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How early years providers support disadvantaged children, children with SEND, the home learning environment and healthy eating

Research report

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Contents

Acknowledgements	2
Contents	3
List of figures	6
List of tables	7
Executive Summary	11
The study	11
Early Years Pupil Premium (EYPP)	11
Take up of EYPP funding	11
Uses of EYPP funding	12
Support for children with Special Educational Needs and Disabilities (SEND)	13
Take up of funding of DAF and SENIF	14
Uses of DAF and SENIF	15
Take-up and monitoring of different funding streams	15
Support for the Home Learning Environment (HLE)	16
Provider activities to support the HLE	16
Targeting support for the HLE	16
Barriers to the HLE	17
Early Years Food Guidance	17
1. Introduction	19
The study	19
This report	20
2. Early Years Pupil Premium	22
Key findings	22
Take up of EYPP funding	22
Uses of EYPP funding	23
Proportion of providers receiving EYPP	23
Number of children receiving EYPP	26
Experiences of applying for EYPP	28
Uses of EYPP funding	31
3. Support for children with Special Educational Needs and Disabilities (SEND)	35

Key findings	36
Provider capacity to support children with SEND	36
Take up of funding to support SEND: Disability Access Fund and SEN Inclusions Fund	36
Uses of funding to support SEND: Disability Access Fund and SEN Inclusions Fund	37
Provider capacity to support children with SEND	38
Disability Access Fund	43
Proportion of providers receiving DAF	43
Experiences of applying for DAF	45
Uses of DAF	48
SEN Inclusion Fund	50
Other Local Authority Support for SEND	53
4. Take-up and monitoring of different funding streams	56
Key findings	56
Proportion of providers in receipt of EYPP, DAF and SENIF.	57
Evidence sources used by providers to take funding decisions	58
How providers monitor the impact of funding	59
5. Support for the Home Learning Environment (HLE)	61
Key findings	61
Provider activities to support the HLE	61
Targeting support for the HLE	62
Barriers to the HLE	62
How providers support the HLE	63
Targeting support for the HLE	65
Barriers to supporting the HLE	66
6. Early Years Food Guidance	69
Key findings	69
Background: Early years settings' food provision	70
Awareness and use of the Early Years Food Guidance	71
Barriers to using Early Years Food Guidance	73
Appendix A. Additional Tables	75

Appendix B. Methodology 95

- Sample 95
- Questionnaire design 96
- Respondent communication 97
- Response 98
- Weighting 99
 - Overview 99
 - GBPs 100
 - SBPs 101
 - CMs 102
- Coding and editing 102

List of figures

Figure 2.1: Proportion of providers receiving EYPP in past 12 months	24
Figure 2.2: Satisfaction with EYPP funding received	30
Figure 2.3: Which children have benefited from EYPP	34
Figure 3.1: Proportion of providers supporting children with SEND	38
Figure 3.2: Proportion of providers receiving DAF in past 12 months	43
Figure 3.3: Satisfaction with DAF funding received	48
Figure 3.4: Which children have benefited from DAF	50
Figure 3.5: Proportion of providers receiving SENIF and/or DAF funding in the past 12 months	51
Figure 6.1 Food provided by early years settings	71

List of tables

Table 2.1: Take up of EYPP	25
Table 2.2: Reasons for not applying for EYPP.....	26
Table 2.3: Number of children for which EYPP received	27
Table 2.4: Proportion of registered children for which EYPP received.....	27
Table 2.5: Providers' perceptions of EYPP eligibility criteria.....	28
Table 2.6a: Providers' views on EYPP application process: Ease of administrative tasks associated with application	28
Table 2.6b: Providers' views on EYPP application process: Satisfaction with LA support.....	23
Table 2.6c: Providers' views on EYPP application process: Ease of obtaining eligibility information from parents.....	24
Table 2.7: Use of EYPP funding in the last 12 months	31
Table 2.8: Focus and impact of EYPP funding	32
Table 3.1: Proportion of providers reporting their setting was able to support children with SEND.....	39
Table 3.2: Barriers to accepting children with SEND	40
Table 3.3: Preparation undertaken before accepting a child with SEND.....	41
Table 3.4: How settings involve parents of children with SEND.....	42
Table 3.5: Take up of DAF	44
Table 3.6: Reasons for not applying for DAF.....	45
Table 3.7: Providers' perceptions of DAF eligibility criteria	46
Table 3.8a: Providers' views on DAF application process: Ease of administrative tasks associated with application	46
Table 3.8b: Providers' views on DAF application process: Ease of obtaining eligibility information from parents.....	41
Table 3.8c: Providers' views on DAF application process: Satisfaction with LA support..	41

Table 3.9: Uses of DAF.....	49
Table 3.10: Uses for SENIF funding	52
Table 3.11: Focus of SENIF funding	52
Table 3.12: Whether provider has received advice/support on SEND from LA in past 12 months.....	53
Table 3.13: Provider satisfaction with LA advice/support on SEND	54
Table 3.14: Whether provider has experienced any difficulty accessing specialist support services in local area	54
Table 4.1: Proportion of providers receiving different combinations of funding in past 12 months.....	57
Table 4.2: Evidence drawn on when deciding how to use funding.....	58
Table 4.3: How providers track impact of funding	60
Table 5.1: Activities used to support the HLE	63
Table 5.2: How providers share information about the HLE with parents	64
Table 5.3: Providers targeting support for the HLE at particular families	65
Table 5.4: Parental barriers to supporting the HLE encountered by providers.....	67
Table 5.5: What would help providers to support the HLE	68
Table 6.1: Provider awareness and use of Early Years Food Guidance.....	72
Table 6.2: Proportion of providers following Early Years Food Guidance	72
Table 6.3: Use of other food standards/guidance	73
Table 6.4: Factors stopping providers from fully following Early Years Food Guidance ..	74
Table A.1: Proportion of providers receiving EYPP in past 12 months	75
Table A.2: Proportion of providers receiving EYPP in past 12 months: Group based providers.....	76
Table A.3: Take up of EYPP: Group based providers.....	77
Table A.4: Number of children for which EYPP received: Group based providers.....	78
Table A.5: Proportion of children for which EYPP received: Group based providers.....	79

Table A.6: Providers' satisfaction with EYPP funding received.....	80
Table A.7: Which children have benefited from EYPP.....	80
Table A.8: Proportion of providers supporting children with SEND.....	80
Table A.9: Proportion of providers able to support children with SEND: Group based providers.....	81
Table A.10: Barriers to accepting children with SEND: Group based providers.....	82
Table A.11: Proportion of providers receiving DAF in past 12 months.....	83
Table A.12: Proportion of providers receiving DAF in past 12 months: Group based providers.....	84
Table A.13: Take up of DAF: Group based providers.....	85
Table A.14: Providers' satisfaction with DAF funding received.....	86
Table A.15: Which children have benefited from DAF.....	86
Table A.16: Proportion of providers receiving SENIF and/or DAF funding in the past 12 months.....	86
Table A.17: Proportion of providers receiving SENIF funding in the past 12 months: Group based providers.....	87
Table A.18: Whether provider has experienced any difficulty accessing specialist support services in local area: Group based providers.....	88
Table A.19: Proportion of providers receiving different combinations of funding in past 12 months: Group based providers.....	89
Table A.20: Evidence drawn on by GBPs by type of funding received.....	90
Table A.21: How GBPs track impact of funding by type of funding received.....	91
Table A.22: Proportion of providers supporting the HLE: Group based providers.....	92
Table A.23: Food provided by early years settings.....	92
Table A.24: Food provided by early years settings: Group based providers.....	93
Table A.25: Use of Early Years Food Guidance: Group based providers.....	94
Table B.1: Sample of providers issued to SCEYP follow up survey.....	96
Table B.2: SCEYP follow up survey schedule of respondent communications.....	97

Table B.3: Number of productive responses to 2019 SCEYP follow up survey98

Table B.4: Productive cases as a proportion of issued sample.....99

Executive Summary

The Department for Education (DfE) has a range of different policy initiatives and funding streams aimed at supporting childcare and early years providers and improving the quality and reach of early years provision for children and families. There remain important evidence gaps around how providers are engaging with these different initiatives: levels of awareness and take-up; uses and monitoring of additional funding; and potential barriers to take-up.

DfE commissioned NatCen Social Research to conduct a follow-up to the 2019 Survey of Childcare and Early Years Providers (SCEYP) to collect nationally representative data on providers' experience of some of these different initiatives.

The study

- Group-based providers (GBPs), school-based providers (SBPs) and childminders (CMs) who completed the SCEYP 2019 survey and agreed to be recontacted for future research were invited to complete a 15-minute web survey between 10th January and 28th February 2020.
- Topics covered by the follow-up survey include:
 - Take-up and use of Early Years Pupil Premium (EYPP)
 - Take-up and use of funding for children with SEND – Disability Access Fund (DAF) and Special Educational Needs Inclusion Fund (SENIF)
 - How providers offer support to children with SEND
 - Providers' support for the Home Learning Environment (HLE)
 - Awareness and use of Early Years Food Guidance
- In total, 921 providers participated in the study: 612 GBPs, 146 SBPs and 163 CMs. The achieved sample has been weighted to be representative of the national population of early years providers.

Early Years Pupil Premium (EYPP)

The Early Years Pupil Premium (EYPP), introduced in 2015, provides additional funding for early years childcare providers to better meet the needs of disadvantaged 3 and 4 year olds in receipt of the 15 hours free entitlement.

Take up of EYPP funding

- SBPs were the most likely to have received EYPP. Eighty-two percent of SBPs had received EYPP in the past 12 months compared with 60% of GBPs. Only nine percent of childminders had received EYPP in the past 12 months.

- SBPs also received EYPP for higher numbers of children than GBPs. The average number of children for which SBPs received EYPP was 9.7 compared with 4.6 for GBPs.
- GBPs located in one of the 30% most deprived areas (68%) were more likely to have applied for and received EYPP than other GBPs (57%). Voluntary GBPs (72%) were more likely to have applied for and received EYPP than privately run GBPs (52%).
- Differences in take-up rates across provider types can partly be explained by differences in children's eligibility. Seventy-eight percent of CMs had no eligible children registered (including 19% with no 3 and 4 year olds) compared with 19% of GBPs and 10% of SBPs.
- Other reasons for not applying for EYPP included finding it difficult to identify eligible children and difficulties in obtaining eligibility information from parents. Forty-nine percent of SBPs and 29% of GBPs who had applied for EYPP said they found obtaining eligibility information from parents fairly or very difficult.
- The majority of providers who had applied for EYPP said they found the administrative tasks associated with applying for EYPP very or fairly easy (71% of GBPs and 65% of SBPs). Providers were also generally satisfied with the level of support they had received from the LA (64% percent of GBPs and 59% of SBPs).
- Some providers in receipt of EYPP were dissatisfied with the amount of funding. SBPs (42%) were more likely to report being fairly or very dissatisfied with the amount of EYPP funding received compared with GBPs (26%). However, relatively few providers reported that the level of funding was a reason they had not applied (seven percent of GBPs and two percent of SBPs).

Uses of EYPP funding

- Nineteen percent of SBPs and 10% of GBPs reported that EYPP funding had enabled them to provide more places for children from disadvantaged backgrounds.
- The main uses of EYPP funding included to purchase resources to support learning (85% of GBPs and 70% of SBPs), staff training (48% of GBPs and 44% of SBPs) and outdoor activities and facilities (47% of GBPs and 43% of SBPs).
- "Early language and communication" and "personal, social and emotional development" were the areas of learning and development for which providers reported most impact from EYPP. Sixty-nine percent of all GBPs and 78% of SBPs reported that EYPP funding had had an impact on outcomes related to early language and communication. Around half of providers (55% of GBPs and 52% of SBPs) reported that EYPP had had an impact on children's "personal, social and emotional development".
- The majority of both GBPs (76%) and SBPs (58%) reported that resources or activities funded by EYPP had helped to improve the learning and development

outcomes of all children at the setting. Only eight percent of GBPs and five percent of SBPs reported that only children for whom EYPP was received had benefited.

Support for children with Special Educational Needs and Disabilities (SEND)

As set out in the Early Years Foundation Stage (EYFS) Framework, all early years providers are required to have arrangements in place to identify and support children with SEND and to promote equality of opportunity for children in their care. Settings funded by the local authority (LA) must follow the SEND Code of Practice 2014. To assist providers and parents, LAs must publish a Local Offer. This offer brings together in one place information about provision they expect to be available across education, health and social care for children and young people in their area who have SEN or are disabled.

- The majority of GBPs (80%) and SBPs (83%) had at least one child considered to have SEND registered at the setting. Sixteen percent of CMs had at least one child with SEND registered with them. Thirty-six percent of GBPs, 22% of SBPs and 9% of CMs had at least one child with an Education, Health and Care Plan registered at the setting.
- All GBPs and SBPs and most CMs (93%) said they could accept a child with mild SEND, regardless of whether they currently had any children with SEND registered or not. Most GBPs and SBPs (82% and 88% respectively) also said that their setting was able to accept children with more severe SEND as did 63% of CMs.
- Around one in five of all providers reported that there were no barriers to them accepting any/more children with SEND. The main barriers mentioned were lack of financial resources (mentioned by 67% of SBPs, 57% of GBPs and 26% of CMs) and not having enough staff (53% of SBPs, 54% of GBPs and 42% of CMs).
- To prepare for accepting a child with SEND, the majority of providers said they would talk to parents about how the setting could meet their child's need (93% CMs, 92% GBPs, 81% SBPs) and invite parents and children for a site visit (96% CMs, 91% GBPs, 82% SBPs). Nearly three-quarters of SBPs (74%) and 71% of GBPs said they would talk to specialists involved in the child's care, as did 62% of CMs.
- More than eight in 10 GBPs (86%) and SBPs (85%) had received at least some support or advice regarding SEND provision from their LA. This was most likely to be SEND training for staff (61% of GBPs and 50% of SBPs) or guidance on supporting the learning and development of children with SEND (57% of GBPs and 51% of SBPs). The majority of providers (73% of GBPs and 63% of SBPs) who had received support were satisfied with the support provided.
- Ninety-three percent of SBPs and 86% of GBPs (though only 30% of CMs) had attempted to access specialist support services in their LA over the past 12 months. Many providers reported difficulties with accessing these services.

