¹⁷ Department for Education / Department of Health and Social Care, Identifying and supporting children and young people with speech, language and communication needs: rapid evidence review (2025)

https://assets.publishing.service.gov.uk/media/68d65f279ce370a7e0a0fd31/Identifying_and_supporting_children_and_young_people_with_speech_language_and_communication_needs_a_rapid_evidence_review.pdf

4. Demand for childcare

This section examines current and projected demand for childcare among children and young people with special educational needs and disabilities in Enfield, drawing on a range of national and local published data sources to build a picture of need that is both quantitative and contextual. It presents an evidence-based analysis of how SEND trends, demographic change, funded entitlement expansion and housing growth will shape demand for early years and school-age childcare through to 2031.

The proportion of all children and young people (not just those in the early years) identified as having special educational needs in Enfield has grown substantially over the past decade. This section examines that growth in detail, exploring not only overall prevalence but how need is distributed across different categories, age groups and levels of provision.

Where data permit, Enfield's profile is compared with London and England averages to identify areas where the Borough diverges from regional and national trends and to consider what those divergences mean for local services.

Taken together, the evidence presented here provides the foundation for understanding current and future demand, and for identifying where targeted investment, workforce development or changes to provision may be required.

4.1 Children's population and demographics

The demographic analysis underpinning this assessment, including GLA population projections and a full breakdown of Enfield's early years and school-age population, is set out in full in the main 2025 CSA and is not reproduced here. To complement that analysis, General Practitioner (GP) registration data from May 2025 was analysed to provide a current view of the distribution of children aged 0-4 across Enfield. As GP registration is typically completed shortly after birth or relocation, this data provides a reliable proxy for the resident child population at ward level in the main report.

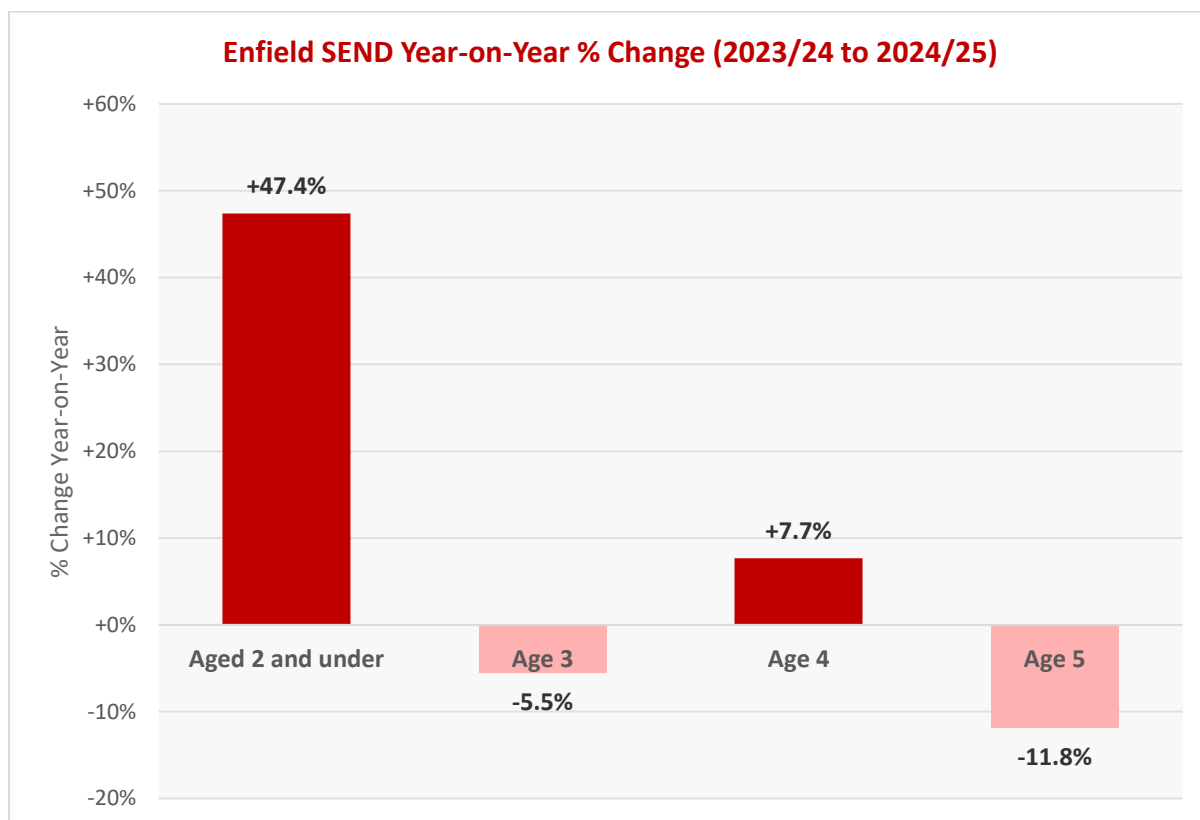
- According to Greater London Authority (GLA) population projections¹⁸, Enfield's Early Years population (ages 0-4) is expected to remain broadly stable over the medium term, following a period of gradual decline
- Enfield's early years population (ages 0-4) has declined from approximately 22,200 in 2021 to around 20,400 in 2026, with GLA projections suggesting stabilisation and a modest recovery to around 20,600 by 2031
- Enfield's 0-1 population is projected to remain stable at approximately 8,200 per year through the late 2020s, suggesting predictable rather than escalating demand at the earliest entry points into the early years system
- Enfield's two-year-old population is projected to remain stable at approximately 4,100 per year from 2026 to 2030, suggesting no significant demographic-driven change in demand for two-year-old provision
- Enfield's 3-4 population is projected to fall marginally from approximately 8,200 in 2026 to 8,100 from 2027 onwards, driven by a small decline in the male cohort, with the female population remaining stable throughout
- Enfield's school-age population (ages 5-18) is projected to decline steadily from approximately 62,600 in 2026 to 60,200 by 2030, a reduction of around 2,400 pupils over five years
- Enfield's primary-age population (ages 5-11) is projected to fall from approximately 30,600 in 2026 to 28,700 by 2030, a reduction of around 1,900 children over five years
- Enfield's 12-14 population is projected to remain broadly stable at approximately 13,300 throughout the period to 2030, with only minor year-to-year fluctuation
- Enfield's 15-18 population is projected to decline modestly from approximately 18,800 in 2026 to 18,100 by 2030, a reduction of around 700 young people over five years.

Projections indicate that this downward trajectory is now easing, with the Early Years population expected to stabilise through the late 2020s and show a modest increase by 2031 (not included in the table below but predicted increase to 20,600 0-4-year-olds). While this may reduce immediate pressure on place-based sufficiency, it also has implications for the sustainability of Early Years

¹⁸GLA Population Estimates as per London template instructions (<https://data.london.gov.uk/dataset/gla-population-projections-custom-age-tables>).

provision, particularly for providers operating close to capacity thresholds or heavily reliant on funded places.

Table 1: Enfield SEND population by age - year-on-year change



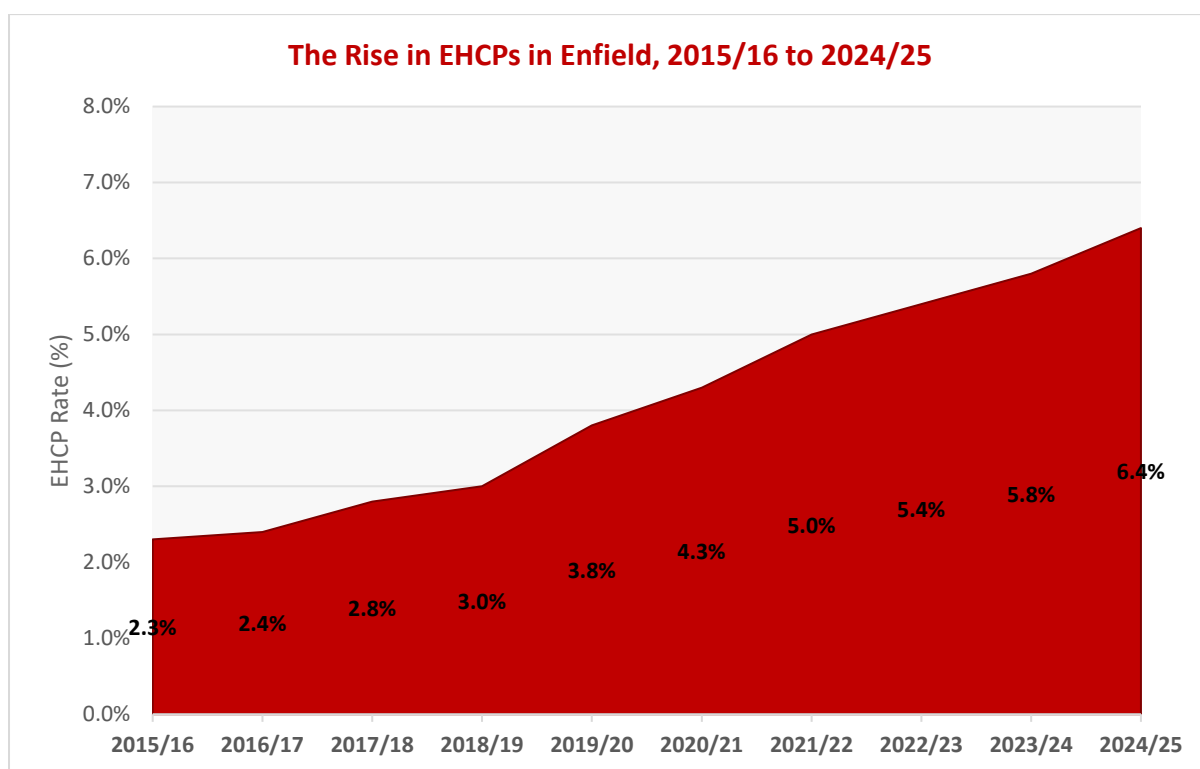
4.2 Housing growth and population projections

- Enfield's Draft Local Plan housing trajectory projects approximately 5,618 net additional homes over the five-year period 2025/26 to 2029/30, which is likely to increase the child population and demand for childcare across the Borough
- The largest concentrations of new housing are expected in Upper Edmonton (1,357 homes), Ridgeway (656), Carterhatch (384), Edmonton Green (312) and Southgate (256), suggesting these areas will see the strongest housing-led increases in childcare demand
- Key developments contributing to supply include Meridian Water (709 homes), the Former Chase Farm Hospital site (369), Edmonton Green Shopping Centre (280), the Hoe/Eastfield/Cherry/Bouvier estates (240) and Southgate Office Village (216).

4.3 SEND prevalence and EHCP trends

Enfield is experiencing a sustained and significant increase in demand for SEND support, particularly at the highest levels of need. According to DfE SEN2 data, as of January 2025 (academic year 2024/25), the Borough supports 4,764 children and young people with Education, Health and Care Plans (EHCPs), representing 6.4% of the total child population - one of the highest rates among its statistical neighbours.¹⁹ The table below²⁰ shows the increase in the number of children with EHCPs in Enfield since 2015.