Difficulties were most commonly experienced with accessing speech and language therapists with 52% of SBPs and 38% of GBPs reporting difficulties.

The Disability Access Fund (DAF) is available to early years providers who offer the free early education entitlement. Providers can receive a one-off annual payment of £615 per year for each 3 and 4 year old child in receipt of Disability Living Allowance. Special Educational Needs Inclusion Funds (SENIF) are available to early years providers who are eligible to receive funding for the free entitlements for 3 and 4 year olds. It is aimed at helping providers deliver early intervention for children with SEND. SENIF funds are intended to be targeted at children with lower level or emerging SEN.

Take up of funding of DAF and SENIF

- GBPs were the most likely providers to have received funding from either DAF or SENIF. Thirty-two percent of GBPs had received DAF in the past 12 months and forty-two percent had received SENIF (with 23% having received both). This compares with 24% of SBPs who had received DAF and 24% who had received SENIF (14% having received both). Only two percent of CMs had received DAF and one percent had received SENIF.
- One of the main reasons why more providers had not applied for and received DAF was because they did not have any eligible children. However, 25% of all SBPs, 14% of GBPs and 3% of CMs had not applied for DAF but did not report that this was because they had no eligible children. These providers may be missing out on funding.
- More than a third of all SBPs (37%), around a third of CMs (32%) and a quarter of GBPs (24%) reported that they found the eligibility criteria for DAF fairly or very unclear. Twenty-two percent of SBPs and 15% of GBPs who had applied for DAF reported that they found it difficult to obtain eligibility information from parents.
- Fourteen percent of GBPs and four percent of SBPs said that they had parents of eligible children who had decided not to apply for DAF. This was for various reasons including because they thought the application process was too intrusive or involved too much work.
- Most providers who had received DAF were satisfied with the amount of funding received. Twenty-four percent of SBPs and 11% of GBPs reported being fairly or very dissatisfied with the level of funding (less than were dissatisfied with the level of EYPP funding). Hardly any providers reported that the level of funding was a reason they had not applied (two percent of GBPs and less than one percent of SBPs).

Uses of DAF and SENIF

- The main uses of DAF were to purchase resources to support learning (76% of SBPs and 75% of GBPs) and to fund specialist training for staff (47% of SBPs and 53% of GBPs).
- The main uses of SENIF were to fund additional staff support to meet additional needs of children with SEND including staff to help maintain the child's concentration and participation (76% of GBPs and 68% of SBPs) and staff support to foster positive relationships with the child's peers (56% of GBPs and 59% of SBPs).
- SENIF funding was more likely than DAF to have enabled providers to offer additional places. When asked whether SENIF funding enabled them to provide more places for children with disabilities, 24% of GBPs and 35% of SBPs in receipt of SENIF funding reported that this was the case. Only 10% of GBPs in receipt of DAF and nine percent of SBPs in receipt of DAF said that DAF funding had enabled them to provide more places for children with disabilities.
- Around half of SBPs (53%) reported that DAF had benefited the learning and development of children in receipt of DAF only, with a further third (33%) reporting it had benefited all children with SEND at the setting. The equivalent figure for GBPs was 28% in both instances. Forty-three percent of GBPs, but only 14% of SBPs, reported that DAF funding had benefited all children at the setting.

Take-up and monitoring of different funding streams

This chapter takes a closer look at providers who had applied for and received at least one of the funding streams covered by this study: EYPP, DAF, SENIF. It considers the evidence that providers drew on when deciding how to use the different funding streams and how they monitored the impact of the funding on children's outcomes.

- Less than one in five GBPs (18%) or SBPs (13%) and no childminders had received each of EYPP, DAF and SENIF in the past 12 months.
- Around a quarter of GBPs (27%), nearly one in five SBPs (17%) and nine in ten CMs (90%) had received none of these funding streams in the past 12 months.
- Providers in receipt of funding drew on a wide range of evidence when deciding how to use funding. The most common source of evidence for both GBPs (82%) and SBPs (64%) was input from the staff working with the children.
- Two in five SBPs (40%) and one in ten GBPs (11%) had made use of Education Endowment Foundation (EEF) or Early Intervention Foundation (EIF) resources when deciding how to use funding.
- Most providers (91% of GBPs and 84% of SBPs) monitored the impact of funding received. This was done through standard methods of tracking learning outcomes for individual children and observing the children and talking to staff and parents.

- Seventy-three percent of GBPs reported that Ofsted asked them about EYPP as part of their inspection of the setting. This compares with only 31% of SBPs who reported that Ofsted asked about EYPP.

Support for the Home Learning Environment (HLE)

The HLE refers to interactions in and around the child's home which support the child's learning, such as everyday conversations, make-believe play and reading activities. These interactions may take place in English or another language. Research has shown that the HLE is a key predictor of children's future success, early language development and their emotional, intellectual and cognitive development. Early years providers play a vital role in supporting parents and providing advice and encouragement to help them facilitate the HLE

Provider activities to support the HLE

- Most providers in the survey said they did at least something to support the HLE. SBPs were most likely to have undertaken activities to support the HLE with 98% having done so compared with 88% of both GBPs and CMs.
- GBPs in the 30% most deprived areas (96%) were more likely than GBPs in other areas (85%) to have undertaken activities to support home learning.
- The most common ways in which providers supported the HLE were by informing parents about HLE activities to do at home (98% of SBPs, 92% of GBPs, 87% of CMs), sharing evidence with parents on the importance of the HLE (80% of SBPs, 73% of GBPs and 71% of CMs) and promoting HLE activities and support available in the local area (68% of SBPs, 62% of GBPs and 66% of CMs).
- Providers were most likely to communicate with parents about the HLE through written materials e.g. newsletters and through one-to-one discussions with parents at the setting.
- SBPs were particularly active in engaging with parents regarding home learning. Seventy percent of SBPs invited parents to the setting to watch staff interacting with the children whilst 67% organised events to promote the HLE.

Targeting support for the HLE

- At least half of all providers offering support with the HLE said that they did not target this support at particular families or groups of children who might be in need of additional support. Sixty-one percent of GBPs, 55% of CMs and 52% of SBPs said that they supported all families equally.
- The most commonly targeted groups for support with the HLE were children with SEN (targeted by 39% of SBPs and 32% of GBPs) and families of children with poorer than expected development with communication, language and literacy skills (39% of SBPs and 31% of GBPs).

Barriers to the HLE

- Many providers reported that parents could be a barrier to home learning. The most commonly mentioned barrier by GBPs (51%) and CMs (20%) was parents' lack of time to engage with home learning. The most commonly cited barriers by SBPs were parents not having the skills (61%) or lacking the confidence (60%) to engage in home learning with their children.
- Providers also mentioned parents' unwillingness to engage with home learning as a potential barrier. This was mentioned by 55% of SBPs, 37% of GBPs and 12% of CMs.
- Resources on HLE activities to give to parents (mentioned by 66% of GBPs and SBPs and 52% of CMs) and additional funding to promote the HLE to parents (mentioned by 68% of SBPs, 55% of GBPs and 31% of CMs) were among the things providers would find most helpful in enabling them to support the HLE.

Early Years Food Guidance

In 2017 the Government published new example menus and dietary guidance created by Public Health England to support healthier food provision in early years settings. This guidance ("the Early Years Food Guidance") provides tips for providers on how to offer healthy, balanced and nutritious meals in a cost-effective manner as well as helping children form good healthy eating habits, support appropriate growth and development and reduce childhood obesity over the next decade.

- Nearly all settings were providing at least some food on site. In some cases this was only snacks, but the majority of all providers were offering at least one meal a day (80% of CMs, 76% of SBPs and 66% of GBPs).
- Privately owned GBPs (79%) and GBPs located in the 30% most deprived areas (75%) were more likely than other GBPs to be providing meals.
- Around half of all providers offering food were aware of the Early Years Food Guidance. Awareness was higher among GBPs (55%) compared with CMs (44%) or SBPs (39%).¹
- Around a third (32%) of GBPs offering food prepared on site had read and used the guidance as had a quarter (25%) of CMs and one in five (21%) of SBPs.
- Self-reported compliance with the guidance was relatively high. Ninety percent of GBPs and eighty-six percent of CMs who were using the guidance reported that the food they offered mostly or fully followed the guidance.
- Providers were more likely to have made use of other sources of guidance on food standards compared with the new example menus. Sixty-five percent of SBPs had used the School Food Standards. Sixty-one percent of GBPs, 50% of CMs and

¹ Those figures are for all providers offering food. If the analysis is restricted to providers offering food prepared on site the figures are very similar – 54% of GBPs, 45% of CMs and 35% of SBPs.

45% of SBPs said they had referred to the requirements set out in the statutory framework for the Early Years Foundation Stage.

- Barriers to using the food guidance, mentioned by GBPs aware of but not fully compliant with the guidance, included parents or children not liking food that follows the guidance (23%), the guidance not being practical to use in the setting (20%) and the fact that they made use of other guidance on food standards (20%).

1. Introduction

The Department for Education (DfE) has different policy initiatives and funding streams aimed at supporting childcare and early years providers and improving the quality and reach of early years provision for children and families. These include the Early Years Pupil Premium aimed at children from disadvantaged backgrounds, targeted support for children with special educational needs and disabilities (SEND), as well as initiatives to raise the standard of food provision in the early years sector and to support providers in supporting the Home Learning Environment (HLE). There remain important evidence gaps around how providers are engaging with these different initiatives: levels of awareness and take-up; uses and monitoring of additional funding; and potential barriers to take-up.

DfE therefore commissioned NatCen Social Research to conduct a follow-up to the 2019 Survey of Childcare and Early Years Providers (SCEYP) to collect additional data on providers' experience of some of these different initiatives. The survey had a focus on, though was not limited to, support and funding aimed at children and families with additional needs such as those living in poverty or with SEND.

The study

SCEYP is a nationally representative survey of early years providers in England collecting data on attendance and spare capacity within childcare settings; use of funded places; staff qualifications and pay; and the reported costs of providing childcare.² Childcare and early years providers who completed SCEYP 2019, and who agreed to be contacted for future research, were subsequently invited to complete a web follow-up survey in early 2020. Three types of childcare provider were surveyed:

- Group-based providers (GBP): childcare providers registered with Ofsted and operating in non-domestic premises.
- School-based providers (SBP): nursery provision in schools including before- and after-school provision and maintained nursery schools;
- Childminders (CM): Ofsted-registered childminders providing early years care and operating in domestic settings (excluding providers solely on the voluntary register).

The follow-up study collected additional data on the following topics:

- Take-up and use of Early Years Pupil Premium (EYPP)
- Take-up and use of funding for children with SEND – Disability Access Fund (DAF) and Special Educational Needs Inclusion Fund (SENIF)
- How providers offer support to children with SEND

² <https://www.gov.uk/government/statistics/childcare-and-early-years-providers-survey-2019>

- Providers' support for the Home Learning Environment (HLE)
- Awareness and use of Early Years Food Guidance

Further details of current policy in each area are given in the chapters that follow and which report the findings on each topic.

Providers completed a 15-minute web survey between 10th January and 28th February 2020. Further details of the study methodology can be found in Appendix B of this report.

In total, 921 providers participated in the study: 612 GBPs, 146 SBPs and 163 CMs. The achieved sample has been weighted to be representative of the national population of early years providers.

This report

This report presents findings from the 2019 web follow-up study. Throughout the report we present separate results for the three main early years provider types covered by SCEYP: GBPs, SBPs and CMs. Results for GBPs are also broken down further by ownership (i.e. private versus voluntary³), whether the provider is part of a chain, by area deprivation and by provider size. Sample sizes were too small to allow for a similar breakdown of results for SBPs or CMs.

Small sample sizes mean that it is not possible to report on all questions for all three provider types or all GBP subgroups: results are only presented if the unweighted base size for the provider (or subgroup) is greater than 50. Results calculated on a base of between 50 and 100 are shown in parentheses to indicate that results are subject to large confidence intervals and should be treated with caution. "Don't know" and "Prefer not to say" responses are excluded from bases for analysis.

Where results are shown for two or more provider types, differences between provider types have been tested for statistical significance. Tests have been conducted with GBPs as the reference category, that is to test whether the results for SBPs and CMs are significantly different from those obtained for GBPs. Where the text explicitly states that the mean/proportion for one provider type is higher or lower than the equivalent mean/proportion for another provider type, or that one provider type was more/less likely than another provider type to give a response, the difference between providers is statistically significant. Differences have been tested for statistical significance at the 5% level and, given the relatively small size of some sub-groups, the 10% level. Differences highlighted are significant at the 5% level unless otherwise indicated in a footnote. Differences that are significant at the 5% (10%) level are sufficiently large that there is no

³ Private GBPs are private companies (both for profit and not for profit) that include employer-run childcare for employees. Voluntary GBPs are voluntary organisations, including community groups, charities, churches or religious groups.

more than a 5% (10%) probability of them occurring by chance rather than as a result of a genuine difference between SBPs (or CMs) and GBPs.

Differences between different types of GBPs have also been tested for statistical significance. Unless explicitly stated otherwise, any difference between GBPs commented on in the text is statistically significant at the 5% level.

Numbers quoted in the text or displayed in figures which combine two or more answer categories are calculated based on unrounded numbers and so may differ slightly from the rounded numbers shown in the accompanying tables.

Percentages less than 0.5% are shown in tables with a *. '0%' indicates that no providers selected that response option.