Table 2: The rise in EHCPs in Enfield, 2015/16 to 2024/25



	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Enfield	2.3%	2.4%	2.8%	3.0%	3.8%	4.3%	5.0%	5.4%	5.8%	6.4%

¹⁹ Neil Best. "Acceptance of Department for Education Offer in relation to proposed Special School Provision." Governance Enfield. Last Modified 16 February 2026.
<https://governance.enfield.gov.uk/documents/s112746/KD6030%20Acceptance%20of%20Department%20for%20Education%20Offer%20in%20relation%20to%20proposed%20Special%20School%20Provision.pdf>

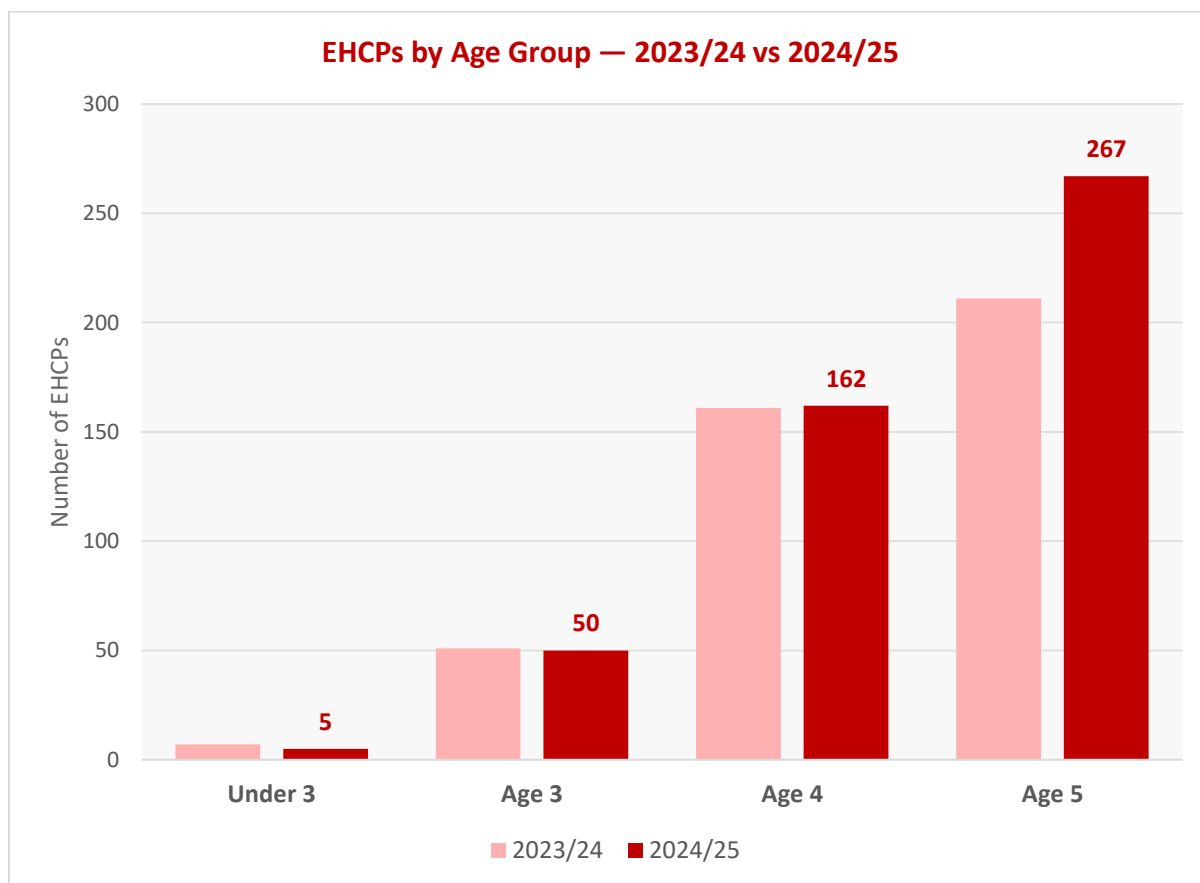
²⁰ <https://exploreeducationstatistics.service.gov.uk/datatables/fasttrack/31d7123007bc46012fa108dd9848d708>

The number of children in Enfield with an Education, Health and Care Plan has more than doubled over the past decade, rising from 1,350 in 2015/16 to 3,585 in 2024/25 - a 165% increase. This rate of growth substantially outpaces both the London average (97%) and the national average (104.66%) over the same period, showing that demand for the highest level of formal SEND support in Enfield has escalated at a markedly faster rate.

4.3.1 Education, Health and Care Plans (pupils aged 0-5)

Department for Education (DfE) SEN2 Education, Health and Care Plan (EHCP) data²¹ shows that Enfield had 484 children aged 0-5 with an Education, Health and Care Plan (EHCP) as of January 2025 (academic year 2024/25), up from 430 as at January 2024 (2023/24).

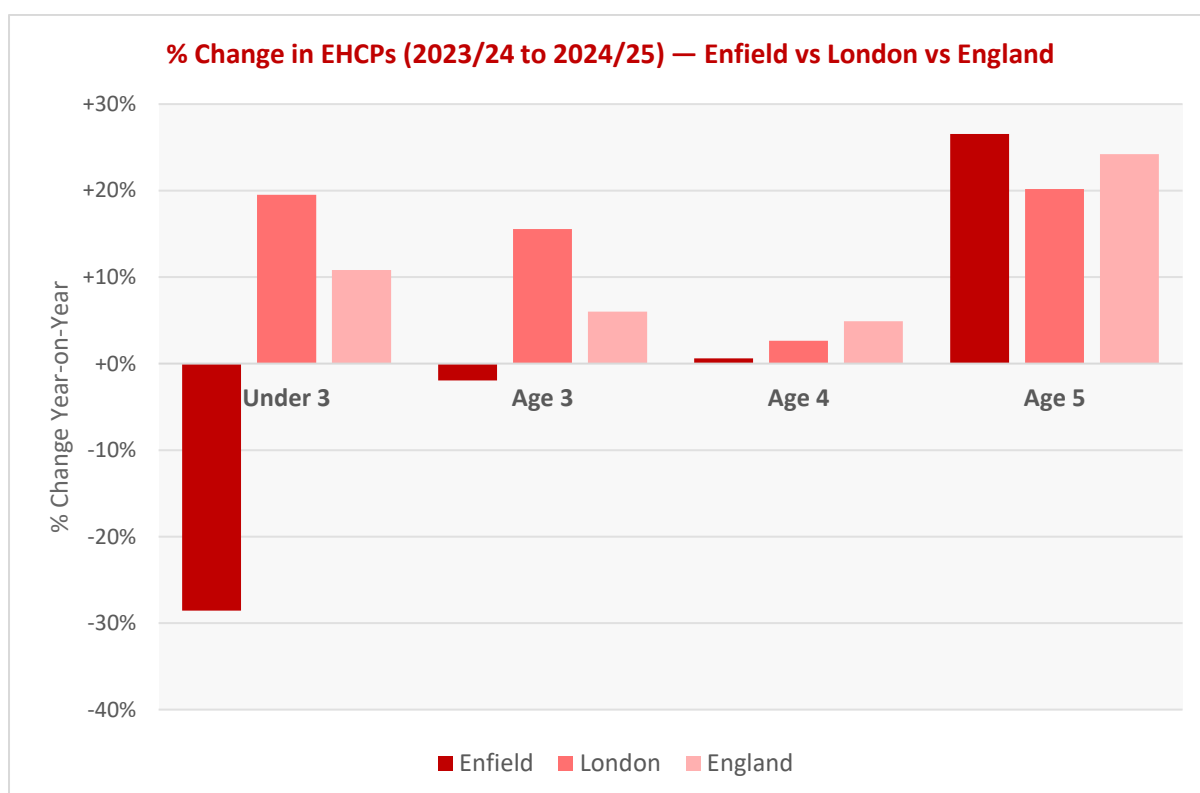
Table 3: Number of EHCPs in January each year, 0-5 age group



²¹ “Education, Health and Care Plans, Reporting Year 2025”, Department for Education, last modified 12 January, 2026, <https://explore-education-statistics.service.gov.uk/find-statistics/education-health-and-care-plans/2025>.

	2023/24	2024/25
Under 3	7	5
Age 3	51	50
Age 4	161	162
Age 5	211	267

Table 4: % Change in number of EHCPs from 2023/24 to 2024/25, 0-5 age group



	Enfield	London <i>Regional</i>	England <i>National</i>
Under 3	-28.57%	-19.51%	+10.81%
Age 3	-1.96%	-15.55%	-5.99%
Age 4	+0.62%	+2.63%	+4.88%
Age 5	+26.54%	+20.19%	+24.22%

4.3.2 Pupils requiring specialist provision

This growth is placing increasing pressure on the local SEND system, particularly in relation to specialist placements. A substantial proportion of school-aged pupils (1,154 children, equivalent to 24% of those with EHCPs) are educated in out-of-Borough placements, indicating constraints in local provision

capacity and/or suitability²². This reliance on external provision is contributing to significant financial pressures, with out-of-Borough SEND expenditure reaching £11.8 million, alongside an additional £1.7 million in transport costs²³.

There is also evidence of unmet need within the system, with 140 children currently awaiting a suitable school placement, further highlighting pressure on available provision²⁴. Forecast data indicates that pressure is set to intensify in Enfield, with the number of pupils requiring specialist provision projected to increase by approximately 1,100 places from 2025/26 to 2029/30, representing a 28.52% increase²⁵. This increase far outpaces the projected increase for required special school places in Outer London and England for the same period:

- For Outer London, places are expected to increase by 25.86% from 2025/26 to 2029/30
- For England, demand for places is expected to increase by 22.27% in the same window.

Table 5: Local authority pupil forecasts for specialist provision (2024/25-2029/30)²⁶

²² Neil Best. "Acceptance of Department for Education Offer in relation to proposed Special School Provision." Governance Enfield. Last Modified 16 February 2026.

<https://governance.enfield.gov.uk/documents/s112746/KD6030%20Acceptance%20of%20Department%20for%20Education%20Offer%20in%20relation%20to%20proposed%20Special%20School%20Provision.pdf>

²³ Neil Best. "Acceptance of Department for Education Offer in relation to proposed Special School Provision." Governance Enfield. Last Modified 16 February 2026.

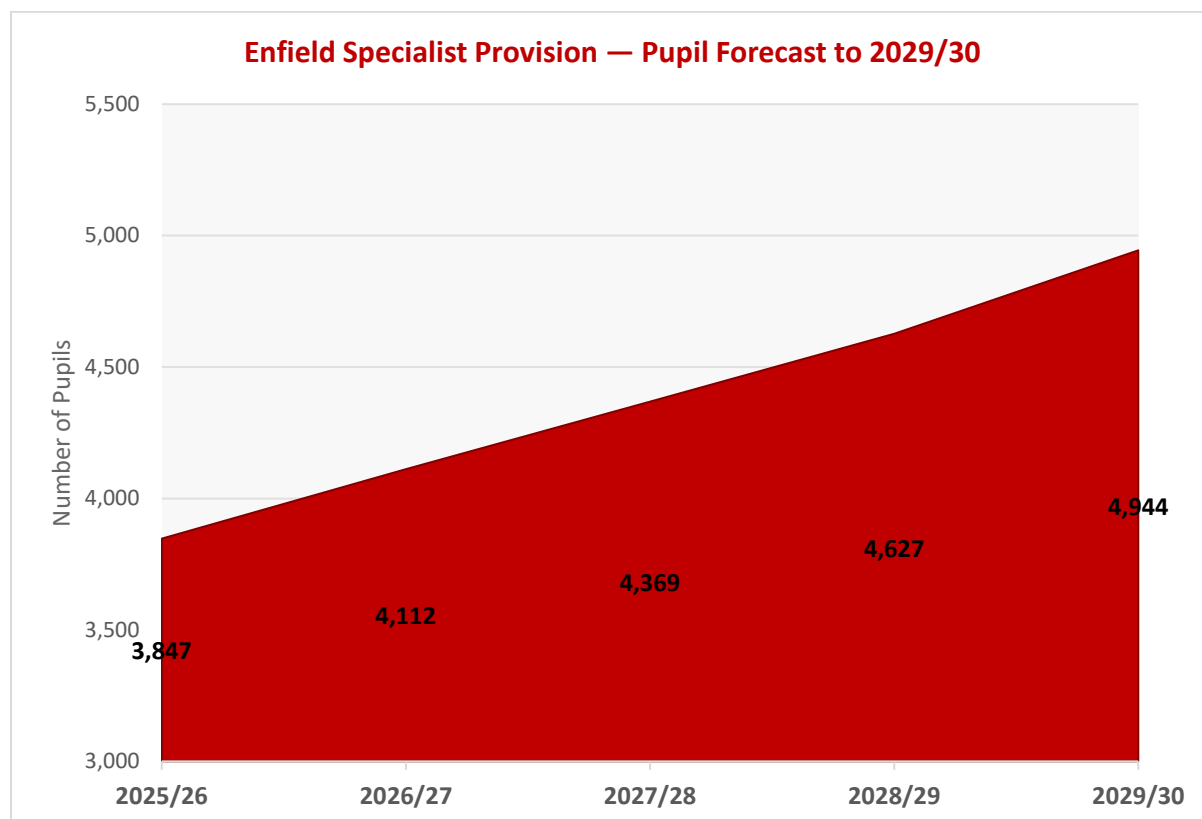
<https://governance.enfield.gov.uk/documents/s112746/KD6030%20Acceptance%20of%20Department%20for%20Education%20Offer%20in%20relation%20to%20proposed%20Special%20School%20Provision.pdf>

²⁴ Neil Best. "Acceptance of Department for Education Offer in relation to proposed Special School Provision." Governance Enfield. Last Modified 16 February 2026.