2. Early Years Pupil Premium

The Early Years Pupil Premium (EYPP), introduced in 2015, provides additional funding for early years childcare providers to better meet the needs of disadvantaged 3 and 4 year olds in receipt of the 15 hours free entitlement.⁴ Children are eligible to receive EYPP if they are taking up any hours as part of the 15 hours free entitlement and their parents receive certain benefits, such as Income Support, or receive Universal Credit and earn less than £7,400 per year. Children currently being looked after by a local authority (LA) are also eligible for EYPP. A setting that submits a successful application to the LA will receive approximately £300 per year for each eligible child.⁵ Funding is paid termly direct to the provider and, once a child has been assessed as eligible, the funding continues for as long as they remain in receipt of the free entitlement.

The survey asked providers about whether they had applied for and received funding; their experiences of the application process; how any funding received was used; the impact, if any, of the funding; and how providers monitored that impact.

Key findings

Take up of EYPP funding

- SBPs were the most likely to have received EYPP. Eighty-two percent of SBPs had received EYPP in the past 12 months compared with 60% of GBPs. Only nine percent of childminders had received EYPP in the past 12 months.
- SBPs also received EYPP for higher numbers of children than GBPs. The average number of children for which SBPs received EYPP was 9.7 compared with 4.6 for GBPs.
- GBPs located in one of the 30% most deprived areas (68%) were more likely to have applied for and received EYPP than other GBPs (57%). Voluntary GBPs (72%) were more likely to have applied for and received EYPP than privately run GBPs (52%).
- Differences in take-up rates across provider types can partly be explained by differences in children's eligibility. Seventy-eight percent of CMs had no eligible children registered (including 19% with no 3 and 4 year olds) compared with 19% of GBPs and 10% of SBPs.
- Other reasons for not applying for EYPP included finding it difficult to identify eligible children and difficulties in obtaining eligibility information from parents. Forty-nine percent of SBPs and 29% of GBPs who had applied for EYPP said they found obtaining eligibility information from parents fairly or very difficult.

⁴ See [Early years entitlements: local authority funding of providers: Operational guide 2019 to 2020](#)

⁵ £0.53 per hour of the free entitlement taken up, up to a maximum of 570 hours per year.

- The majority of providers who had applied for EYPP said they found the administrative tasks associated with applying for EYPP very or fairly easy (71% of GBPs and 65% of SBPs). Providers were also generally satisfied with the level of support they had received from the LA (64% percent of GBPs and 59% of SBPs).
- Some providers in receipt of EYPP were dissatisfied with the amount of funding. SBPs (42%) were more likely to report being fairly or very dissatisfied with the amount of EYPP funding received compared with GBPs (26%). However, relatively few providers reported that the level of funding was a reason they had not applied (seven percent of GBPs and two percent of SBPs).

Uses of EYPP funding

- Nineteen percent of SBPs and 10% of GBPs reported that EYPP funding had enabled them to provide more places for children from disadvantaged backgrounds.
- The main uses of EYPP funding included to purchase resources to support learning (85% of GBPs and 70% of SBPs), staff training (48% of GBPs and 44% of SBPs) and outdoor activities and facilities (47% of GBPs and 43% of SBPs).
- “Early language and communication” and “personal, social and emotional development” were the areas of learning and development for which providers reported most impact from EYPP. Sixty-nine percent of all GBPs and 78% of SBPs reported that EYPP funding had had an impact on outcomes related to early language and communication. Around half of providers (55% of GBPs and 52% of SBPs) reported that EYPP had had an impact on children’s “personal, social and emotional development”.
- The majority of both GBPs (76%) and SBPs (58%) reported that resources or activities funded by EYPP had helped to improve the learning and development outcomes of all children at the setting. Only eight percent of GBPs and five percent of SBPs reported that only children for whom EYPP was received had benefited.

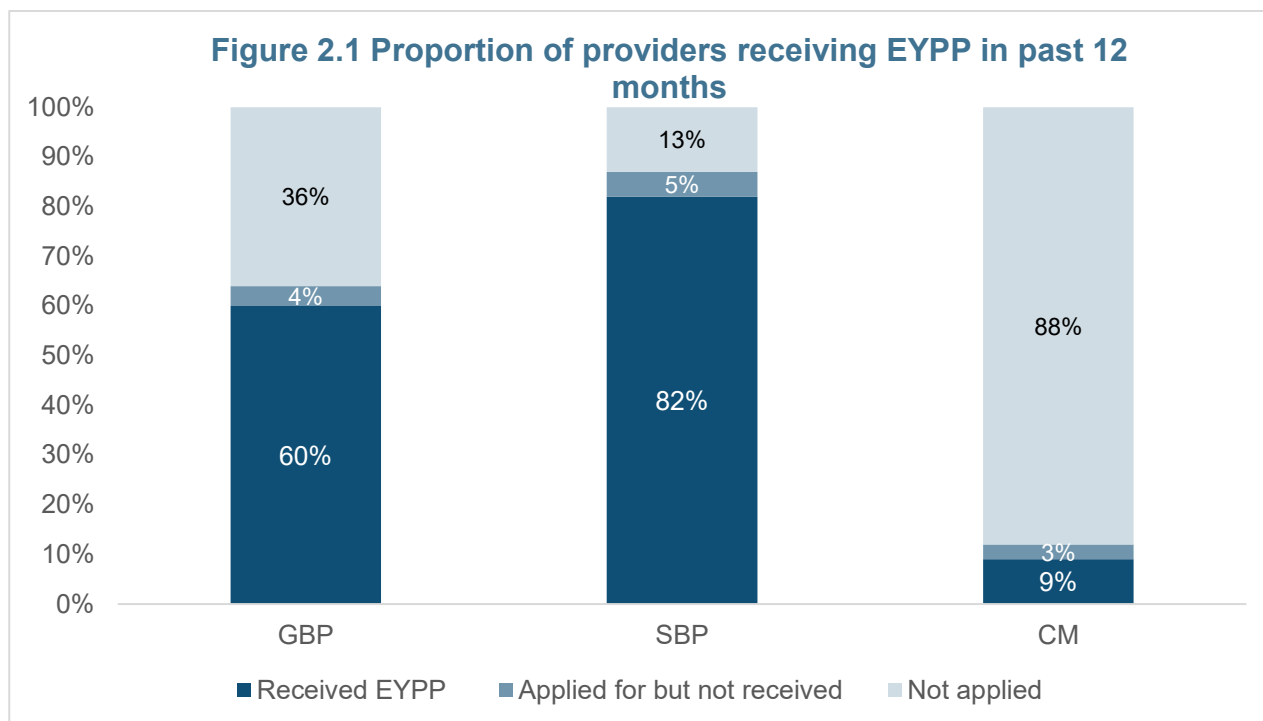
Proportion of providers receiving EYPP

Receipt of EYPP was highest among school-based providers (SBPs) and lowest among childminders (CMs). Overall, 82% of SBPs had received EYPP in the past 12 months compared with 60% of group-based providers (GBPs). The majority of CMs had not received EYPP, only nine percent having done so in the past 12 months (Figure 2.1 and Table A.1 in Appendix A). In addition, a small number of each provider type had applied for but not received EYPP; this may be because the application was unsuccessful or because the outcome of the application was not yet known.⁶

⁶ The reasons for unrealised applications were not recorded in the survey.

Take-up rates for EYPP appear to be similar to what they were shortly after EYPP was introduced in 2015. A 2016 survey exploring take-up of EYPP among respondents to SCEYP 2016 reported that 81% of SBPs and 63% of GBPs had applied for EYPP.⁷

Figure 2.1: Proportion of providers receiving EYPP in past 12 months



Base: All providers

There was some variation among GBPs in the proportion receiving EYPP (Table A.2). GBPs located in one of the 30% most deprived areas were more likely to have applied for and received EYPP than other GBPs.⁸ Voluntary GBPs were also more likely to have applied for and received EYPP (72%) than privately run GBPs (52%).

The relatively high rates of SBPs applying for and receiving EYPP and the correspondingly low rates of CMs doing the same can partly be explained by differences in the eligibility of the children registered with each provider type. Table 2.1 looks in more detail at which providers were in receipt of EYPP at the time of the survey and why other providers either were not receiving EYPP or had never applied. As previously highlighted in Figure 2.1 a small proportion of providers had applied for but not received EYPP. There were also some providers (7% of CMs, 5% of GBPs, 1% of SBPs) who had previously been in receipt of EYPP but were not receiving it at the time of the survey,

⁷ Comparable figures are not available for CMs.

<https://www.gov.uk/government/publications/early-years-pupil-premium-providers-survey> (p16-19)

⁸ The measure of deprivation used is the 2015 Income Deprivation Affecting Children Index (IDACI) which measures the proportion of all children aged 0 to 15 living in income deprived families within each Lower Super Output Area.

presumably because the children for which it was received have since left the setting.⁹ This highlights that some providers, especially those with smaller numbers of children, may switch between being eligible and not being eligible for additional funding which may in turn influence their planning around whether/how to apply and how to make use of any funding.

For most providers who had not applied for EYPP this was because they did not have any eligible children. Either they did not have any 3 and 4 year olds registered (this was particularly the case for CMs, 19% of whom had no 3 and 4 year olds) or they had 3 and 4 year olds but reported that none of the children were eligible for EYPP. This was the case for 59% of all CMs, 19% of all GBPs and 10% of all SBPs.

The remaining group, providers who had not applied for EYPP for other reasons, represents providers with potentially eligible children who have not previously applied for or received EYPP and who, therefore, may be missing out on relevant funding. Eleven percent of all GBPs, 10% of all CMs and four percent of all SBPs fell in this group.¹⁰ Whilst this figure is relatively low, it is possible that the actual proportion of providers missing out on funding could be higher. Providers were not asked directly whether they had any eligible children although they could record “no eligible children” as their reason for not having applied for EYPP. However, not all providers will necessarily have taken steps to actively identify eligible children or may have struggled to gather the necessary information on eligibility and so may not be aware of eligible children.

Table 2.1: Take-up of EYPP

	GBP	SBP	CM
Currently receiving	54%	81%	2%
Previously received	5%	1%	7%
Applied but not received	4%	5%	3%
Never applied: No 3 and 4 year olds registered	6%	0%	19%
Never applied: 3 and 4 year olds but no eligible children	19%	10%	59%
Never applied for other reasons	11%	4%	10%
<i>Unweighted base</i>	<i>612</i>	<i>146</i>	<i>162</i>

Base: All providers

⁹ All of these providers bar one still had 3 and 4 year olds registered with them. However, it may be that the specific child(ren) for whom they were receiving EYPP were no longer at the setting.

¹⁰ Difference between GBP and SBP significant at 10% level.

SBPs were more proactive than GBPs in seeking to identify whether children were eligible for EYPP. SBPs (93%) were most likely to have taken specific steps such as speaking to parents or checking information provided by the LA to identify eligible children compared with GBPs (84%). A relatively high proportion of CMs (45%) had not taken any steps to identify eligible children. This is consistent with the fact that a significant minority of CMs (19%) did not have any 3 and 4 year olds registered. In addition, analysis of the main SCEYP 2019 survey shows that 20% of all CMs with 3 and 4 year olds registered did not offer the 15 hours free entitlement in 2019. A large proportion of CMs would therefore not be eligible for EYPP irrespective of the circumstances of individual children and so had nothing to gain from taking further action.

Aside from not having any eligible children, the other main reasons given for not applying for EYPP were also related to eligibility (Table 2.2). For example, 13% of GBPs mentioned difficulty with identifying eligible parents and 10% reported difficulty in obtaining eligibility information from parents as reasons for not applying for EYPP. Reasons coded under “Other” include local authorities contacting the provider directly with information on eligible children or parents using more than one provider applying through another provider.

Table 2.2: Reasons for not applying for EYPP

	GBP	CM
No eligible children	61%	85%
Difficult to identify eligible parents	13%	6%
Difficult to get eligibility information from parents	10%	3%
Not enough support from LA	8%	4%
Administrative burden	7%	1%
Funding is too little to be worthwhile	7%	2%
Raising EYPP with parents is too sensitive	4%	1%
Other reason	13%	5%
<i>Unweighted base</i>	<i>194</i>	<i>149</i>

Base: GBPs and CMs who had not applied for EYPP in past 12 months
 Providers could select multiple responses. SBPs not reported on as base size less than 50

Number of children receiving EYPP

As well as being more likely to receive EYPP, on average SBPs received EYPP funding for a larger number of children than GBPs (Table 2.3). Among providers in receipt of

EYPP, the average number of children per setting for which EYPP was being received at the time of the survey was 4.6 for GBPs compared with 9.7 for SBPs.

Table 2.3: Number of children for which EYPP received

	GBP	SBP
1	21%	9%
2 to 5	53%	31%
6 to 10	18%	34%
11 to 24	8%	18%
25+	*	8%
Mean number of children	4.6	9.7
<i>Unweighted base</i>	382	121

Base: GBPs and SBPs currently in receipt of EYPP
CMs not reported on as base size less than 50

Thirty-two percent of GBPs in receipt of EYPP at the time of the survey received EYPP for five percent or less of their registered children compared with eight percent of SBPs (Table 2.4). Thirty-four percent of SBPs received EYPP for 25% or more of registered children compared with nine percent of GBPs. These numbers may reflect a higher number of EYPP-eligible children attending SBPs compared with GBPs. However, they are also likely to be indicative of SBPs taking a more comprehensive approach to identifying and applying for EYPP for any eligible children, drawing on schools' experience of the Pupil Premium, compared with GBPs.

Table 2.4: Proportion of registered children for which EYPP received

	GBP	SBP
5% or less	32%	8%
5.01 to 9.99%	22%	19%
10 to 24.99%	37%	39%
25% or more	9%	34%
<i>Unweighted base</i>	382	121

Base: GBPs and SBPs currently in receipt of EYPP
CMs not reported on as base size less than 50

The proportion of children for whom EYPP was received varied across GBPs (Table A.5). As a proportion of all registered children, voluntary providers in receipt of EYPP received funding for more children compared with private providers. Twelve percent of voluntary providers received EYPP funding for 25% or more of all registered children compared

with four percent of privately owned providers. GBPs in deprived areas also received EYPP for a higher proportion of their registered children. Fifteen percent of GBPs in the 30% most deprived areas received EYPP for 25% or more of children compared with six percent of GBPs in other areas.

Experiences of applying for EYPP

All providers were asked how clear they found the eligibility criteria for EYPP (Table 2.5). Although most providers reported that they found the eligibility criteria at least fairly clear, 24% of CMs, 21% of GBPs and 17% of SBPs said they found the eligibility criteria fairly or very unclear.¹¹

Table 2.5: Providers' perceptions of EYPP eligibility criteria

	GBP	SBP	CM
Very clear	21%	22%	12%
Fairly clear	58%	61%	64%
Fairly unclear	16%	13%	15%
Very unclear	5%	4%	9%
<i>Unweighted base</i>	<i>609</i>	<i>146</i>	<i>160</i>

Base: All providers

Providers who had applied for EYPP in the last 12 months were asked about their experiences of applying, including how easy they found it to apply and their satisfaction with the support they received from the LA.

The majority of providers said they found the administrative tasks associated with applying for EYPP very or fairly easy (71% of GBPs and 65% of SBPs). Only eight percent of GBPs and 11% of SBPs reported finding them very or fairly difficult (Table 2.6a).

Table 2.6a: Providers' views on EYPP application process: Ease of administrative tasks associated with application

	GBP	SBP
Very easy	36%	20%

¹¹ This is consistent with findings from earlier research into EYPP. Based on qualitative research with 30 providers in receipt of EYPP, Roberts, E., Griggs, J. and Robb, S. (2017) *Study of early education and development: Experiences of the Early Years Pupil Premium*. DfE: London. This study reported that confusion around which children would be eligible made it difficult for some providers (especially smaller providers with more limited resources) to work with and target families to complete application forms. These latest findings suggest that the detailed eligibility criteria continue to pose a barrier to some providers.

	GBP	SBP
Fairly easy	35%	45%
Neither easy nor difficult	20%	23%
Fairly difficult	7%	8%
Very difficult	2%	3%
<i>Unweighted base</i>	<i>417</i>	<i>125</i>

Base: GBPs and SBPs who had applied for EYPP in past 12 months
CMs not reported on as base size less than 50

Providers were also generally satisfied with the level of support they had received from the LA. Sixty-four percent of GBPs and 59% of SBPs said they were very or fairly satisfied with only nine percent and 12% respectively saying they were dissatisfied (Table 2.6b).¹²

Table 2.6b: Providers' views on EYPP application process: Satisfaction with LA support

	GBP	SBP
Very satisfied	26%	25%
Fairly satisfied	38%	34%
Neither satisfied nor dissatisfied	27%	30%
Fairly dissatisfied	7%	8%
Very dissatisfied	3%	4%
<i>Unweighted base</i>	<i>417</i>	<i>125</i>

Base: GBPs and SBPs who had applied for EYPP in past 12 months
CMs not reported on as base size less than 50

There is, however, evidence that some providers struggled with eligibility requirements. Table 2.6c shows that a higher proportion of SBPs (49%) reported they found it very or fairly difficult to obtain eligibility information from parents compared with GBPs (29%).

¹² The previous providers survey on EYPP conducted in 2016 found that 56% of GBPs and 55% of SBPs said they were very or fairly satisfied with LA support whilst 17% of GBPs and 18% of SBPs said they were very or fairly dissatisfied. See <https://www.gov.uk/government/publications/early-years-pupil-premium-providers-survey> (p29-34)

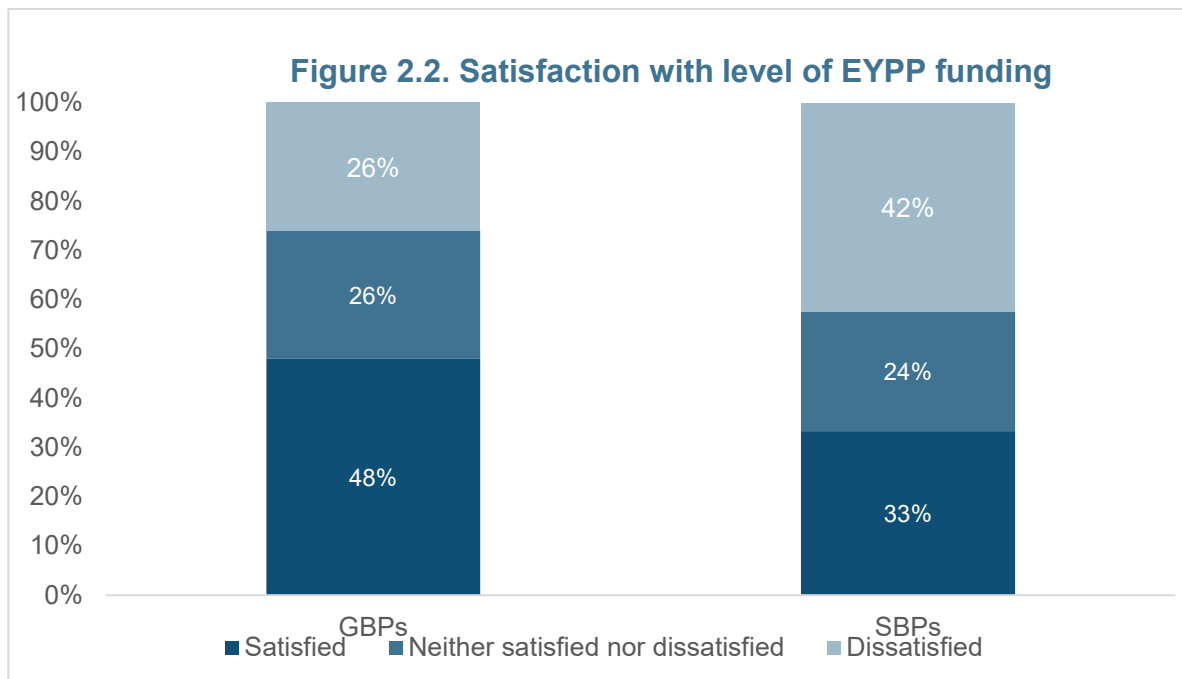
Table 2.6c: Providers' views on EYPP application process: Ease of obtaining eligibility information from parents

	GBP	SBP
Very easy	16%	6%
Fairly easy	32%	28%
Neither easy nor difficult	23%	17%
Fairly difficult	24%	35%
Very difficult	5%	14%
<i>Unweighted base</i>	<i>147</i>	<i>125</i>

Base: GBPs and SBPs who had applied for EYPP in past 12 months
 CMs not reported on as base size less than 50

Providers who had received EYPP were also asked how satisfied they were with the level of funding they received (Figure 2.2 and Table A.6). SBPs (42%) were more likely to report being fairly or very dissatisfied with the amount of funding received via EYPP compared with GBPs (26%). SBPs being dissatisfied with the amount of funding received relative to GBPs is a recurring theme throughout this report.

Figure 2.2: Satisfaction with EYPP funding received



Base: GBPs and SBPs who had applied for and received EYPP in past 12 months

Uses of EYPP funding

EYPP is intended to help bridge the gap in early years attainment between children from more and less disadvantaged backgrounds and ensure that all children are ready for school. One way in which this may be achieved is by providing extra support to disadvantaged children already registered with early years providers. Alternatively, EYPP may help providers to offer additional places to children from disadvantaged backgrounds. Given the relatively small amount of funding per child there is some doubt over how feasible the latter is. Providers were specifically asked as part of this study whether EYPP funding had enabled them to offer more places to children from disadvantaged backgrounds. Around a fifth of SBPs (19%) reported that EYPP funding had enabled them to provide additional places for children from disadvantaged backgrounds. A lower proportion of GBPs (10%) reported that this was the case.

Providers had made use of the additional funding provided by EYPP in a number of different ways (Table 2.7). The most commonly cited use of the funding, perhaps not surprisingly given the broad range of resources this category encompassed, was to purchase resources to support learning, mentioned by 85% of GBPs and 70% of SBPs. More specific uses of EYPP included the funding of outdoor activities and facilities (47% of GBPs and 43% of SBPs) and extra-curricular experiences (33% of GBPs and 50% of SBPs). Staff were also a notable focus of the funding with 48% of GBPs and 44% of SBPs putting EYPP funding towards staff training and 41% of SBPs reporting EYPP had enabled them to recruit additional staff.¹³ Around one in four providers (25% of GBPs and 23% of SBPs) reported that one of the ways in which they used EYPP was for additional sessions for eligible children.

Table 2.7: Use of EYPP funding in the last 12 months

	GBPs	SBPs
Resources to support learning (e.g. books, computers and digital technology such as iPads, games, furniture)	85%	70%
Staff training	48%	44%
Outdoor activities and facilities (e.g. playground equipment, vegetable gardens, "Forest School")	47%	43%
Extra-curricular experiences (e.g. trips and excursions to farms, theatres, shops, the seaside)	33%	50%
Additional sessions for eligible children	25%	23%
Recruitment of additional staff	13%	41%

¹³ SBPs are more likely to have been able to afford to recruit additional staff compared with GBPs as they had, on average more EYPP-eligible children and so a bigger overall pool of funding on which to draw.

	GBPs	SBPs
Training and resources for parents to support their child’s learning and development at home (e.g. courses on parenting skills)	12%	28%
Hiring or recruitment of specialists (e.g. language experts, speech therapists)	8%	25%
Improving the built environment (e.g. air quality, noise, light, learning space)	8%	8%
Provision of school meals, snacks, etc.	3%	2%
Other use	3%	6%
<i>Unweighted base</i>	<i>415</i>	<i>120</i>

Base: GBPs and SBPs who had received and used EYPP in past 12 months
Providers could select multiple responses. CMs not reported on as base size less than 50

Providers were asked about the learning and development outcomes on which they focused EYPP funding and on which of these outcomes they felt EYPP funding had had most impact (Table 2.8). The two most common areas of focus, both mentioned by over half of GBPs and SBPs, were “early language and communication” and “personal, social and emotional development”. These were also the areas where providers reported the most impact. Sixty-nine percent of GBPs and 78% of SBPs reported EYPP had had an impact on outcomes related to “early language and communication”.¹⁴ For “personal, social and emotional development” the percentages were 55% and 52% respectively. Only four percent of GBPs and three percent of SBPs reported that EYPP had had no impact on any area of learning or development.

Table 2.8: Focus and impact of EYPP funding

	GBP		SBP	
	EYPP funding focused on	EYPP funding had impact on	EYPP funding focused on	EYPP funding had impact on
Early language and communication	76%	69%	86%	78%
Personal, social, emotional development (PSED)	61%	55%	59%	52%
Physical development	37%	23%	25%	19%

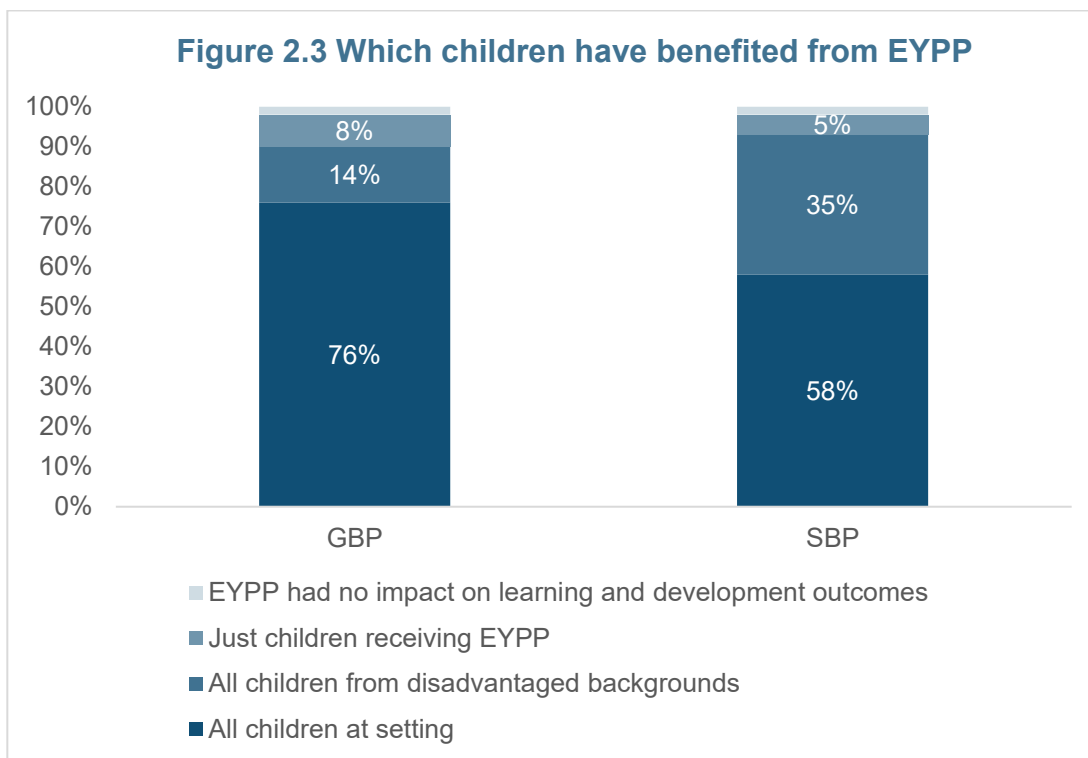
¹⁴ All providers who had received and used EYPP could respond on EYPP having had an impact in any area, regardless of whether they also reported that this was an area their setting focused on.