<https://governance.enfield.gov.uk/documents/s112746/KD6030%20Acceptance%20of%20Department%20for%20Education%20Offer%20in%20relation%20to%20proposed%20Special%20School%20Provision.pdf>

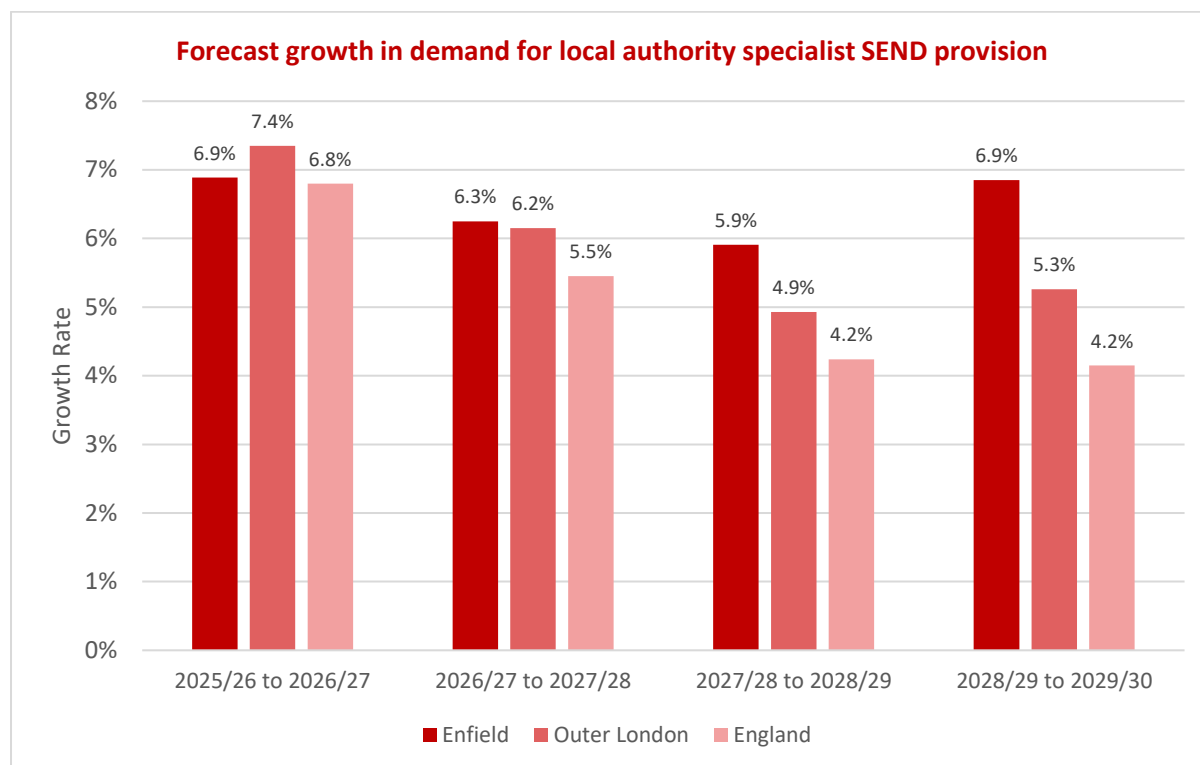
²⁵ GOV.UK. "Create Your Own Tables on School Capacity." Explore Education Statistics. Accessed March 2026. <https://explore-education-statistics.service.gov.uk/data-tables/school-capacity/2024-25?subjectId=7fa44d28-48e2-4655-beed-08de80f63dfa>.

²⁶ GOV.UK. "Create Your Own Tables on School Capacity." Explore Education Statistics. Accessed March 2026. <https://explore-education-statistics.service.gov.uk/data-tables/school-capacity/2024-25?subjectId=7fa44d28-48e2-4655-beed-08de80f63dfa>.



	2025/26	2026/27	2027/28	2028/29	2029/30
Enfield	3,847	4,112	4,369	4,627	4,944

Table 6: Forecast growth in demand for local authority specialist SEND provision



	Increase from 2025/26 to 2026/27	Increase from 2026/27 to 2027/28	Increase from 2027/28 to 2028/29	Increase from 2028/29 to 2029/30
Enfield	+6.89%	+6.25%	+5.91%	+6.85%
Outer London	+7.35%	+6.15%	+4.93%	+5.26%
England	+6.80%	+5.45%	+4.24%	+4.15%

4.3.3 Prevalence of SEND in school-aged children in Enfield

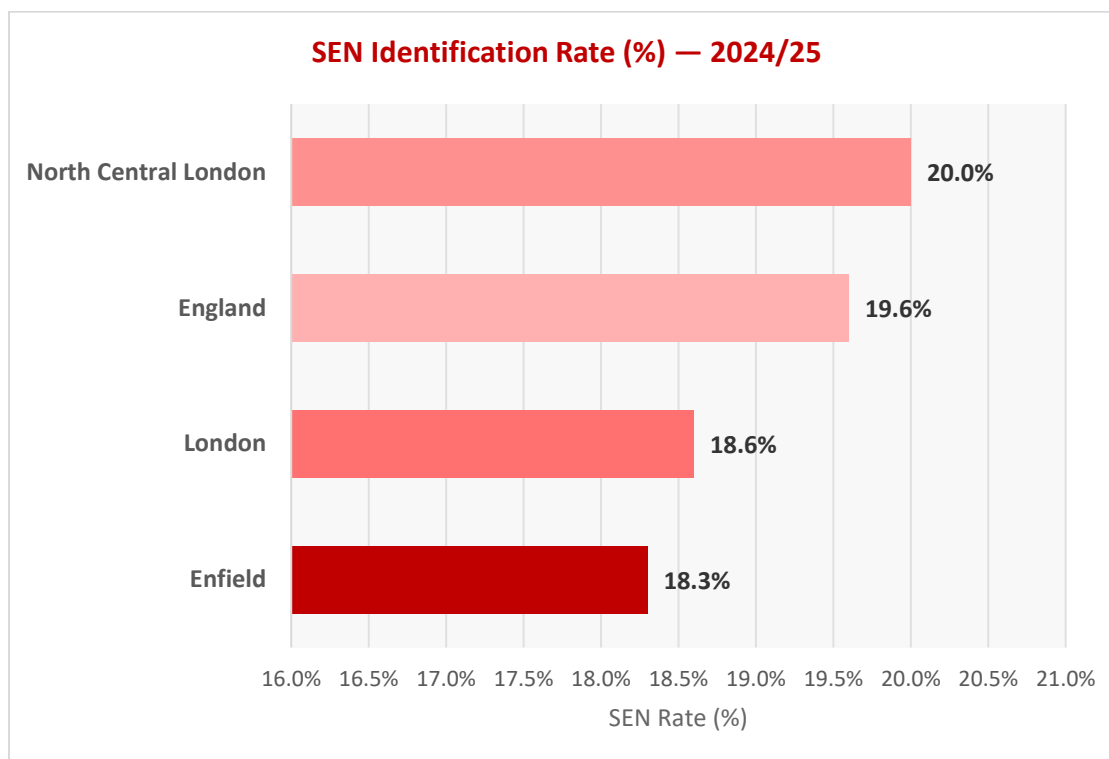
The proportion of school-aged pupils identified as having special educational needs in Enfield has grown substantially over the past decade.

- In 2014/15, 13.3% of school-aged pupils in Enfield were identified as having SEN. This figure rose modestly to 14.0% by 2019/20 (an increase of just 0.7 % over five years)
- During this period, identification rates were similarly stable across comparator areas: England moved from 14.4% to 15.5%, London from 14.5% to 15.0%, and NCL from 15.2%

to 15.9%, suggesting that the pace of growth in Enfield was broadly in line with the wider trend at the time

- However, the years following 2019/20 saw a marked acceleration in identification, with the proportion reaching 18.3% in 2024/25 an increase of 5% over the period and 4.3% since 2019/2020 alone
- Despite this growth, Enfield’s 2024/25 identification rate of 18.3% sits slightly below the London average of 18.6%, the national average of 19.6% and the North Central London (NCL) (Barnet, Camden, Enfield, Haringey and Islington) subregional average of 20.0%. This positions Enfield broadly in line with regional peers.²⁷

Table 7: Proportion of school-age pupils identified as having SEN, 2024/25 against comparators



Area	SEN Identification Rate (%)
Enfield	18.3
London	18.6
England	19.6

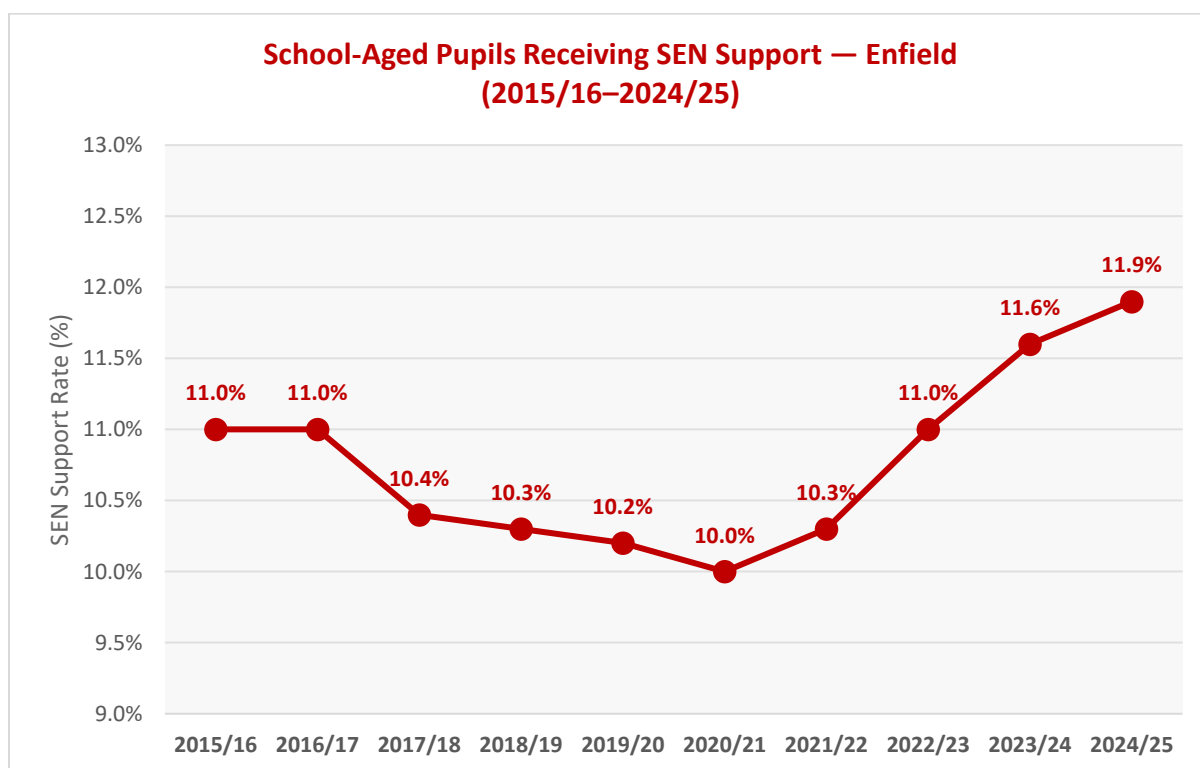
²⁷ Enfield Council. “Special Education Needs and Disabilities (SEND).” Enfield.Gov. Accessed March 2026.
<https://www.enfield.gov.uk/healthandwellbeing/joint-strategic-needs-assessments/special-education-needs-and-disabilities-send>.