	GBP		SBP	
Literacy, or supporting reading and writing	34%	24%	43%	32%
Play-based learning	34%	22%	36%	20%
Mathematical development or numeracy	30%	16%	18%	14%
Supporting home learning or parental engagement	21%	12%	31%	17%
Self-regulation	21%	15%	21%	9%
Other area	5%	3%	3%	0%
No particular focus/impact	7%	4%	2%	3%
<i>Unweighted base</i>	<i>416</i>	<i>414</i>	<i>120</i>	<i>119</i>

Base: GBPs and SBPs who had received and used EYPP funding in past 12 months
Providers could select multiple responses. CMs not reported on as base size less than 50

The impacts of EYPP funding extend beyond those children for whom EYPP is received. The majority of both GBPs and SBPs reported that resources or activities funded by EYPP had helped to improve the learning and development outcomes of all children at the setting (Figure 2.3 and Table A.7). GBPs were more likely than SBPs to report that EYPP had benefited all children (76% compared with 58%). Thirty five percent of SBPs (compared with only 14% of GBPs) reported that EYPP had benefited children from disadvantaged backgrounds specifically as opposed to all children at the setting. Only eight percent of GBPs and five percent of SBPs reported that only children for whom EYPP was received had benefited.

Figure 2.3: Which children have benefited from EYPP



Base: GBPs and SBPs who had received and used EYPP funding in past 12 months

3. Support for children with Special Educational Needs and Disabilities (SEND)

As set out in the Early Years Foundation Stage (EYFS) Framework, all early years providers are required to have arrangements in place to identify and support children with SEND and to promote equality of opportunity for children in their care.¹⁵ Settings funded by the local authority (LA) must follow the SEND Code of Practice 2014.¹⁶

To assist providers and parents, LAs must publish a Local Offer. This offer brings together in one place information about provision they expect to be available across education, health and social care for children and young people in their area who have SEN or are disabled. This includes provision for children and young people who do not have Education, Health and Care (EHC) plans.¹⁷

There are two main funding mechanisms available as part of the Local Offer to enable early years settings to provide additional support for children with SEND: the Disability Access Fund (DAF) and the Special Educational Needs Inclusion Fund (SENIF).¹⁸

Under DAF, early years providers who offer the free early education entitlement are eligible to receive a one-off annual payment of £615 per year for each 3 and 4 year old child in receipt of Disability Living Allowance. The purpose of the funding is to allow the setting to make reasonable adjustments to improve the child's access and remove any barriers which may prevent the child from accessing free early years education. The funding cannot be used towards the payment of fees or the provision of additional hours.

SENIF funding is available to early years providers who are eligible to receive funding for the free entitlements for 3 and 4 year olds. It is aimed at helping providers deliver early intervention for children with SEND. SEN inclusion funds are intended to be targeted at children with lower level or emerging SEN. Local authorities are expected to consult with providers on the amount of funds required in the local area and how that funding should be allocated. The inclusion funds can be allocated in the form of "top up grants" to cover higher hourly rates or lump-sum payments to providers on a case by case basis. A small proportion of the funds may also be used to support SEN specialist services accessed by early years providers in their local area.

This chapter explores how providers are making use of the support offered by the LA and dedicated SEND funding to support children with SEND. It considers the extent to which providers feel able to support children with different levels of SEND, their experiences of and use of LA support as well as their take-up and use of funding via DAF and SENIF.

¹⁵ See <https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2>

¹⁶ See [SEND code of practice: 0 to 25 years - GOV.UK](https://www.gov.uk/government/publications/send-code-of-practice-0-to-25-years)

¹⁷ An EHC plan is for children and young people aged up to 25 who need more support than is available through special educational needs support. EHC plans identify educational, health and social needs and set out the additional support to meet those needs. See <https://www.gov.uk/children-with-special-educational-needs/extra-SEN-help>

¹⁸ See [Early years entitlements: local authority funding of providers: Operational guide 2019 to 2020](https://www.gov.uk/government/publications/early-years-entitlements-local-authority-funding-of-providers-operational-guide-2019-to-2020)

Key findings

Provider capacity to support children with SEND

- The majority of GBPs (80%) and SBPs (83%) had at least one child considered to have SEND registered at the setting. Sixteen percent of CMs had at least one child with SEND registered with them. Thirty-six percent of GBPs, 22% of SBPs and 9% of CMs had at least one child with an Education, Health and Care Plan registered at the setting.
- All GBPs and SBPs and most CMs (93%) said they could accept a child with mild SEND, regardless of whether they currently had any children with SEND registered or not. Most GBPs and SBPs (82% and 88% respectively) also said that their setting was able to accept children with more severe SEND as did 63% of CMs.
- Around one in five of all providers reported that there were no barriers to them accepting any/more children with SEND. The main barriers mentioned were lack of financial resources (mentioned by 67% of SBPs, 57% of GBPs and 26% of CMs) and not having enough staff (53% of SBPs, 54% of GBPs and 42% of CMs).
- To prepare for accepting a child with SEND, the majority of providers said they would talk to parents about how the setting could meet their child's need (93% CMs, 92% GBPs, 81% SBPs) and invite parents and children for a site visit (96% CMs, 91% GBPs, 82% SBPs). Nearly three-quarters of SBPs (74%) and 71% of GBPs said they would talk to specialists involved in the child's care, as did 62% of CMs.
- More than eight in 10 GBPs (86%) and SBPs (85%) had received at least some support or advice regarding SEND provision from their LA. This was most likely to be SEND training for staff (61% of GBPs and 50% of SBPs) or guidance on supporting the learning and development of children with SEND (57% of GBPs and 51% of SBPs). The majority of providers (73% of GBPs and 63% of SBPs) who had received support were satisfied with the support provided.
- Ninety-three percent of SBPs and 86% of GBPs (though only 30% of CMs) had attempted to access specialist support services in their LA over the past 12 months. Many providers reported difficulties with accessing these services. Difficulties were most commonly experienced with accessing speech and language therapists with 52% of SBPs and 38% of GBPs reporting difficulties.

Take up of funding to support SEND: Disability Access Fund and SEN Inclusions Fund

- GBPs were the most likely providers to have received funding from either DAF or SENIF. Thirty-two percent of GBPs had received DAF in the past 12 months and forty-two percent had received SENIF (with 23% having received both). This compares with 24% of SBPs who had received DAF and 24% who had received

SENIF (14% having received both). Only two percent of CMs had received DAF and one percent had received SENIF.

- One of the main reasons why more providers had not applied for and received DAF was because they did not have any eligible children. However, 25% of all SBPs, 14% of GBPs and 3% of CMs had not applied for DAF but did not report that this was because they had no eligible children. These providers may be missing out on funding.
- More than a third of all SBPs (37%), around a third of CMs (32%) and a quarter of GBPs (24%) reported that they found the eligibility criteria for DAF fairly or very unclear. Twenty-two percent of SBPs and 15% of GBPs who had applied for DAF reported that they found it difficult to obtain eligibility information from parents.
- Fourteen percent of GBPs and four percent of SBPs said that they had parents of eligible children who had decided not to apply for DAF. This was for various reasons including because they thought the application process was too intrusive or involved too much work.
- Most providers who had received DAF were satisfied with the amount of funding received. Twenty-four percent of SBPs and 11% of GBPs reported being fairly or very dissatisfied with the level of funding (less than were dissatisfied with the level of EYPP funding). Hardly any providers reported that the level of funding was a reason they had not applied (two percent of GBPs and less than one percent of SBPs).

Uses of funding to support SEND: Disability Access Fund and SEN Inclusions Fund

- The main uses of DAF were to purchase resources to support learning (76% of SBPs and 75% of GBPs) and to fund specialist training for staff (47% of SBPs and 53% of GBPs).
- The main uses of SENIF were to fund additional staff support to meet additional needs of children with SEND including staff to help maintain the child's concentration and participation (76% of GBPs and 68% of SBPs) and staff support to foster positive relationships with the child's peers (56% of GBPs and 59% of SBPs).
- SENIF funding was more likely than DAF to have enabled providers to offer additional places. When asked whether SENIF funding enabled them to provide more places for children with disabilities, 24% of GBPs and 35% of SBPs in receipt of SENIF funding reported that this was the case. Only 10% of GBPs in receipt of DAF and nine percent of SBPs in receipt of DAF said that DAF funding had enabled them to provide more places for children with disabilities.
- Around half of SBPs (53%) reported that DAF had benefited the learning and development of children in receipt of DAF only, with a further third (33%) reporting it had benefited all children with SEND at the setting. The equivalent figure for

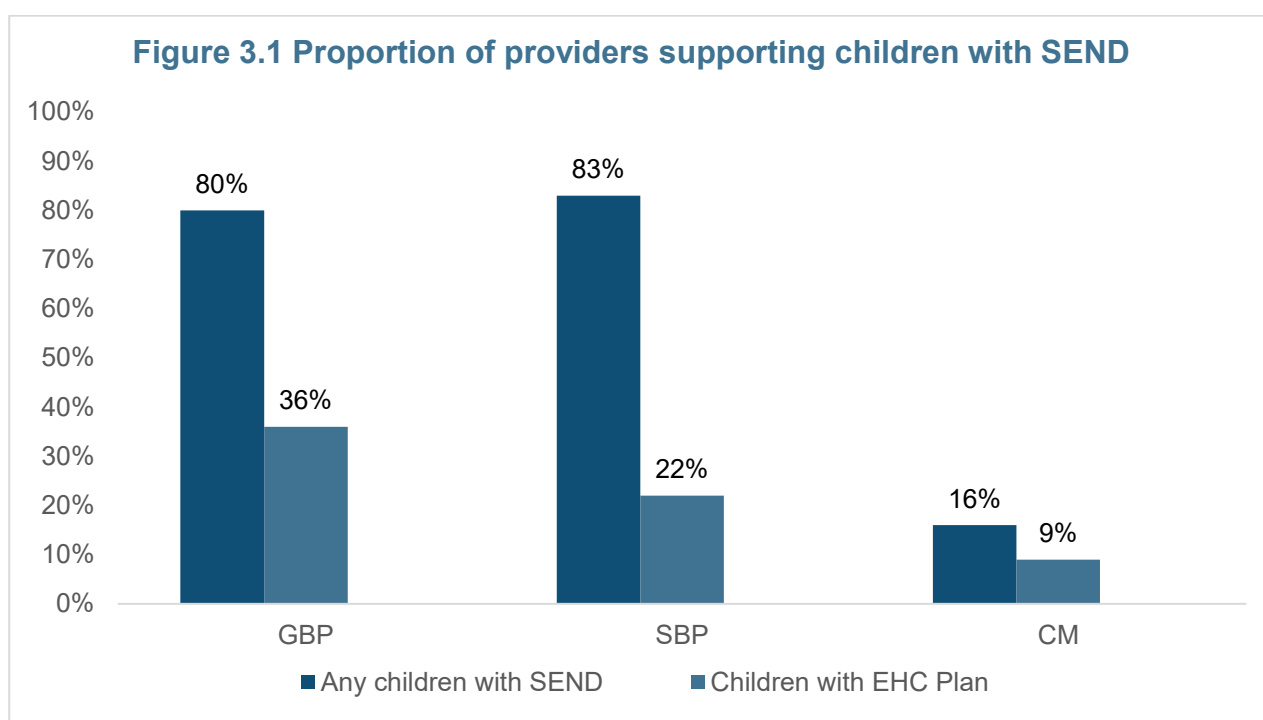
GBPs was 28% in both instances. Forty-three percent of GBPs, but only 14% of SBPs, reported that DAF funding had benefited all children at the setting.

Provider capacity to support children with SEND

The majority of group-based providers (GBPs) and school-based providers (SBPs) (80% and 83% respectively) had at least one child considered to have SEND registered at the setting. The proportion of CMs with a child with SEND registered was much lower at only 16% (Figure 3.1 and Table A.8 in Appendix A).¹⁹ These figures include any children identified by the staff at the setting as potentially having SEND, whether or not they have been diagnosed or have formal support in place.

It was far less common for settings to have children with an EHC plan, indicating more complex needs which have been formally recognised, registered with them. GBPs were the provider type most likely to have at least one child with an EHC plan registered (36%) compared with 22% of SBPs and 9% of CMs.

Figure 3.1: Proportion of providers supporting children with SEND



Base: All providers

All GBPs and SBPs, and 93% of CMs, said that their setting was able to accept children with mild SEND, irrespective of whether they currently had any children considered to

¹⁹ These figures are in line with those reported for the full sample of providers who took part in SCEYP 2019. See [Table 22 in the SCEYP 2019 published tables](#). The lower proportion of CMs with children with SEND is perhaps not surprising given that each CM looks after fewer children than an average GBP or SBP meaning the chances of any one CM having a child with SEND are lower.

have SEND attending their setting (Table 3.1). This is in line with the requirement under the EYFS Framework that all providers are required to have arrangements in place to support children with SEND. Most GBPs and SBPs (82% and 88% respectively²⁰) also said that their setting was able to accept children with more severe SEND, although this was only the case for 63% of CMs. GBPs and SBPs were more likely to say they could accept children with either mild or severe SEND than CMs.

There were no differences in GBPs' capacity to accept children with mild or severe SEND depending on whether they were private or voluntary or depending on setting size (Table A.9).

Providers were most likely to report they could support children with SEND related to communication or social interaction (100% of SBPs, 99% of GBPs and 92% of CMs) and least likely to report they could support children with sensory and/or physical disabilities (90% of SPBs, 86% of GBPs and 61% of CMs). Similar patterns were observed with respect to both mild and severe SEND. GBPs and SBPs were more likely than CMs to report that they could support each of the types of mild or severe SEND shown in Table 3.1.

Table 3.1: Proportion of providers reporting their setting was able to support children with SEND

	GBP	SBP	CM
Mild SEND (Any)	100%	100%	93%
Difficulties with communication and interaction	99%	100%	92%
Difficulties with social, emotional and mental health	93%	93%	67%
Difficulties with cognition and learning	91%	96%	78%
Sensory and/or physical needs	86%	90%	61%
Severe SEND (Any)	82%	88%	63%
Difficulties with communication and interaction	79%	87%	61%
Difficulties with social, emotional and mental health	66%	74%	35%
Difficulties with cognition and learning	67%	80%	50%
Sensory and/or physical needs	60%	67%	37%
Not able to support children with SEND	*	0%	7%
<i>Min. unweighted base</i>	603	142	154

Base: All providers

Providers could indicate ability to support both mild and severe SEND and select more than one type of mild/severe SEND

²⁰ This difference is significant at the 10% level

When asked what would make it difficult for them to accept more children with SEND, around one in five of all settings responded that there were no barriers to them accepting more children with SEND (Table 3.2).

Table 3.2: Barriers to accepting children with SEND

	GBP	SBP	CM
Lack of financial resources	57%	67%	26%
Not enough staff to support children with SEND	54%	53%	42%
Lack of access to external experts (e.g. speech therapists, language specialists, educational psychologists)	28%	24%	9%
Application process for funding is too bureaucratic	26%	29%	7%
Lack of demand from parents of a child with SEND	17%	9%	33%
Facilities at setting not suitable to support children with SEND	16%	31%	27%
Lack of support from parents of children with SEND	12%	7%	4%
Advice/support required to support children with SEND is not available from local authority	7%	5%	3%
Staff not confident in supporting children with SEND	7%	5%	6%
Staff not confident in identifying additional needs of children with SEND	4%	3%	1%
Other barrier	3%	4%	4%
No barriers	19%	20%	23%
<i>Unweighted base</i>	<i>603</i>	<i>140</i>	<i>162</i>

Base: All providers

Providers could select more than one response

For some providers, a lack of demand for places from children with SEND was identified as a barrier. A higher proportion of CMs (33%) reported that lack of demand was a barrier compared with 17% of GBPs and nine percent of SBPs. For the majority of

providers though the barriers were on the supply side.²¹ Lack of financial resources was the barrier most commonly cited by SBPs (67%) and GBPs (57%). SBPs were more likely than GBPs and CMs (only 26%) to cite financial barriers.²² Another commonly cited barrier by all three types of provider, though less common among CMs, was not having enough staff to support children with SEND. This barrier was mentioned by 54% of GBPs, 53% of SBPs and 42% of CMs.

Providers who had any children with SEND attending their setting were more likely to identify specific barriers to accepting more children with SEND. Eighty-four percent of GBPs caring for children with SEND mentioned there were barriers to accepting more children with SEND. This compares with seventy percent of GBPs without any children with SEND who identified barriers to accepting any children with SEND (Table A.10). GBPs who had children with SEND were, in particular, more likely than those without children with SEND to mention not enough staff, financial barriers, lack of access to experts and the application process for funding being too bureaucratic as barriers to supporting more children.²³ These differences may be the result of providers with no SEND children – and who may not have been approached by parents of children with SEND - not having given much thought to potential barriers.

Providers reported that they would take a number of preparatory steps before accepting a child with SEND into their setting (Table 3.3). The most common preparations undertaken by settings were to talk to parents about how the setting could meet their child’s needs and to invite parents, and children, for a site visit. The majority of providers also said they would speak to specialists involved in the child’s care, though this was less commonly mentioned by CMs (62%) than GBPs (71%) or SBPs (74%). GBPs and CMs were more likely than SBPs to say that they would take account of how many other children with SEND they already had registered before deciding to accept another child with SEND (63% and 67% of GBPs and CMs respectively compared with 49% of SBPs).

Table 3.3: Preparation undertaken before accepting a child with SEND

	GBP	SBP	CM
Invite the parents for a site visit	92%	81%	93%
Talk to parents about how setting could meet their child’s specific needs	91%	82%	96%

²¹ Providers who currently had any children with SEND attending their sessions were asked about barriers to accepting more children with SEND. Other providers were asked about barriers to accepting any children with SEND. Whilst a high proportion of providers identified a range of potential barriers to accepting (more) children with SEND the severity of these barriers is not known. It is therefore not possible to draw conclusions on the basis of the available evidence about whether/how often providers are having to turn away children with SEND.

²² Difference between SBPs and GBPs significant at 10% level.

²³ Difference between proportion of GBPs with and without children with SEND who mentioned lack of access to external experts as a barrier to accepting (more) children with SEND significant at 10% level. Other differences reported significant at 5% level.

	GBP	SBP	CM
Invite the child for a site visit	85%	75%	90%
Talk to specialists involved in the child's care	71%	74%	62%
Take account of how many children with SEND already at setting	63%	49%	67%
Provide written information about the setting to parents	50%	36%	56%
Talk to the family's health visitor or GP	28%	21%	32%
Visit the family home	22%	38%	40%
Other activity	2%	8%	4%
None	5%	9%	1%
<i>Unweighted base</i>	<i>605</i>	<i>141</i>	<i>161</i>

Base: All providers
Providers could select more than one response

Providers were asked specifically about how they involved parents in their child's learning and development on a longer term basis, not only at the initial intake (Table 3.4). Most providers aimed to involve parents in a number of different ways. Some of the actions mentioned are actions that settings would be expected to take for all children in their care, including talking to parents about their child's needs and agreeing how to provide feedback on their child's progress. SBPs (99%) were more likely than GBPs (88%) to report that they would agree a SEN support plan for the child.

Table 3.4: How settings involve parents of children with SEND

	GBP	SBP
Talk with parents to understand their child's needs	97%	100%
Notify parents of any additional support given to their child	92%	93%
Agree how to update parents on their child's progress	89%	90%
Agree SEN support plan for child	88%	99%
Provide parents with information/advice on supporting their child's development at home	81%	83%
Other	2%	3%
No specific actions	1%	0%
<i>Unweighted base</i>	<i>486</i>	<i>124</i>

Base: All providers with children with SEND registered
 Providers could select more than one response. CMs not reported on as base size less than 50

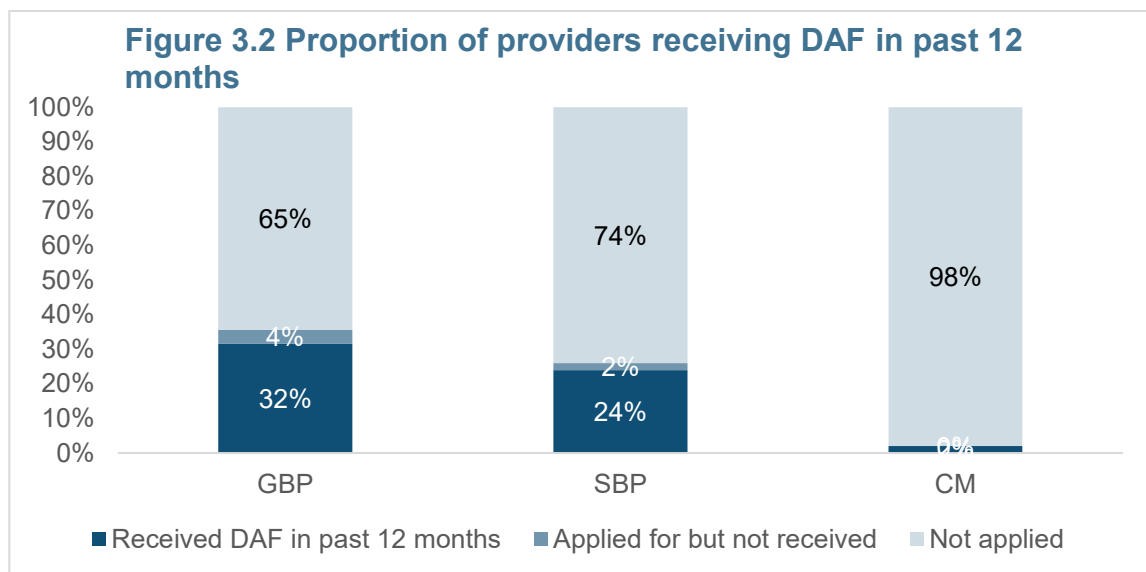
Disability Access Fund

The next section of the report focuses on whether providers applied for and received additional funding for children with SEND in the form of DAF and, if so, how this additional funding was used.

Proportion of providers receiving DAF

Around a third of GBPs (32%) had received DAF funding in the past 12 months compared with around a quarter of SBPs (24%) and just two percent of CMs (Figure 3.2 and Table A.11). A small number of each provider type had applied for but not received DAF; this may be because the application was unsuccessful or because the outcome of the application was not yet known.²⁴

Figure 3.2: Proportion of providers receiving DAF in past 12 months



Base: All providers

Comparing different GBPs revealed little variation in the receipt of DAF. There were no differences between private versus voluntary providers, or between larger and smaller settings, in the proportion of GBPs that had applied for and received DAF in the past 12 months (see Table A.12).

Table 3.5 looks in more detail at which providers were in receipt of DAF at the time of the survey and why other providers either were not receiving DAF or had never applied. As was the case with the Early Years Pupil Premium (EYPP, see Chapter 2), the reasons

²⁴ The reasons for unrealised applications were not recorded in the survey.

why providers had not applied for DAF, and hence the differences in application rates between the three provider types, was largely down to the proportion of each provider type having eligible children registered at their setting. Ninety-six percent of all CMs had not applied for DAF because they did not have any children eligible for DAF (this includes 20% of CMs who did not have any 3 and 4 year olds). The equivalent figures for SBPs and GBPs were 49% and 51% respectively.

However, after accounting for providers without eligible children, there is still a group of providers who had not applied for DAF for other reasons, that is they had 3 and 4 year olds registered at the setting and did not record a lack of eligible children among their reasons for not applying. This group represents providers with potentially eligible children who may be missing out on relevant funding. The size of this group varied across provider types and was largest for SBPs. A quarter (25%) of all SBPs fell into this group compared with 14% of GBPs and 3% of CMs. It is possible that the actual proportion of providers missing out on funding could be even higher than this. Providers were not asked directly whether they had any eligible children although they could record “no eligible children” as their reason for not having applied for DAF. However, not all providers will necessarily have taken steps to actively identify eligible children or may have struggled to gather the necessary information on eligibility and so may not be aware of eligible children.

Table 3.5: Take-up of DAF

	GBP	SBP	CM
Currently receiving	22%	18%	2%
Previously received	10%	6%	0%
Applied but not received	4%	2%	0%
Never applied: No 3 and 4 year olds registered	6%	0%	20%
Never applied: 3 and 4 year olds but no eligible children	45%	49%	76%
Never applied for other reasons	14%	25%	3%
<i>Unweighted base</i>	<i>611</i>	<i>145</i>	<i>162</i>

Base: All providers

Overall, GBPs were the most proactive in seeking to identify whether children were eligible for DAF. Sixty-six percent of GBPs, compared with 52% of SBPs and 27% of CMs, had taken specific steps such as speaking to parents or checking information provided by the LA to identify eligible children. It is therefore possible that the proportion of providers with children eligible for DAF could be higher than it appears from the figures presented here.

As was the case for EYPP, other reasons given for not applying for DAF (besides not having any eligible children) centred around difficulties with identifying eligible parents and/or difficulties with obtaining eligible information from parents (Table 3.6). Fifteen percent of SBPs and 8% of GBPs reported they found it difficult to identify eligible parents whilst 11% of SBPs and 7% of GBPs reported they found it difficult to obtain eligibility information from parents.

Providers who had taken steps to identify DAF-eligible children were asked separately if parents of children eligible for DAF had themselves made the decision not to apply for DAF, for example because they found the application process too bureaucratic or intrusive. A higher proportion of GBPs (14%) reported that this was the case compared with SBPs (four percent).

Table 3.6: Reasons for not applying for DAF

	GBP	SBP	CM
Haven't had any eligible children	76%	65%	97%
Difficult to identify eligible parents	8%	15%	0%
Difficult to get eligibility information from parents	7%	11%	0%
Not enough support from the local authority	6%	3%	0%
Raising DAF with parents is too sensitive	3%	0%	0%
Administrative burden	2%	1%	0%
Funding is too little to be worthwhile	2%	*	0%
Other reason	7%	13%	3%
<i>Unweighted base</i>	392	93	161

Base: All providers who had not applied for DAF in past 12 months
 Providers could select more than one response. *indicates a figure less than 0.5%

GBPs who were in receipt of DAF at the time of the survey were receiving it for an average of 1.6 children per setting. Seventy-seven percent of GBPs received DAF for five percent or less of the children registered at their setting.²⁵

Experiences of applying for DAF

All providers were asked how clear they thought the eligibility requirements for DAF

²⁵ The number of SBPs and CMs receiving DAF is too small to allow for further analysis of the number of children in receipt

were.²⁶ The majority of all provider types reported that they thought the criteria were at least fairly clear (Table 3.7). SBPs (37%) and CMs (32%) were more likely than GBPs (24%) to report that they thought the eligibility criteria were fairly or very unclear.^{27,28}

Table 3.7: Providers' perceptions of DAF eligibility criteria

	GBP	SBP	CM
Very clear	24%	10%	16%
Fairly clear	52%	53%	52%
Fairly unclear	16%	26%	22%
Very unclear	8%	12%	10%
<i>Unweighted base</i>	<i>603</i>	<i>140</i>	<i>159</i>

Base: All providers

Providers who had applied for DAF in the past 12 months were asked some further questions about how easy they found the application process and how satisfied they were with the support received from the LA. Providers were generally positive about their experiences of applying for DAF. As with applications for EYPP, the majority of providers said they found the administrative tasks associated with applying for DAF very or fairly easy (Table 3.8a). Twelve percent of GBPs and 15% of SBPs reported finding them fairly or very difficult.

Table 3.8a: Providers' views on DAF application process: Ease of administrative tasks associated with application

	GBP	SBP
Very easy	35%	[28%]
Fairly easy	38%	[30%]
Neither easy nor difficult	16%	[27%]
Fairly difficult	9%	[11%]
Very difficult	2%	[4%]
<i>Unweighted base</i>	<i>219</i>	<i>52</i>

Base: GBPs and SBPs who had applied for DAF in past 12 months

²⁶ For more on the eligibility requirements for DAF see [Early years entitlements: local authority funding of providers: Operational guide 2019 to 2020](#)

²⁷ This compares with 17% of SBPs (21% of GBPs, 24% of CMs) who reported that the EYPP eligibility criteria were fairly or very unclear. On the basis of this evidence alone it is not possible to determine whether lack of clarity over the eligibility criteria may have prevented some SBPs applying for DAF. It may also be that, because of less need to apply, SBPs are less familiar with the details of DAF compared with EYPP.