North Central London	20.0
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4.3.4 SEN Support

SEN Support refers to children whose special educational needs are identified and being met through additional or different support, but who do not have an EHCP. The table below²⁸ shows the increase in the number of pupils receiving SEN support since 2015. In January 2025, 11.9% of all school-aged children in Enfield are receiving SEN support, which is lower than the averages for London (13.2%) and England (14.2%).

Table 8: School-aged pupils receiving SEN support



2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
11.0%	11.0%	10.4%	10.3%	10.2%	10.0%	10.3%	11.0%	11.6%	11.9%

4.3.5 SEN Support in the Early Years

²⁸ <https://exploreeducationstatistics.service.gov.uk/datatables/track/31d7123007bc46012fa108dd9848d708>

In the early years, SEN support data from the DfE²⁹ provides an important complement to EHCP figures, capturing children who have been identified as needing additional support but who have not yet reached the threshold for a statutory plan.

In Enfield in 2024/25, 1,106 children aged five and under in early years settings³⁰ were in receipt of SEN support, representing 16.7% of the total early years headcount. This is above both the London average of 16.4% and the England average of 14.2%, reinforcing the picture of above-average SEND prevalence across the Borough.

Table 9: SEN Support in 2024/25 (Early Years and Reception)

Age	Enfield count	Enfield %	London count	London %	England count	England% National
Aged 2 and under	28	0.4	913	0.5	4,518	0.4
Age 3	173	2.6	4,857	2.9	22,864	1.9
Age 4	436	6.6	9,845	5.9	60,919	5.2
Age 5	469	7.1	11,840	7.1	79,622	6.7

Comparing 2024/25 with 2023/24, the overall number of children receiving SEN support fell marginally from 1,139 to 1,106. However, this headline figure masks important variation at age group level.

The number of children aged under two receiving SEN support increased from 19 to 28, a rise of nearly 47%, suggesting that earlier identification of need in the youngest children is improving, which is a positive indicator of system responsiveness. Similarly, the number of four-year-olds in receipt of SEN support increased from 405 to 436.

By contrast, the number of three-year-olds fell from 183 to 173, and the number of five-year-olds fell more substantially, from 532 to 469. The reduction at age five is likely to reflect, at least in part, the transition of children from early years settings into school-based provision, where they may subsequently receive support through different data streams rather than the Early Years Census.

Comparing Enfield's age-specific rates with London and England in 2024/25 reveals a nuanced picture. Among children aged under two, Enfield's rate of 0.4% matches the England average and sits just

²⁹ <https://explore-education-statistics.service.gov.uk/data-tables/special-educational-needs-in-england/2024-25?subjectId=6a8fb32d-f722-47f1-3d32-08de12eac085>

³⁰ Includes state-funded nursery, primary, secondary and special schools, non-maintained special schools and state-funded alternative provision schools. Does not include independent schools.

below London's rate of under 0.5%, suggesting that identification of need in the very youngest children is broadly in line with national level.

A similar pattern is visible at age three, where Enfield's rate of 2.6% again exceeds the England average of 1.9% but falls short of London's 2.9%. By age four, however, Enfield's rate of 6.6% exceeds both London (5.9%) and England (5.2%), and at age five Enfield (7.1%) is broadly in line with London (7.1%) and above England (6.7%).

Taken together, these comparisons suggest a pattern of later identification in Enfield relative to London, with need becoming more visible as children approach school entry rather than being consistently picked up in the earliest years. This has implications for the timeliness of support and the pressure placed on provision at the pre-school stage and reinforces the case for strengthening early identification pathways for children aged 0-3 in particular.

Table 10: Year-on-year change in SEN support numbers in Enfield's early years settings, 2023/24 to 2024/25

Age	2024/25	2023/24	% change
Aged 2 and under	28	19	+47.4%
Age 3	173	183	-5.5%
Age 4	436	405	+7.7%
Age 5	469	532	11.8%

4.4 Primary need types - Aged 0-5

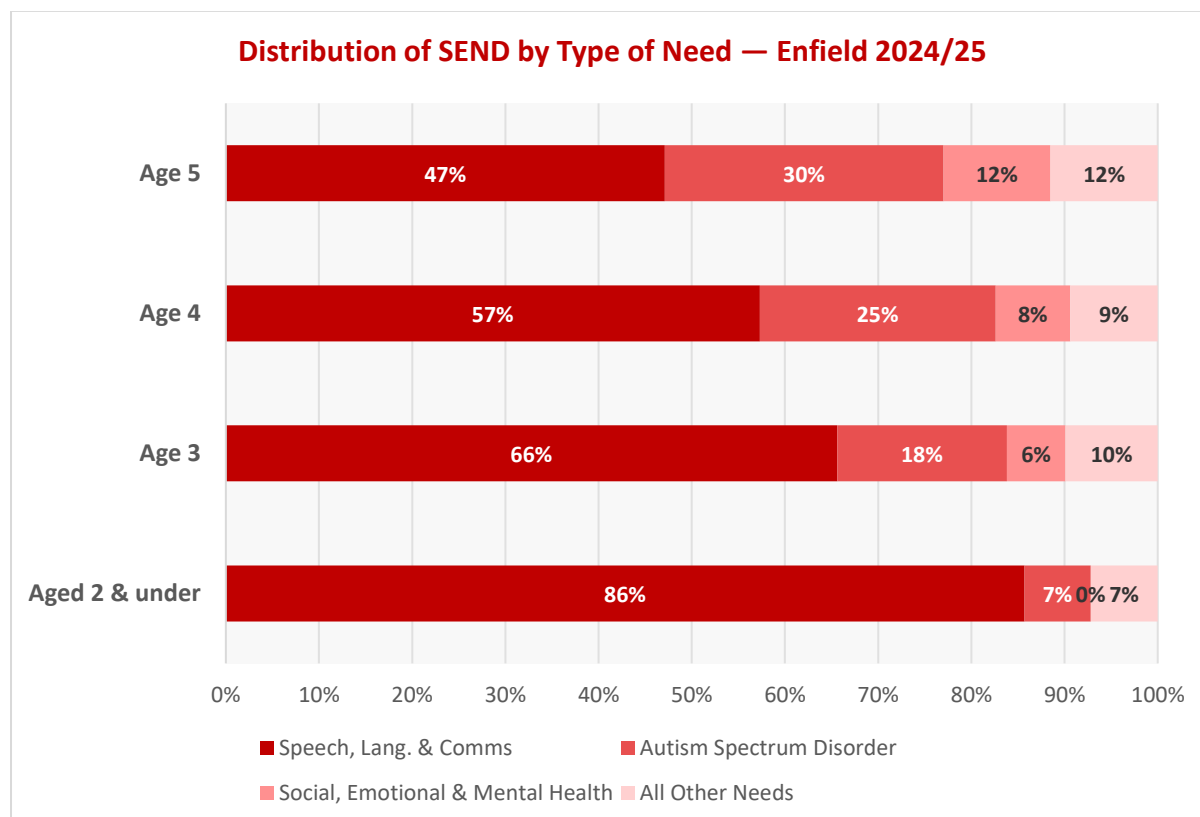
The DfE records data on the primary type of need for children and young people across England, covering state-funded nursery, primary, secondary and special schools, non-maintained special schools, and state-funded alternative provision. This data has been analysed for Enfield and compared against London and England averages to identify where the Borough's SEND profile diverges from regional and national patterns and where need is most concentrated.³¹ Across Enfield, a total of 9,590 pupils aged 0-5 are recorded within this dataset, spread across 15 categories of need.

For the purposes of this analysis, two categories have been excluded: those recorded as 'Missing', where a primary need type has not been identified, and those recorded as 'SEN Support but no specialist assessment of type of need'. Both categories, whilst significant in volume, do not speak to the distribution of specific need types and would skew any comparative analysis. Together these two

³¹ <https://explore-education-statistics.service.gov.uk/data-tables/permalink/53cee3f7-860a-49eb-257a-08de980bc1e1>

categories account for 8,129 pupils, reducing the cohort for detailed analysis to 1,461 pupils across 13 identifiable need types. Whilst this represents a substantial reduction in headline numbers, it enables a more meaningful examination of how identified need is distributed across categories, and how Enfield's prevalence profile compares with London and England.

Table 11: Distribution of Pupils with SEND by Type of Need, Enfield, 2024/25



Type of Need	Aged 2 and under by %	Age 3 by %	Age 4 by %	Age 5 by %
Autism Spectrum Disorder	7.1%	18.2%	25.3%	29.9%
Down Syndrome	0%	0.5%	0.4%	0%
Hearing Impairment	3.6%	0.5%	1.6%	1.3%
Moderate Learning Difficulty	0%	0.5%	0.9%	2.3%
Multi-Sensory Impairment	0%	0%	0.2%	0.4%

Specific Learning Difficulty	3.6%	2.6%	2.0%	2.8%
Other Difficulty or Disability	0%	0.5%	1.1%	1.2%
Physical Disability	0%	2.1%	0.5%	0.9%
Profound and Multiple Learning Difficulties	0%	1.6%	1.6%	0.9%
Severe Learning Difficulty	0%	1.0%	0.9%	1.0%
Social, Emotional and Mental Health	0%	6.3%	8%	11.5%
Speech, Language and Communication Needs	85.7%	65.6%	57.3%	47.1%
Visual Impairment	0%	0.5%	0.2%	0.7%

4.4.1 Age 2 and under analysis

Among children aged 2 and under with an identified primary need, the profile is overwhelmingly dominated by Speech, Language and Communication Needs (SLCN), which account for 85.7% of the cohort. This is significantly higher than all other need types and reflects the early emergence of speech and language delays as one of the most commonly identified developmental concerns in the early years.

Autistic Spectrum Disorder (ASD) represents a much smaller proportion of the cohort at 7.1%, while Hearing Impairment and Specific Learning Difficulties each account for 3.6%.

This distribution is consistent with expected developmental patterns, where communication delays are typically the earliest identified need, while other conditions, particularly those requiring more formal assessment, such as Moderate Learning Difficulties or Social, Emotional and Mental Health need, are less likely to be diagnosed at age 2. The concentration of need within SLCN at this stage highlights the importance of early identification, access to speech and language support, and the role of early years settings in supporting communication development.