²⁸ Difference between CM and GBP significant at 10% level.

Base size for SBPs between 50 and 100. CMs not reported on as base size less than 50

The proportion of providers reporting that it was very or fairly difficult to obtain eligibility information was also fairly low - 15% of GBPs and 22% of SBPs (Table 3.8b).²⁹

Table 3.8b: Providers' views on DAF application process: Ease of obtaining eligibility information from parents

	GBP	SBP
Very easy	27%	[11%]
Fairly easy	46%	[51%]
Neither easy nor difficult	12%	[16%]
Fairly difficult	13%	[12%]
Very difficult	2%	[10%]
<i>Unweighted base</i>	<i>219</i>	<i>52</i>

Base: GBPs and SBPs who had applied for DAF in past 12 months
Base size for SBPs between 50 and 100. CMs not reported on as base size less than 50

GBPs were more likely than SBPs to report being satisfied with the support received from the LA when applying for DAF. Seventy percent of GBPs said they were fairly or very satisfied with the support provided to them by the LA when applying for DAF compared with 48% of SBPs (Table 3.8c). However, most of the remaining SBPs gave a neutral “neither satisfied nor dissatisfied” response rather than saying they were dissatisfied with LA support.

Table 3.8c: Providers' views on DAF application process: Satisfaction with LA support

	GBP	SBP
Very satisfied	35%	[33%]
Fairly satisfied	35%	[16%]
Neither satisfied nor dissatisfied	20%	[44%]
Fairly dissatisfied	7%	[2%]
Very dissatisfied	3%	[6%]

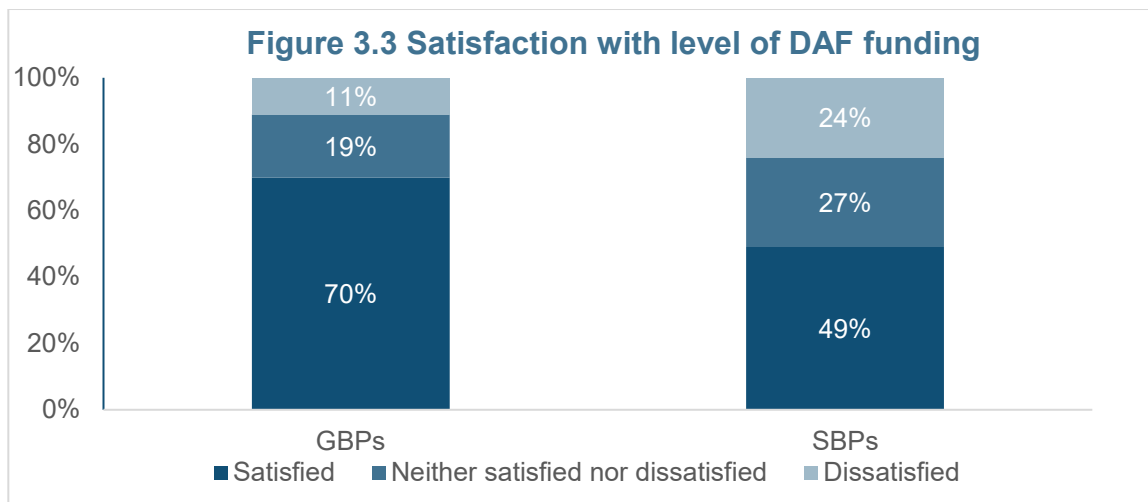
²⁹ This compares with the 49% of SBPs and 29% of GBPs who said they found it difficult to obtain information about EYPP eligibility from parents. The fact that providers report less difficulty in obtaining information for DAF may reflect the smaller number of (more targeted) DAF applications made. It may also be because parents of children with SEND are already used to providing information on their child's SEND to ensure they receive dedicated support. This may make it easier for providers to also request this information in support of a funding application less difficult than making separate enquiries about families' economic circumstances as required for EYPP.

	GBP	SBP
<i>Unweighted base</i>	219	52

Base: GBPs and SBPs who had applied for DAF in past 12 months

Base size for SBPs between 50 and 100. CMs not reported on as base size less than 50 SBPs were more likely than GBPs to report being dissatisfied with the amount of funding received (Figure 3.3 and Table A.14). This was the case for 24% of SBPs and 11% of GBPs. However, levels of satisfaction with the funding received were higher for DAF than EYPP among both SBPs and GBPs. Forty-two percent of SBPs and 24% of GBPs were dissatisfied with the level of EYPP funding (see Figure 2.2).

Figure 3.3: Satisfaction with DAF funding received



Base: GBPs and SBPs who had received DAF in past 12 months

Uses of DAF

Providers appear to have used DAF primarily to improve the experiences of children already booked to attend the setting rather than expanding provision to more children with disabilities. This is perhaps not surprising given the relatively low level of funding per child available and the small number of children per setting for which DAF money was received. When asked specifically whether DAF had enabled them to provide more places for children with disabilities, 10% of GBPs and nine percent of SBPs reported that this was the case.

GBPs and SBPs reported using DAF in similar ways (Table 3.9). The most common use of DAF, mentioned by 75% of GBPs and 76% of SBPs, was to provide resources to support learning. This could cover a wide range of things, including digital resources, books, games and furniture; providers were not probed further on exactly how the funding was used. Another relatively common use of DAF (mentioned by 53% of GBPs and 47% of SBPs) was to provide specialist training for staff.

Table 3.9: Uses of DAF

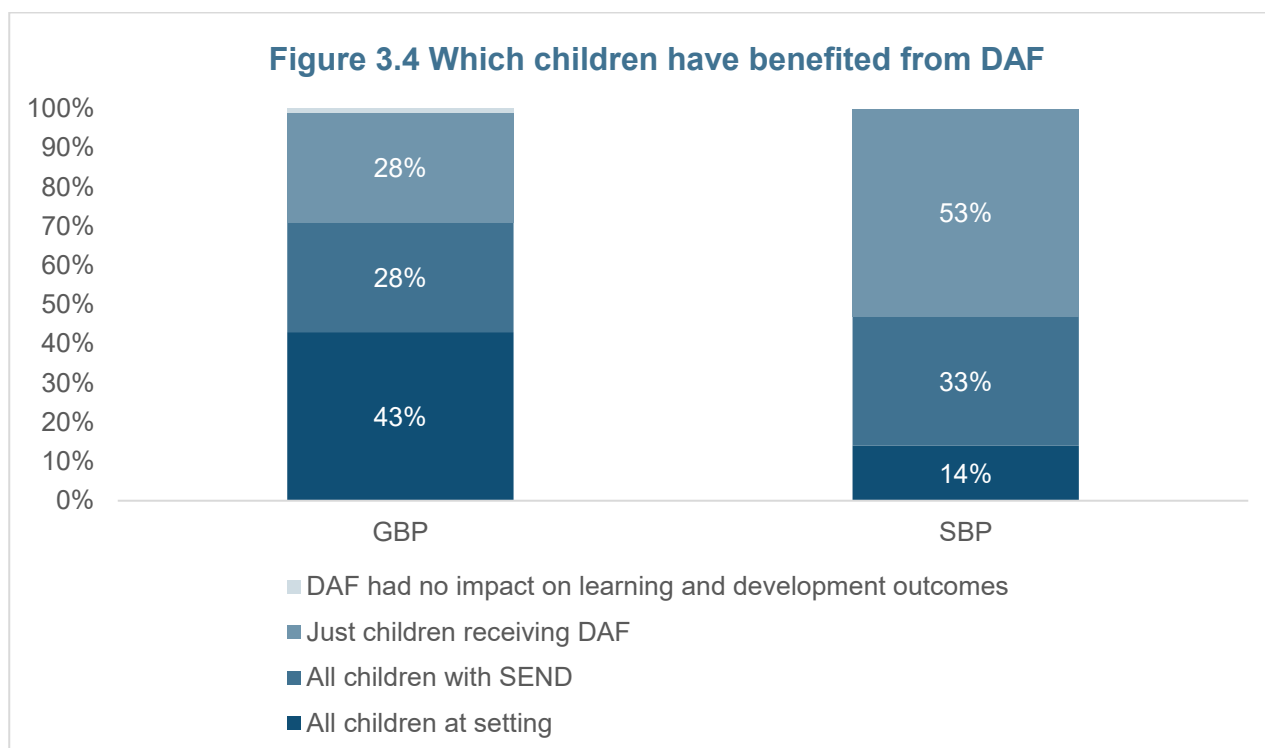
	GBP	SBP
Resources to support learning (e.g. computers/digital technology, braille/sign language books, games, furniture)	75%	[76%]
Specialist training for staff to support children with disabilities	53%	[47%]
Recruiting additional staff to support children with disabilities	38%	[31%]
Additional sessions for eligible children	20%	[10%]
Adjustments to the setting to improve eligible children's access to the setting (e.g. ramps, rails, equipment)	16%	[17%]
Training and resources for parents to support their child's learning and development at home	14%	[16%]
Extra-curricular experiences (e.g. trips and excursions to farms, theatres, shops, the seaside)	11%	[11%]
Hiring or recruiting specialists (e.g. language and speech therapists, physiotherapists)	5%	[10%]
Other use	2%	[1%]
<i>Unweighted base</i>	<i>192</i>	<i>52</i>

Base: GBPs and SBPs who had received and used DAF in past 12 months
Providers could select multiple responses.

Base size for SBPs between 50 and 100. CMs not reported on as base size less than 50

The impact of DAF appears more targeted than the impact of EYPP. Around half of SBPs (53%) reported that DAF had benefited the learning and development of children in receipt of DAF only, with a further third (33%) reporting it had benefited all children with disabilities at the setting (Figure 3.4 and Table A.15). SBPs were more likely than GBPs to report that the impact of DAF was felt only by children in receipt of DAF (53% compared with 28%). Conversely, GBPs were more likely than SBPs to say that DAF had benefited the learning and development of all children at the setting (43% compared with 14%).

Figure 3.4: Which children have benefited from DAF



Base: GBPs and SBPs who had received and used DAF funding in past 12 months

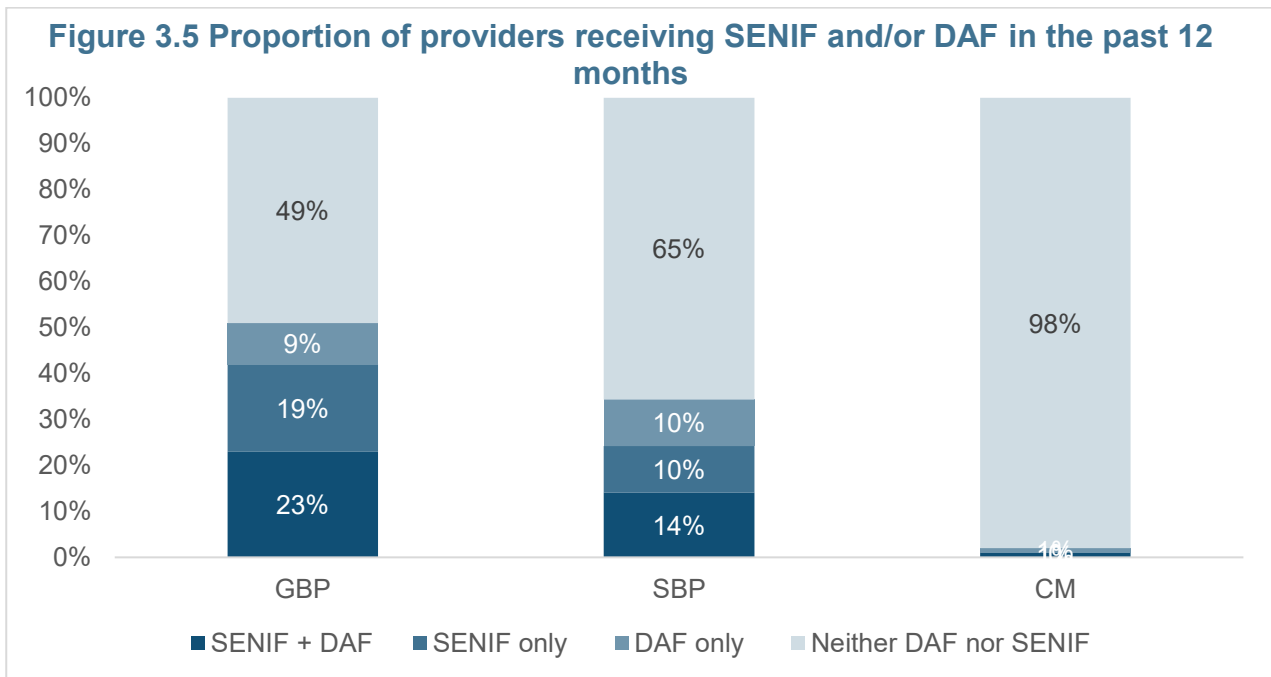
SEN Inclusion Fund

The next section of the report looks at providers' take-up and use of the SENIF, another source of funding targeted at children with SEND.

As was the case with DAF, GBPs were more likely than SBPs or CMs to have received funding through the SENIF. Forty-two percent of GBPs had received money through the SENIF in the past 12 months compared with 24% of SBPs and just one percent of CMs.

Figure 3.5 shows the proportion of providers who received the SENIF, DAF or a combination of the two (see also Table A.16). GBPs were more likely to have received SENIF funding (either in combination with DAF or not) than DAF funding (42% compared with 32%), whereas the same proportion of SBPs had received SENIF funding as had received DAF (24%).