4.4.2 Age 3 analysis

At age 3, Speech, Language and Communication Needs (SLCN) remain the dominant primary need type, accounting for 65.6% of the cohort. Whilst still the largest category by a significant margin, this

represents a notable reduction compared to age 2, indicating a broadening of identified need types as children develop and assessment processes progress.

Autistic Spectrum Disorder (ASD) emerges as the second most prevalent need, representing 18.2% of the cohort, reflecting increased identification at this stage. Social, Emotional and Mental Health (SEMH) needs account for 6.3%, suggesting that behavioural and emotional needs are beginning to be recognised more clearly as children enter structured early years environments.

A wider range of low-incidence needs are also present, including Physical Disability (2.1%), Profound and Multiple Learning Difficulties (1.6%), and Severe Learning Difficulties (1.0%). Other categories, including sensory impairments and Down Syndrome, each account for less than 1% of the cohort.

Overall, the age 3 profile demonstrates a transition from a highly concentrated need profile at age 2, dominated by SLCN, to a more diverse distribution of needs. This reflects both developmental progression and improved diagnostic clarity, with a growing proportion of children identified with more complex or specific needs beyond early communication delay.

4.4.3 Age 4 analysis

At age 4, Speech, Language and Communication Needs (SLCN) remain the most prevalent primary need type, accounting for 57.3% of the cohort. While still dominant, this continues the downward trend observed from earlier ages, reflecting an increasingly diversified SEND profile as children approach statutory school age.

Autistic Spectrum Disorder (ASD) represents a significant and growing proportion of need, accounting for 25.3% of the cohort, reinforcing the pattern of increasing identification of autism as children progress through early years settings and formal assessment pathways.

Social, Emotional and Mental Health (SEMH) needs account for 8.0%, indicating a continued increase in the recognition of behavioural and emotional needs. Together, ASD and SEMH now comprise over one-third of identified need at this age, highlighting a shift toward more complex and varied presentations.

Other need types remain relatively low in prevalence, with Specific Learning Difficulties (2.0%), Hearing Impairment (1.6%) and Profound and Multiple Learning Difficulties (1.6%) forming the next most common categories. All remaining need types individually account for less than 1% of the cohort.

Overall, the age 4 profile reflects a continued transition away from a predominantly communication-based need profile toward a broader distribution of SEND types. This aligns with expected developmental and diagnostic patterns, as children nearing statutory school age are more likely to have undergone detailed assessment and to present with more clearly defined and, in some cases, more complex needs.

4.4.4 Age 5 analysis

At age 5, the SEND profile in Enfield shows a continued shift toward a more diverse and complex distribution of need as children enter statutory school age.

Speech, Language and Communication Needs (SLCN) remain the most prevalent primary need type, accounting for 47.1% of the cohort. However, this represents a significant reduction compared to earlier ages, continuing the downward trend observed from age 2 onwards. This indicates that while communication needs remain a key area of demand, they form a smaller proportion of the overall SEND profile as other needs are identified.

Autistic Spectrum Disorder (ASD) is the second most common primary need, accounting for 29.9% of the cohort, and shows a continued increase in prevalence with age. By age 5, ASD represents nearly one-third of identified need, reflecting both the timing of diagnosis and the growing clarity of presentation as children transition into more structured educational environments.

Social, Emotional and Mental Health (SEMH) needs account for 11.5% of the cohort, further reinforcing the trend of increasing identification of behavioural and emotional needs as children reach school age. Together, ASD and SEMH now comprise over 40% of identified need, marking a significant shift from the predominantly communication-based profile seen at earlier ages.

Other need types, including Specific Learning Difficulties (2.8%) and Moderate Learning Difficulties (2.3%), are more evident than at younger ages, suggesting that cognitive and learning-related needs are becoming more clearly identified through assessment processes. Low-incidence needs such as

sensory impairments, physical disabilities, and Profound and Multiple Learning Difficulties each account for less than 2% of the cohort.

Overall, the age 5 profile reflects a more mature and diagnostically defined SEND population, with a broader spread of need types and a notable increase in autism and SEMH. This has important implications for sufficiency, particularly in ensuring that both mainstream and specialist provision are equipped to meet a wider range of needs, including those requiring more targeted and specialist support at the point of entry into formal education.

4.4.5 Distribution of pupils by type of need (Local, Regional and National) aged 0-5

Comparing Enfield's need profile using the DfE data against London and England reveals both areas of alignment and notable divergence. In the lower-incidence categories, Enfield's proportions are closely aligned with regional and national figures. However, several more significant divergences are apparent.

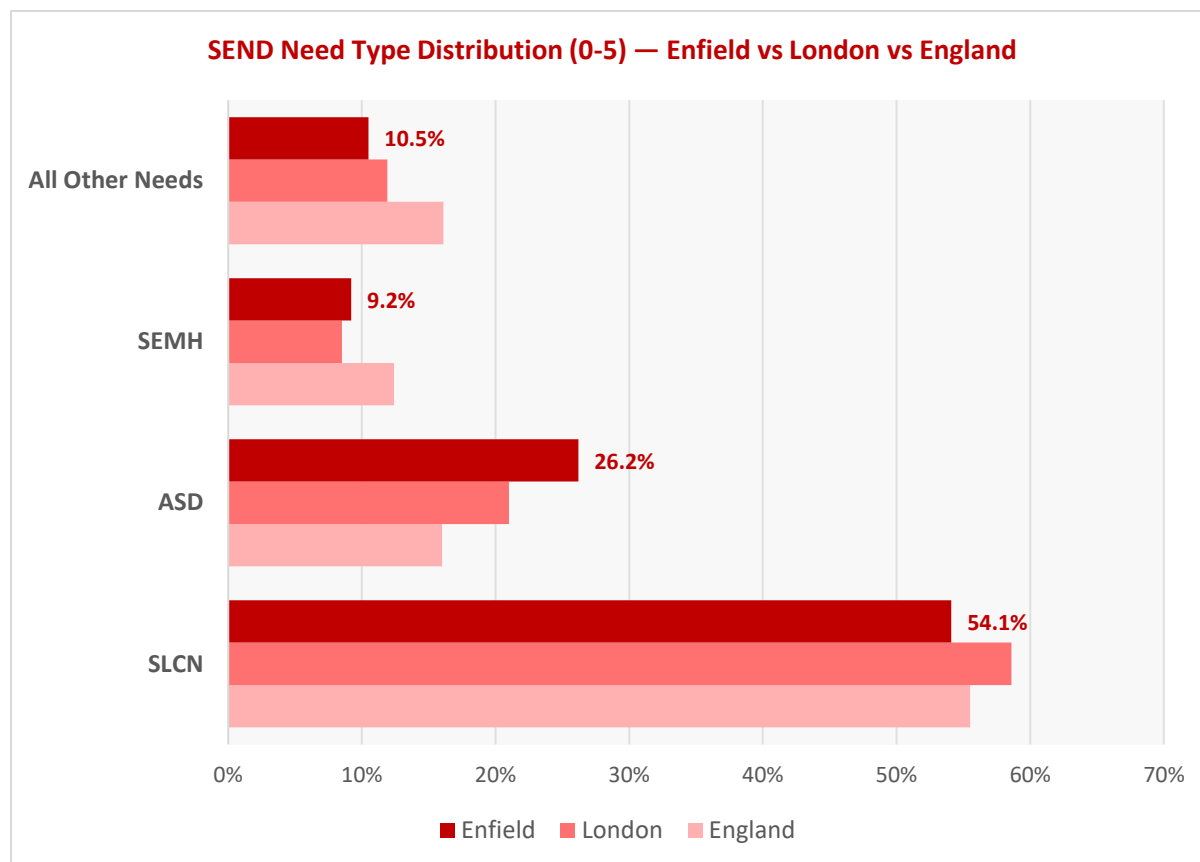
Enfield's proportion of pupils with Speech, Language and Communication Needs (30.9%) is substantially higher than the England average (24.4%) and sits slightly above the London average (30.3%), suggesting that SLCN is a particularly prominent feature of Enfield's SEND profile relative to the national picture.

Autism Spectrum Disorder represents the second largest category of need in Enfield at 18.1%, a proportion that sits between the England average (16.2%) and the London average (19.3%), suggesting that ASD identification in Enfield is broadly consistent with comparator areas and reflects the wider London trend more closely than the national one.

Conversely, Enfield's proportion of pupils identified with Social, Emotional and Mental Health needs (17.7%) fall below both the London average (18.7%) and the England average (21.6%).

Taken together, these comparisons suggest that whilst Enfield's overall SEND identification rate is broadly in line with London and England for 2024/25, the internal composition of its SEND population - particularly the high concentration of SLCN and the relatively lower rates of SEMH and Specific Learning Difficulty identification - may have implications for how services and specialist provision are configured and commissioned.

Table 12: Distribution of pupils by type of need (Local, Regional and National) aged 0-5



Need Type	England (%) 0-5	London (%) 0-5	Enfield (%) 0-5
Speech, Language and Communication Needs	55.5%	58.6%	54.1%
Autism Spectrum Disorder	16.0%	21.0%	26.2%
Social, Emotional and Mental Health	12.4%	8.5%	9.2%
Moderate Learning Difficulty	4.4%	1.9%	1.5%
Specific Learning Difficulty	2.5%	1.8%	2.5%
Other Difficulty or Disability	2.0%	2.0%	1.0%
Physical Disability	2.2%	1.5%	0.9%

Severe Learning Difficulty	1.6%	1.3%	1.0%
Hearing Impairment	1.5%	1.4%	1.4%
Visual Impairment	0.6%	0.5%	0.5%
Profound and Multiple Learning Difficulties	0.8%	0.9%	1.2%
Multi-Sensory Impairment	0.3%	0.2%	0.3%
Down Syndrome	0.3%	0.4%	0.2%

There is also an important distinction between levels of need:

- SEN Support is more commonly associated with SLCN and moderate learning difficulties
- EHCPs are more strongly associated with ASD and more complex or multiple needs
- This distinction is critical for sufficiency planning, as it shapes both the type of provision required and the intensity of support needed.

4.5 Summary of demand

The evidence presented across this section points to a single, consistent conclusion: demand for childcare that can effectively meet special educational needs in Enfield is growing, is already above national and regional averages across most indicators and is set to intensify.

The general child population is stabilising following a period of decline, meaning that demographic growth alone is not the primary driver of pressure on the childcare system. The driver is SEND prevalence, which has risen sharply and continues to do so. The number of children with EHCPs has more than doubled in a decade, growing at a rate that substantially outpaces both London and England.

In the early years specifically, the picture is one of increasing demand concentrated at the point of transition into statutory education. EHCP numbers among five-year-olds grew by 26.54% in a single year. Rates of SEN support in the early years exceed London and England averages for children aged three and over and the pattern of identification suggests that need is being picked up later in Enfield than in comparable London boroughs, with implications for the timeliness of support and the pressure placed on provision at the pre-school stage.

The composition of need is also shifting. Whilst SLCN remains the dominant need type across all age groups, its relative share falls steadily as children age, giving way to a growing proportion of ASD and SEMH presentations. By age five, ASD and SEMH together account for over 40% of identified need. This shift toward more complex and varied presentations has direct implications for sufficiency: it means that the childcare market must be capable of meeting not just high volumes of need, but an increasingly diverse and demanding profile of need. Housing growth concentrated in higher-deprivation wards adds a further layer of pressure, given the established relationship between deprivation and SEND prevalence. Taken together, the demand evidence makes a compelling case for urgent and sustained investment in SEND-capable early years provision across the Borough.

5. Supply of childcare

Understanding the supply of childcare for children with special educational needs and disabilities in Enfield requires looking beyond headline provider numbers. The Ofsted register, which forms the primary basis for quantifying childcare supply, does not record SEND-specific capacity or capability. This means that any assessment of SEND childcare supply must draw on a combination of administrative data, EHCP placement records, and direct engagement with providers. This section brings together all available evidence to form as complete a picture as possible of the current supply position, but it must be recognised that there are gaps.

5.1 Overview of SEND childcare provision

Two datasets inform Enfield's early years provider landscape: one drawn from local authority records and one from Ofsted's national statistics, as recommended in the London CSA template.

SEND childcare in Enfield is not delivered through a single, discrete system. Rather, it is embedded, to varying degrees, within the broader childcare market, alongside a smaller number of specialist or enhanced provision routes.

Local authority records indicate that as of 2025, Enfield had 289 settings on the Early Years Register offering 6,859 registered places. The local market comprises 50-day nurseries, 46 pre-school playgroups, 21 school nurseries, 22 after-school and breakfast clubs, 4 holiday schemes, and 140 childminders.

The nationally comparable Ofsted dataset recorded 639 childcare providers in total, of which 285 were registered on the Early Years Register (EYR) and 354 were Non-EYR providers. Compared with the equivalent Ofsted data from the previous year, the childcare market shows a modest contraction: between August 2024 and August 2025, the total number of registered providers fell by 34, and the number of EYR providers decreased by 14.

Each provider type plays a different role in the SEND childcare landscape. School nurseries and maintained settings typically have stronger links to SEND support services and are more likely to have experienced SENCOs, whilst PVI settings and childminders vary considerably in their capacity and confidence to support children with additional needs.

5.2 Volume of provision

There is no reliable Borough-wide dataset that quantifies SEND-specific capacity across Enfield's childcare market. The Ofsted register records total places but not how many of those places are available to or suitable for children with SEND. This is a recognised limitation of the national data infrastructure and is not unique to Enfield. However, it means that supply-side analysis must be interpreted with caution.

What can be observed is the extent to which children with EHCPs are accessing non-maintained provision. According to DfE SEN2 data, only 17 children aged 0-5 with an EHCP were placed in non-maintained early years settings as of January 2025. Set against a cohort of 484 children aged 0-5 with EHCPs, this suggests that just 3.5% of early years EHCP children in Enfield are accessing provision within the PVI sector. The overwhelming majority are supported through maintained nurseries, specialist settings, or school-based provision. Whilst some of this reflects appropriate placement decisions based on complexity of need, it also raises questions about the extent to which PVI settings are equipped, funded and confident to offer places to children with EHCPs.

Geographically, the distribution of SEND-capable provision across Enfield's wards is not captured in available datasets. This is itself a gap: without ward-level intelligence on where SEND-inclusive providers are located relative to where need is concentrated, it is not possible to assess whether families in higher-need areas have reasonable access to suitable provision. This is identified as a priority area for data development in the recommendations section of this report.

5.3 Accessibility of provision

Access to SEND childcare in Enfield is constrained by a range of factors that go beyond the availability of registered places. Provider survey responses and interview evidence consistently highlight barriers that sit between families and provision (even where a place nominally exists).

Among the 15 providers who responded to the question on how frequently they offer places for children with SEND, 13 (87%) indicated that they do so either regularly or occasionally. However, of the same group, five providers reported having turned away children with SEND in the past 12 months. The reasons cited were consistent across responses: room capacity limitations, insufficient staffing to meet individual needs, and an inability to support more complex presentations within existing provision. Providers described being "at capacity within the room", and others noted that extending

provision to additional SEND children "wouldn't be fair on the child or staff" without additional resource.

This dynamic points to a distinction between willingness and capacity. Providers across the sector expressed a genuine commitment to inclusive practice, but this commitment is not always translated into accessible practice, particularly where needs are more intensive or where no additional funding or specialist support is available to the setting.

From a family perspective, survey responses indicate that system navigation is a significant barrier. Parents reported uncertainty about eligibility for funded childcare, confusion between different types of provision, and limited knowledge of how to access support. One parent noted they were "not sure if we're eligible or not"; another indicated limited knowledge of how to apply. These responses suggest that even where provision exists, families may not be reaching it because of information and confidence barriers that go unaddressed.

5.4 Quality and capability of provision

Ofsted inspection outcomes provide a broad proxy for the quality of provision across Enfield's childcare market. However, they do not specifically measure SEND capability, inclusive practice, or the availability of specialist workforce skills. The quality of SEND provision is therefore better understood through the provider survey and interview evidence.

5.4.1 Workforce capability

Provider responses indicate that SEND capability is unevenly distributed across sectors. When asked whether they had sufficient staff with SEND experience to meet current demand, only 36.36% of responding providers answered yes. The majority reported having insufficient or only partially sufficient staffing. Interview evidence reinforces this, with providers noting that initial training was often supplemented heavily by on-the-job learning and parental guidance, and that staff would have preferred more structured preparation. As one provider noted, induction "relied heavily on communication with parents" and formal training had not always prepared staff for the complexity they encountered.

Confidence levels, as reported in the survey, vary significantly by need type. The majority of providers reported confidence in supporting children with SLCN, ASD, and moderate learning difficulties. For

ASD specifically, among the 15 providers responding to confidence questions, nine described their staff as very confident and two as somewhat confident, whilst one reported staff were not confident. Confidence was considerably lower for more complex need types. For severe learning difficulties, eight of ten responding providers reported being only somewhat confident, suggesting that the sector's SEND capability has a ceiling - adequate for milder or more common need profiles, but not reliably equipped for high-complexity or low-incidence needs.

Training undertaken by providers in the past two years was varied. Examples included Level 3 SENCO qualifications, autism-specific training (including Making Sense of Autism and online programmes), BSL, behaviour management, Verbo training, ETIPPS and PBS. However, for a number of providers - particularly childminders - training had been limited to brief online modules or induction materials, with several reporting that they had received no SEND-specific training at all. The desire for more support was evident: providers cited a need for face-to-face training, regular specialist visits to settings, and access to educational psychologists and speech and language therapists.

5.4.2 Funding and its impact on quality

The financial context within which SEND provision operates is a critical factor in the quality of what settings can offer. Across the provider survey, no respondent reported that current SEND funding fully meets the cost of supporting children with special educational needs. Responses were split between partial coverage and outright inadequacy. Providers noted that funding does not cover the cost of additional staffing, 1:1 support, specialist resources, or the higher staff-to-child ratios required for children with complex needs. One provider described the position plainly: "the level of SEND funding does not fully meet the needs of all children requiring additional support. While we make every effort to provide inclusive care, the funding available often does not cover the cost of additional staffing, specialist training, or resources required to fully meet complex needs."

Delays in accessing SEND-related funding, particularly SENIF, were consistently raised across both the survey and interviews. Providers described decisions being made "once a term instead of every few weeks", applications being turned down or delayed without clear explanation, and the ongoing administrative burden of reapplication.

As one provider noted: "you have to keep reapplying and chasing to make sure the funding comes through." Another described the process as involving "much repetition and reapplication." These

delays have a direct operational impact, creating uncertainty in staffing planning and, in some cases, resulting in children waiting longer to access the support they need.

5.4.3 Settling-in and inclusive practice

Among providers who responded to the question on settling-in arrangements, four reported that they always offer enhanced or tailored settling-in support for children with SEND, four indicated they do so when required, and three stated they do not currently offer enhanced settling-in but would be open to doing so. Where enhanced settling-in was offered, approaches described in survey responses included extended settling periods of up to ten sessions, shorter initial sessions, additional parental involvement, visual aids and specialist resources, and timetables tailored to individual children's needs. Whilst this represents genuinely good practice in those settings, the absence of consistent expectations across the sector means that the quality and depth of settling-in support varies considerably.

5.4.4 Progress of children with SEND

Of the nine providers who responded to the question on the progress children with SEND typically make in their setting, four reported good progress, three reported some progress, and two reported excellent progress. No providers reported poor progress. This is an encouraging signal and suggests that, where inclusive provision is in place, outcomes for children are generally positive. However, this finding must be read alongside the evidence on capacity and funding: positive outcomes are being achieved despite significant constraints, not because of adequate support, and the sustainability of this position is uncertain.

5.5 Summary of supply provision

The overall supply of childcare that can effectively meet special educational needs in Enfield is insufficient relative to current and projected demand. The evidence across this section points consistently to a sector that is willing but under-resourced, inclusive in intent but constrained in practice.

The most significant concerns are as follows. First, SEND-specific capacity within the PVI sector is very limited, with only 17 early years EHCP children recorded in non-maintained settings: a figure that is strikingly low given the scale of demand.

Second, the workforce is not consistently equipped to meet the breadth of SEND need in the Borough: only 36% of providers report sufficient SEND-experienced staff and confidence falls sharply for complex and low-incidence need types.

Third, SEND funding is universally regarded as inadequate, with no provider reporting that current rates fully meet costs. This is a structural disincentive to inclusion that is compounding workforce and capacity pressures.

Fourth, the administrative complexity and delays around SENIF in particular are creating additional barriers to provision, reducing the responsiveness of the system at the point when families need it most.

It should be noted that the evidence base for this section has limitations. The provider survey was conducted as part of the broader 2025 CSA and was not SEND-specific in its design, which limits the depth of SEND-focused insight available from quantitative responses. The sample of 22 providers, while sufficient to identify directional themes, is not large enough to draw statistically robust conclusions. These limitations are reflected in the recommendations, particularly the recommendation to conduct a SEND-specific provider engagement exercise as part of the 2026 SEND Childcare Sufficiency Assessment.

6. Consultation findings

6.1 Overview of consultation

As part of the main Enfield Childcare Sufficiency Assessment (2025), parents, carers, and providers across Enfield were engaged to gather both user experience and market capacity within the Borough's childcare system. For this SEND CSA, that consultation has been analysed in greater depth to extract specific insights relating to children with SEND.

This approach ensures that the SEND CSA reflects both quantitative data on available places, take-up, and projected demand, as well as qualitative insights into how the system functions in practice. In Enfield, sufficiency is not merely about the total number of places; it also depends on whether provision is accessible throughout the Borough, whether families can navigate local services effectively, and whether providers have the capacity and capability to meet a range of SEND needs, including more complex cases.

Stakeholder evidence offers a crucial local perspective on how national and London-wide pressures are experienced within Enfield. It recognises Borough-specific barriers such as uncertainty about eligibility, challenges in navigating childcare pathways, and differences in how information is communicated to families. It also emphasises operational pressures faced by providers, including funding limitations, workforce capacity issues, and administrative burdens that impact the delivery of inclusive provision.

Although the consultation sample is limited and not statistically representative of all Enfield families or providers, the findings are consistent with broader evidence on SEND sufficiency. They provide valuable contextual insights into how the Enfield system is functioning and where it may be falling short for children with SEND and their families. These insights complement the quantitative data to support a more comprehensive and locally grounded assessment of sufficiency.

6.2 Parents' and carers' views

The parent and carer survey investigated how families in Enfield experience accessing childcare. For the SEND CSA, responses have been analysed to identify themes related to children with SEND, including access to provision, awareness of local support, and likely future demand. This analysis sheds light on how families experience the system on a day-to-day basis. It highlights challenges surrounding

awareness, communication, and navigation of local services, which can act as barriers even when provision is available. This is particularly relevant for SEND, where families often require more tailored information and clearer pathways to identify suitable provision and understand eligibility.

The findings also indicate potential unmet or hidden demand. When families do not utilise childcare, it might signal a lack of appropriate provision, but it could also reflect uncertainty about entitlements or challenges in navigating the system. Parental feedback is therefore vital for interpreting sufficiency data, helping to differentiate genuine sufficiency from hidden demand caused by access barriers.

Given the limited number of SEND-specific responses, results should be regarded as provisional rather than fully representative of all Enfield families. Nonetheless, they underscore key themes and pressure points, especially around communication, accessibility, and family confidence in engaging with childcare services.

6.2.1 Parent consultation: survey

Of the three parent survey responses received, two indicated that they had a child with SEND. One parent with SEND had a child with speech, language and communication needs (SLCN) ages 0-2, while the other used SEND for autism spectrum disorder (ASD), age 5-11. Of the two parents with SEND-related experience, both indicated that they were not currently accessing childcare for their child with SEND. One respondent noted that they were “not sure if we’re eligible or not,” suggesting that uncertainty around eligibility may act as a barrier to accessing childcare. However, both suggested that they may wish to access provision in the future such as after-school provision and day nursery places.

Both respondents with SEND children were not currently accessing childcare, suggesting potential unmet demand, including system navigation barriers and financial uncertainty. One parent commented that they had limited knowledge on how to apply and who qualifies. Respondents noted that the language used to describe childcare options was itself unclear. with one respondent selecting that they were unsure about the difference between types of childcare provision, including terms such as nursery, daycare and preschool. Thus, clearer communication, better guidance, and more tailored support may help both SEND families and families more broadly to better understand and access the childcare options available to them.

The responses suggest that childcare access is closely linked to wider family circumstances, including work and caring responsibilities. Therefore, funded childcare could enable better opportunities for parents to work, promoting household stability and child development. Due to the small response base, the total findings from this survey should be interpreted with caution.

6.2.2 Parent consultation: focus groups

Focus groups were offered as part of the consultation process; however, no uptake was received. This limits the depth of qualitative parental insight available for the SEND CSA, particularly in relation to lived experience of navigating childcare, perceptions of inclusion, and the practical challenges families face when seeking suitable provision.

6.3 Providers' views on SEND sufficiency

Provider consultation examined the childcare market in Enfield from an operational perspective. For the SEND CSA, this evidence has been further analysed to understand providers' capacity to deliver inclusive provision, focusing on workforce, funding, infrastructure, and system-level challenges. This perspective is vital to understanding sufficiency in practice.

While data may show that places exist, provider feedback helps determine whether those places are genuinely accessible to children with SEND, especially those with more complex needs, and whether provision can be sustained or expanded to meet local demand. The analysis outlines the conditions under which providers can offer SEND places, such as access to trained staff, suitable space within settings, and timely local funding. It also identifies constraints, including staffing ratios, funding shortfalls, and administrative processes.

These factors directly influence both the number of SEND places available and the level of need that can be supported within mainstream provision. Although the sample is relatively small, the findings present a coherent picture of pressures within the Enfield provider market. These include a gap between funding and the actual cost of delivery, varying levels of confidence in supporting more complex needs, and delays in accessing support and funding. Collectively, this evidence offers a practical understanding of the challenges faced by Enfield's childcare system and supports a realistic assessment of SEND sufficiency.

6.3.1 Provider consultation survey

Responses to the provider survey suggest that many early years settings in Enfield are working to offer inclusive provision with SEND but are doing so with significant operational and financial limitations.

Among the 15 providers who responded to the question on how frequently they offer places, for children with SEND, the 13 of 15 providers (87%) indicated that they do so either regularly or occasionally. Of the same group, five providers reported that they had turned away children with SEND within the past 12 months particularly because of space and staffing limitations, along with difficulties supporting those with more complex needs. Providers described being “at capacity within the room”, having “insufficient staffing to meet needs”, and being “unable to support more complex needs within current provision”.

Throughout the survey, limitations in funding were discussed. Among the providers who responded to whether funding meets the cost of supporting children with SEND, none reported that funding fully met costs, instead saying that funding was either inadequate or did not meet costs at all. Open-text responses indicated specific cost pressures, including the need for additional staffing, higher staff-to-child ratios, and specialist resources that are not fully covered by existing funding arrangements. Providers noted that “funding does not cover additional staffing”, that there is a “need for 1:1 support not funded”, and that “funding does not reflect the true cost of care”. Providers also discussed delays in accessing SEND-related funding, including SENIF, and the administrative burden associated with funding applications. Providers reported that “funding takes too long to come through”, referred to “delays in SENIF decisions”, and described the application process as “time-consuming” with “too much paperwork involved”.

The survey also suggested that provider confidence varies by type and complexity of need. Among the 15 providers who responded to the confidence questions for autism spectrum disorder, 11 reported that staff were either very confident (9) or somewhat confident (two), while one reported that staff were not confident and three selected not applicable. Most providers indicated confidence in supporting children with speech, language and communication needs, autism spectrum disorder, and moderate learning difficulties. However, fewer providers reported confidence in supporting children with more complex needs, suggesting a gap in suitable provision for children with more complex SEND needs. Confidence was lower in relation to more complex needs. For severe learning difficulties,

among 10 responding providers excluding not applicable responses, 8 reported being somewhat confident, 1 was very confident, and 1 was not confident.

Among the providers who responded to the question on settling-in arrangements, views were split. Of the responses overall, four providers reported that they always offer enhanced or tailored settling-in support for children with send, four indicated that they do such when required, and three stated that they do not currently offer settling-in support but would be open to doing so.

Regarding progress of children with SEND, some providers reported that children typically make good progress within their setting. Regarding the progress of children with SEND, 9 providers responded to this question. Of these, 4 reported that children typically make good progress, 3 reported some progress, and 2 reported excellent progress. This suggests that providers generally perceive outcomes for children with SEND to be positive when provision is in place.

However, wider system pressures were evident. Among the providers who responded to the question on identification and access to support, 6 of 13 providers stated that the process takes too long, while only one provider described it as quick and straightforward. These responses suggest that while providers are implementing a range of inclusive practices, challenges remain in relation to early identification, access to support, and the practical delivery of SEND provision.

6.3.2 Provider consultation: interviews

Three provider interviews were conducted in different childcare settings across Enfield. Across all three interviews, providers were generally willing to support children with SEND, but their capacity was conditional. Instead of SEND inclusion being the issue, providers mentioned that it was rather space, staffing, training, and available resources necessary to give provision safely and well. For example, one provider noted that capacity was limited within specific rooms, stating that “all [children] were based in the pre-school room, so we can’t take anyone else at this moment.” Others highlighted the need to balance support with staff capacity, with one provider explaining that extending provision “wouldn’t be fair on the child or staff.” Providers also mentioned the importance of having sufficient information and resources in place, with one noting that “if they already have their statement or sufficient information, it makes it smooth.”

Regarding staffing and available resources, providers reported that they most often encounter children with autism, speech and language delay, and broader developmental presentations. Training to support children with SEND was generally viewed positively, but all providers discussed the limits of what training alone could achieve. Two out of three interviews discussed how induction to their position relied heavily on on-the-job learning, communication with parents, and that they would have preferred more.

Funding was a recurring pressure for providers interviewed, suggesting that funds being timely, predictable, flexible enough to reflect the actual need, and workable for small providers in practice was an issue. One discussed the complexity of funding streams, and how there was much repetition and reapplication, where providers were required to chase funding to ensure it was received. This process was described as “time-consuming”, with one provider noting that “you have to keep reapplying and chasing to make sure the funding comes through.”

Providers interviewed described how capacity constraints directly affect access to provision. In some cases, settings had to turn families away or limit the number of children with SEND they could accommodate at one time, particularly where needs were concentrated with specific rooms or required more intensive support.

To provide adequate support to children with SEND, adequate transition and settling-in processes were necessary for providers, which support children to adjust to the setting and enable staff to understand and respond to their needs effectively. This included extended and more flexible settling-in arrangements, including additional visits, shorter initial sessions, and increased parental involvement. Although beneficial, this required additional time and staff resources, further reducing the capacity of providers.

Providers’ views on local authority support were generally positive, describing SEND teams as generally responsive and helpful. One provider noted that responses were “really quick”, typically within two weeks or sooner, while another described their experience as “a far better experience than other local authorities.” However, capacity limitations were mentioned, including the need for more frequent engagement and greater direct observation of children to support assessment processes.

Providers also highlighted the administrative demands associated with SEND systems, including funding applications and support processes, which could delay access to provision.

6.4 Summary of findings

Although its scale is limited, the consultation offers a clear and locally relevant picture of SEND childcare sufficiency in Enfield.

Both parents and providers identify that the key issue is not just the availability of provision, but whether the system is accessible, understandable, and has enough capacity to meet demand. From a parental standpoint, there is evidence of latent demand for SEND childcare that is not currently being fulfilled. This suggests that demand may be understated, with access barriers suppressing take-up rather than reflecting a lack of need.

From the provider side, there is strong willingness to offer inclusive provision, but within practical limits. Capacity depends on staffing, space, and funding; providers frequently report that they cannot accommodate additional children with SEND, especially those with more complex needs.

Funding often does not fully cover the costs, and delays along with administrative burdens further restrict providers' ability to respond flexibly to demand. A common theme for both groups is system friction: for families, it appears as challenges in finding, accessing, and understanding provision; for providers, it manifests as funding complexities, delays in securing support, and wider operational pressures. These issues collectively create a system where provision may theoretically exist but is not fully accessible or scalable in practice.

Overall, the findings suggest that SEND childcare sufficiency in Enfield is limited more by issues of accessibility, system navigation, and provider capacity than by the number of available places. Tackling these challenges will be essential to making better use of current resources and ensuring future demand can be met.

7. Sufficiency assessment and identified gaps

7.1 Overview

This section summarises the evidence from sections 3, 4, and 6 to provide an overall assessment of whether SEND childcare provision in Enfield is adequate. It differentiates between what the available evidence reasonably supports and where it is insufficient to make firm conclusions - outlining what further work is needed in each case.

Sufficiency is assessed not only by the number of available places but also by whether the provision is of the right type, accessible to families who need it, and delivered by a workforce with the skills and support to meet the diverse needs within the Borough. Across these aspects, the evidence reveals significant concerns. However, an honest assessment shows that the picture remains incomplete, and some of the most critical questions about SEND childcare sufficiency in Enfield cannot yet be answered confidently. This in itself is a finding, and the following recommendations include actions aimed at strengthening the evidence base and addressing the gaps that are already evident.

7.2 What the evidence allows us to conclude

7.2.1 Demand is rising, sustained and set to intensify

The evidence on demand is robust and points consistently in one direction. The number of children in Enfield with EHCPs has more than doubled over the past decade, growing at a rate that substantially outpaces both London and England. In the early years specifically, EHCP numbers for children aged 0-5 grew by 12.6% in a single year (from 430 in 2023/24 to 484 in 2024/25), with the sharpest increase - 26.54% among five-year-olds, reflecting heightened identification pressure at the point of school entry.

SEN support data reinforces this picture. In 2024/25, 1,106 children aged five and under in Enfield's early years settings received SEN support, representing 16.7% of the early years headcount - higher than both the London (16.4%) and England (14.2%) averages. The pattern of identification suggests that need becomes most apparent at ages four and five in Enfield, rather than being consistently identified from the earliest stages. This reflects a genuine pattern of later identification compared to London, with direct implications for the timeliness and intensity of support needed at the pre-school stage. The composition of need is also shifting. SLCN remains dominant across all early years age

groups but its relative share declines steadily as children age, giving way to a growing proportion of ASD and SEMH presentations. By age five, ASD accounts for 29.9% of identified need and SEMH for 11.5%; together they represent over 40% of the cohort. Enfield's ASD prevalence among 0–5-year-olds (26.2%) already exceeds both the London (21%) and England (16%) averages. **Demand is not only growing in volume; it is growing in complexity.**

7.2.2 The provider market is contracting

Supply-side data shows a notable contraction in the childcare market: a net reduction of approximately 34 providers and 115 registered places between 2024 and 2025. A shrinking market, set against rising SEND prevalence, reduces the system's capacity to absorb demand. This is not unique to Enfield, it reflects a national trend in the early years market. However, it is particularly significant in a borough where SEND demand is growing.

7.2.3 Funding does not meet the cost of inclusion

Provider survey responses are unequivocal on this point: no provider reported that current SEND funding fully meets the costs of supporting children with special educational needs. Shortfalls were reported across staffing, 1:1 support, specialist resources and the higher staff-to-child ratios required for complex presentations. **This is a structural condition of the current market, not an individual provider complaint.**

Where the cost of inclusion cannot be recovered through funding, settings face a choice between absorbing that cost, which is not sustainable, or limiting their SEND offer. The evidence consistently shows that both are happening. Five providers had turned away children with SEND in the twelve months prior to the survey, citing reasons including staffing and resource constraints. Others described informal limits on the number of children with SEND they could accommodate at any one time.

Delays and administrative complexity in accessing SENIF compound this. Providers described decisions being made termly rather than more frequently, repeated reapplication processes and ongoing uncertainty about whether funding would arrive in time. These delays affect not only providers' financial planning but children's access to timely support.

7.2.4 The workforce is not consistently equipped to meet the full range of need

Only 36.36% of providers reported having sufficient SEND-experienced staff to meet current demand. Training across the sector is inconsistent: some settings have accessed structured SEND qualifications and specialist training programmes; others, particularly childminders, have had access only to brief online modules or basic induction.

Provider confidence varies significantly by need type. Providers are broadly confident supporting SLCN and mild-to-moderate presentations, but confidence falls considerably for ASD at greater complexity and further still for severe learning difficulties, profound and multiple learning difficulties, and low-incidence conditions. This represents a significant gap between the upper range of need in the Borough and the current capability of the workforce serving it.

Where inclusive provision is established, outcomes are positive - four providers reported good progress for children with SEND and two reported excellent progress; none reported poor progress. This is an important finding. It demonstrates that quality SEND provision can and does work within Enfield's childcare market. **The challenge is that it is not consistently achievable across the sector, and the conditions that enable it, namely adequate funding, trained staff and specialist input are not reliably in place.**

7.2.5 Families face real barriers to accessing provision

Consultation evidence on this point is limited (three parent survey responses, no focus group uptake), and findings must therefore be treated as indicative rather than definitive. However, what evidence exists is consistent with the broader national picture and with provider feedback. Families reported uncertainty about eligibility, confusion about different types of provision and limited knowledge of how to apply for support. One parent noted they were "not sure if we're eligible or not"; another described limited knowledge of how to apply and who qualifies. The language used to describe childcare options was itself identified as a barrier.

For Enfield's substantial multilingual population, with 13% of households containing no members with English as a main language. These navigation challenges are compounded by communication barriers that national evidence identifies as material to both service identification and SEND identification itself. These barriers are real and likely affecting access, but the consultation evidence is too limited to quantify their extent.

7.2.6 What the evidence does not allow us to conclude

7.2.6.1 Whether the low rate of PVI early years EHCP placements reflects capacity failure or appropriate placement

DfE SEN2 data records only 17 children aged 0-5 with EHCPs in non-maintained early years settings as of January 2025. This figure raises an important question about whether PVI settings are functioning as a meaningful part of the SEND supply landscape. However, the data alone cannot answer that question. The low rate may partly reflect appropriate clinical and educational placement decisions for children with complex needs who require specialist or maintained provision. It may also reflect PVI capacity constraints, provider unwillingness, funding disincentives or family preference.

Without a SEND-specific provider survey, more detailed placement analysis and family consultation, it is not possible to determine the relative weight of these factors. The figure warrants further investigation, and a recommendation to that effect is included below as firm conclusions cannot be drawn from this data point alone.

7.2.6.2 Whether provision is geographically accessible to families in the highest-need areas

No ward-level mapping of SEND-capable or SEND-willing provision exists. It is therefore not possible to confirm whether families in higher-deprivation wards have reasonable geographic access to suitable childcare. The absence of this data is a significant gap in the sufficiency evidence base. Until it is addressed, the Council cannot commission strategically at ward level or confirm whether geographic sufficiency has been achieved.

7.2.6.3 The true cost of SEND inclusion

Whilst providers consistently report that current funding does not meet costs, there is no structured analysis of what the actual cost of inclusion is for different need types and levels. Without this, it is not possible to quantify the funding gap, assess the adequacy of current DAF and SENIF rates on an evidence basis, or make a robust case to the DfE for rate reform. **Establishing this evidence base is a precondition for meaningful advocacy.**

7.2.6.4 The scale of unmet or suppressed demand among families

The limited parental engagement in this round means that family experience of accessing SEND childcare is substantially absent from the evidence base. It is not possible to reliably estimate the extent of suppressed or unmet demand, to assess whether the barriers identified by the respondents are representative, or to understand the specific experiences of families from different communities across the Borough.

7.2.7 Overall assessment

Based on available evidence, SEND childcare provision in Enfield is not sufficient. The evidence is clearest on demand, funding and workforce: demand is rising faster than in comparable areas, no provider can fully fund the cost of inclusion, and the workforce is not consistently equipped for the breadth of need in the Borough. These are structural conditions, not isolated concerns, and they are unlikely to resolve without sustained and concurrent investment in funding reform, workforce development and specialist support infrastructure.

On other aspects, such as geographic accessibility, the accessibility of information for families, and the specific issue of PVI capacity, the evidence indicates a likely insufficiency but does not yet allow for firm conclusions. These are not minor concerns: they are areas where the evidence base is still developing, and where the limitations of the assessment prevent it from drawing definitive conclusions that the partial data might suggest.

8. Recommendations

Recommendation 1 - Commission a structured cost analysis of SEND inclusion funding

Commission a structured cost analysis, working with a representative sample of providers across provider types, to map the actual per-child cost of supporting children with different types and levels of need against current DAF and SENIF rates. This should cover staffing, specialist resources, higher ratios and the administrative time associated with funding applications. The resulting evidence base is a prerequisite for any meaningful funding reform and will equip the Council to engage with the DfE from a position of local evidence rather than assumption. Until this picture is clear, targeted advocacy for rate reform is not possible.

Recommendation 2 - Develop an Early Years SEND Workforce Development Plan

Develop and implement a borough-wide Early Years SEND Workforce Development Plan that establishes minimum SEND competency standards for settings receiving funded entitlements, creates a ring-fenced training bursary programme prioritising PVI settings and childminders, and introduces a programme of structured on-site specialist support visits - prioritising settings with the highest SEND caseloads and least current capacity. The plan should address the identified gap in ASD and SEMH-specific capability in particular and should be co-designed with providers to ensure it reflects operational realities.

Recommendation 3 - Establish a cross-sector SEND community of practice

Create a structured forum bringing together early years practitioners, speech and language therapists, educational psychologists, health visitors and the local SEND team, meeting at least termly. The community of practice should provide a vehicle for knowledge sharing and peer support, strengthen early identification and referral pathways, and reduce the professional isolation that many settings currently experience when managing complex needs without specialist input. Meeting themes should be reported to the Early Years strategic group.

Recommendation 4 - Produce a plain-English SEND childcare guide and strengthen family outreach

Produce an accessible, plain-English SEND childcare guide covering funded entitlements, DAF and SENIF eligibility, how to apply and where to get support. The guide should be available in the most widely spoken community languages in Enfield and distributed through Family Hubs, health visitors, GP surgeries and community partners. Targeted outreach should be developed specifically for families not currently engaged with SEND services. The Local Offer should be reviewed to ensure it is usable by families without specialist knowledge.

Recommendation 5 - Implement ward-level SEND sufficiency monitoring

Develop a data dashboard - updated quarterly - tracking EHCP placement rates, waiting list numbers, SENIF applications and decisions, and an emerging measure of SEND-capable capacity by ward. This should be reported to the Thriving Children and Young People's Scrutiny Committee and used to drive commissioning decisions and identify geographic gaps before they become entrenched. Development should involve the SEND team, the Early Years service and data colleagues, and should be informed by the SEND-specific provider survey recommended in Recommendation 7.

Recommendation 6 - Strategically bid for Schools-Based Nursery Capital funding

Strategically bid for Schools-Based Nursery Capital funding: From September 2026, local authorities, rather than individual schools, will be able to submit multi-year proposals directly to the DfE's Schools-Based Nursery Capital Programme. This shift to a locally led model is the key policy change and allows Enfield to adopt a coordinated, Borough-wide approach to early years sufficiency.

This presents a significant strategic opportunity for the Council to align capital investment with its SEND and early years priorities. Given Enfield's above-average SEND prevalence and identified gaps in provision, this funding should be regarded as a core delivery tool rather than a simple bid process. Proposals should be guided by ward-level sufficiency data, focusing on areas where SEND needs are highest and suitable provision is most scarce. Development must be undertaken in close partnership with primary headteachers and maintained nursery schools to ensure alignment with existing capacity and demand. This is especially important given the declining primary rolls across the Borough.

New provision should be explicitly designed with SEND inclusion at its centre, including accessible environments, appropriate staffing ratios, and clear integration with specialist support services. The

September 2026 deadline creates a tight delivery schedule, and early mobilisation will be crucial to develop a strong, evidence-based submission.

Family Hubs, now eligible to host nurseries for the first time, offer an additional strategic route to engage families who are not currently accessing early years provision.

Recommendation 7 - Commission a SEND-focused Childcare Sufficiency Assessment in 2026

Building on this assessment, commission a dedicated SEND CSA for 2026 with a significantly strengthened evidence base. This should include a SEND-specific provider survey with questions designed explicitly around SEND practice, workforce confidence, funding adequacy and geographic capacity; structured in-depth interviews with a wider and more diverse provider sample; and a concerted co-production effort with families of children with SEND through Family Hubs, parent carer forums and community partners.

This work is directly foundational to Recommendation 6: the ward-level sufficiency intelligence and PVI capacity mapping generated by the 2026 CSA is the evidence base on which any Schools-Based Nursery Capital bid must be built. Without it, proposals risk being poorly targeted; with it, Enfield will be positioned to submit a strong, data-led case for capital investment in the areas of greatest need.

9. Conclusion

The evidence presented in this assessment points to a clear overall conclusion: SEND childcare provision in Enfield is not currently sufficient to meet the level and complexity of demand and the gap is set to widen.

The insufficiency is structural. Demand is growing faster than in comparable areas, driven by EHCP growth that substantially outpaces London and England and a need profile that is becoming more complex as ASD and SEMH presentations grow relative to SLCN. The provider market is contracting, not expanding. Funding does not meet the cost of inclusion — a condition that creates a systemic disincentive to provision across the PVI sector. And the workforce, whilst committed, is not consistently equipped for the full range of need the borough now presents.

On other dimensions, geographic accessibility, the scale of suppressed family demand and the specific question of PVI sector capacity, the evidence points toward likely insufficiency but cannot yet support firm conclusions. Building that evidence base is itself a priority.

The recommendations in Section 8 are designed to work in sequence and in combination: establishing the cost evidence needed for funding advocacy, building workforce capability, reducing the barriers families face in accessing provision, and generating the ward-level intelligence on which future commissioning, including any Schools-Based Nursery Capital bid, must be built. The structural nature of the problem requires a sustained, concurrent response.