Figure 3.5: Proportion of providers receiving SENIF and/or DAF funding in the past 12 months



Base: All providers

There were some differences among GBPs in the take-up of SENIF funding. There was no difference in the proportion of private and voluntary GBPs receiving money through the SENIF but larger GBPs (26 or more registered children) were more likely than smaller settings to have received funding (45% compared with 33%) whilst providers located in the 30% most deprived areas were more likely than providers in other areas to have received SENIF funding (50% compared with 39%) (Table A.17).³⁰

SENIF funding was more likely than DAF to have enabled providers to offer additional places. When asked whether SENIF funding enabled them to provide more places for children with disabilities, 24% of GBPs and 35% of SBPs in receipt of SENIF funding reported that this was the case. Only 10% of GBPs in receipt of DAF and nine percent of SBPs in receipt of DAF said that DAF funding had enabled them to provide more places for children with disabilities.

Many of the most common uses of the SENIF reported by settings centred around providing additional staff support for children with SEND that was focused on their particular needs (Table 3.10).

³⁰ Difference between providers in more versus less deprived areas significant at 10% level.

Table 3.10: Uses for SENIF funding

	GBP	SBP
Staff support to maintain child's concentration and participation	76%	[68%]
Resources to support child's learning or needs	62%	[38%]
Staff support to foster positive relationships with child's peers	56%	[59%]
Staff support to manage child's personal care, mobility or medical needs	55%	[58%]
Additional supervision to ensure safety when accessing particular activities or equipment	54%	[52%]
Specialist training for staff to support children with special educational needs	42%	[31%]
Specialist equipment or resources to enable/improve child's access	29%	[26%]
Adjustments to the setting to enable/improve their access	20%	[21%]
Recruiting specialist staff (e.g. language/speech therapists, educational psychologists)	7%	[8%]
Other use	2%	[1%]
<i>Unweighted base</i>	268	52

Base: GBPs and SBPs had received and used SENIF funding in past 12 months
Providers could select multiple responses.

Base size for SBPs between 50 and 100. CMs not reported on as base size less than 50

Providers were also asked about what types of SEND they focused on supporting with SENIF funding (Table 3.11). Both SBPs and GBPs were most likely to focus funding in the area of communication and interaction (also the type of SEND they reported feeling most able to support (Table 3.1)) and least likely to focus on supporting cognition and learning difficulties.

Table 3.11: Focus of SENIF funding

	GBP	SBP
Communication and interaction	88%	[73%]
Social, emotional and mental health	66%	[71%]
Sensory and / or physical needs	66%	[54%]
Cognition and learning	50%	[46%]
Other focus	*	[4%]
No particular focus	3%	[0%]

	GBP	SBP
<i>Unweighted base</i>	268	52

Base: All providers who had received and used SENIF funding in past 12 months
 Providers could select multiple responses. *indicates a figure less than 0.5%
 Base size for SBPs between 50 and 100. CMs not reported on as base size less than 50

Other Local Authority Support for SEND

Finally, this chapter looks at providers' experiences of accessing other support for children with SEND provided by their LA as part of the Local Offer.

The majority of SBPs and GBPs who had children with SEND registered at their setting had received at least some support or advice regarding SEND provision from their LA (Table 3.12). This was the case for 86% of GBPs and 85% of SBPs. Among the most common ways in which providers used the LA were for specialist staff training (more common among GBPs compared with SBPs³¹), to obtain guidance on how to support the learning and development of children with SEND and to receive a referral to specialist SEND services. When asked whether LA support was limited only to children with EHC plans or was available for all children with SEND, nearly all providers said that support was available for all children with SEND. Only seven percent of GBPs and 13% of SBPs reported that support was restricted to children with EHC plans.

Table 3.12: Whether provider has received advice/support on SEND from LA in past 12 months

	GBP	SBP
SEND training for staff	61%	50%
Guidance on supporting the learning and development of children with SEND	57%	51%
Referral to specialist SEND services	54%	54%
Information on SEND support available in the local area	49%	53%
Advice on identifying children with SEND	40%	35%
Other support	2%	4%
No support or advice	14%	15%
<i>Unweighted base</i>	484	123

Base: GBPs and SBPs with children with SEND at setting
 Providers could select multiple responses. CMs not reported on as base size less than 50

³¹ Difference between GBP and SBP significant at 10% level.

The majority of providers who had received support or guidance from the LA were satisfied with that support (Table 3.13). GBPs were more likely to be satisfied (73%) than SBPs (63%).³²

Table 3.13: Provider satisfaction with LA advice/support on SEND

	GBP	SBP
Very satisfied	32%	19%
Fairly satisfied	41%	43%
Neither satisfied nor dissatisfied	19%	21%
Fairly dissatisfied	7%	11%
Very dissatisfied	2%	5%
<i>Unweighted base</i>	<i>432</i>	<i>105</i>

Base: GBPs and SBPs receiving LA support/guidance on SEND
CMs not reported on as base size less than 50

All providers were asked whether they had experienced any difficulties in accessing specialist support services in their local area in the past 12 months (Table 3.14). Over half of GBPs (56%) and a third of SBPs (67%) reported experiencing difficulties.

Only 8% of CMs reported experiencing difficulties accessing services. However, at the same time only 70% of CMs reported they had not tried to access any specialist services in the past 12 months. Excluding providers who had not tried to access services, there was no difference between providers in the proportion who reported no difficulties in trying to access specialist services (29% of GBPs, 26% of SBPs and 22% of CMs).

Table 3.14: Whether provider has experienced any difficulty accessing specialist support services in local area

	GBP	SBP	CM
Speech and language therapists	38%	52%	4%
Health visitors	29%	25%	5%
Educational psychologists	19%	31%	1%
Social workers	15%	34%	1%
Occupational therapists	13%	30%	1%
Family support services	12%	29%	1%
Other health professionals	10%	15%	1%

³² Difference between GBP and SBP significant at 10% level.

	GBP	SBP	CM
Physiotherapists	9%	18%	1%
Education welfare officers	4%	12%	1%
Other specialist services	3%	3%	1%
No difficulties experienced	29%	26%	22%
Not attempted to access specialist services	14%	7%	70%
<i>Unweighted base</i>	<i>599</i>	<i>138</i>	<i>161</i>

Base: All providers
Providers could select multiple responses

Providers were most likely to report problems accessing services provided by speech and language therapists (52% of SBPs and 38% of GBPs). However, it is difficult to draw robust conclusions about whether certain services are more stretched than others based only on the proportions of providers who experienced difficulties accessing particular services. To draw valid comparisons, it would also be necessary to know more about how often providers tried to access each of these services. Comparing across GBPs, it is the case that GBPs who had children with SEND at the setting were more likely to have tried to use external support services (only 12% of GBPs with children with SEND said they had not tried to access services compared to 23% of other GBPs). However, a similar proportion of both groups (29% and 30%) said they had not had any difficulties accessing services (Table A.18).

4. Take-up and monitoring of different funding streams

This chapter of the report takes a closer look at providers who had applied for and received at least one of the funding streams covered by this study: Early Years Pupil Premium (EYPP), Disability Access Fund (DAF) or the Special Educational Needs Inclusion Fund (SENIF). Specifically, it considers the evidence that providers drew on when deciding how to use the different funding streams and how they monitored the impact of the funding on children's outcomes.

Providers receiving any of the three funding streams were asked a single set of questions about the evidence sources and monitoring techniques they used to evaluate the impact of any EYPP, DAF or SENIF funding received. Whilst it is possible, indeed likely, that the way in which impact is monitored may differ depending on which funding stream is received (see for example Table A.21 in Appendix A),³³ it is unlikely that individual providers would have very different approaches to monitoring the impact of specific funding streams, at least such that could easily be picked up in a survey. A single set of questions, rather than funding-specific questions on monitoring, was therefore considered sufficient.³⁴

Key findings

- Less than one in five GBPs (18%) or SBPs (13%) and no childminders had received each of EYPP, DAF and SENIF in the past 12 months.
- Around a quarter of GBPs (27%), nearly one in five SBPs (17%) and nine in ten CMs (90%) had received none of these funding streams in the past 12 months.
- Providers in receipt of funding drew on a wide range of evidence when deciding how to use funding. The most common source of evidence for both GBPs (82%) and SBPs (64%) was input from the staff working with the children.
- Two in five SBPs (40%) and one in ten GBPs (11%) had made use of Education Endowment Foundation (EEF) or Early Intervention Foundation (EIF) resources when deciding how to use funding.
- Most providers (91% of GBPs and 84% of SBPs) monitored the impact of funding received. This was done through standard methods of tracking learning outcomes for individual children and observing the children and talking to staff and parents.

³³ With both the type of funding applied for and the type of monitoring conducted influenced by the types of children and types of additional needs to which the setting has to respond.

³⁴ Although providers were not asked to give separate responses for each funding stream received, the question was tailored to the specific combination of funding received by the provider so as to focus their attention on relevant funding streams rather than progress monitoring more generally. For example, providers in receipt of EYPP and DAF were asked to think about how they monitored the impact of EYPP and DAF, providers in receipt of DAF and SENIF were asked to think about how they monitored the impact of DAF and SENIF.

- Seventy-three percent of GBPs reported that Ofsted asked them about EYPP as part of their inspection of the setting. This compares with only 31% of SBPs who reported that Ofsted asked about EYPP.

Proportion of providers in receipt of EYPP, DAF and SENIF.

Table 4.1 summarises the proportion of providers who had received different combinations of EYPP, DAF and SENIF funding in the past 12 months. This includes the proportion of providers in receipt of all three funding streams and the proportion in receipt of none.

As well as providing useful context for the findings on impact monitoring that follow, it is also interesting more generally to consider how common it is for providers to be in receipt of different combinations of funding. They highlight, for example that as well as the vast majority of childminders (CMs) who had not received any additional funding, there is a sizeable group of school-based providers (SBPs) and group-based providers (GBPs) who are not benefiting from any of these funding streams. It is also notable that only a minority of all three providers (18% of GBPs, 13% of SBPs and no CMs) had received all three funding streams suggesting that – subject to meeting eligibility requirements – there may be scope to increase take-up. EYPP was more commonly received than either DAF or SENIF with very few providers receiving either DAF or SENIF without also receiving EYPP. As previously highlighted (Chapter 3, Figure 3.5) it was, however, relatively common for providers to be in receipt of only one of DAF or SENIF.

Comparing the take-up of different funding streams across different types of GBP, there is some evidence that: providers located in the 30% most deprived areas were more likely than other GBPs to have received all three funding streams (Table A.19).³⁵ Voluntary providers were more likely than privately owned GBPs to have received all three funding streams.

Table 4.1: Proportion of providers receiving different combinations of funding in past 12 months

	GBP	SBP	CM
EYPP, DAF, SENIF	18%	13%	0%
EYPP + DAF	7%	10%	1%
EYPP + SENIF	13%	9%	0%
DAF + SENIF	5%	1%	1%
EYPP only	22%	48%	8%
DAF only	2%	0%	*

³⁵ Difference significant at the 10% level.

	GBP	SBP	CM
SENIF only	7%	*	*
None	27%	17%	90%
<i>Unweighted base</i>	<i>608</i>	<i>141</i>	<i>161</i>

Base: All providers
*indicates a figure less than 0.5%

Evidence sources used by providers to take funding decisions

Providers drew on a wide range of evidence when deciding how to use funding (Table 4.2). The most common source of evidence for both GBPs and SBPs was input from the staff working with the children.³⁶ This was a particularly common source of evidence for GBPs, mentioned by 82% of GBPs compared with 64% of SBPs. GBPs reported drawing on parents more often than SBPs (72% compared with 42%) whilst SBPs were more likely than GBPs to mention drawing on resources from the Educational Endowment Foundation or Early Intervention Foundation (40% compared with 11%).

Table 4.2: Evidence drawn on when deciding how to use funding

	GBP	SBP
Staff at setting working directly with the eligible child	82%	64%
Parents of the eligible child	72%	42%
Staff with specialist training (e.g. early years SEND coordinator)	63%	60%
The management at setting	59%	44%
External specialists (e.g. educational psychologists, physiotherapists, occupational therapists)	54%	54%
All staff at setting	49%	37%
Early years advice and best practice guidelines (e.g. from professional networks, conferences, forums)	37%	39%
Local authority staff	32%	24%

³⁶ The number of CMs in receipt of funding was too small for further analysis.

	GBP	SBP
Education Endowment Foundation (EEF) or Early Intervention Foundation (EIF) resources (e.g. the Early Years Toolkit)	11%	40%
Academic research	7%	14%
Other	2%	1%
None	1%	5%
<i>Unweighted base</i>	<i>480</i>	<i>124</i>

Base: GBPs and SBPs who received EYPP, DAF or SENIF funding in past 12 months
Providers could select multiple responses. CMs not reported on as base size less than 50

Over half of both GBPs and SBPs mentioned drawing on staff with specialist training such as their early years special educational needs and disability (SEND) coordinator and external specialists such as psychologists when deciding how to use funding. This may be because responses cover providers' decision-making for DAF and SENIF, which are targeted at children with SEND, as well as EYPP. It is possible to compare responses for GBPs depending on whether the provider received EYPP funding only or EYPP in combination with either DAF and/or SENIF (Table A.20). Providers were more likely to draw on both internal and external specialists, including the LA, to determine how to spend funding if this included DAF or SENIF as well as EYPP. Consultation with experts was especially likely if the provider was in receipt of all three funding sources. GBPs were also more likely to consult parents if they were in receipt of DAF and/or SENIF as well as EYPP. In all cases staff working with the children were the primary source of evidence.

How providers monitor the impact of funding

Most GBPs and SBPs reported that they monitored the impact of funding received. GBPs were more likely than SBPs to say they monitored impact (91% compared with 84%).³⁷ Both provider types used a variety of methods to monitor impact (Table 4.3). These are largely the standard ways in which settings would be expected to track children's learning and development outcomes regardless of whether dedicated funding was received. For example, 96% of GBPs and 100% of SBPs reported they monitored the impact of funding by tracking the progress of individual children. The survey did not ask for further details on how providers monitored the specific impact of this additional funding.

Both SBPs and GBPs used similar methods of tracking impact, though GBPs were more likely than SBPs to report monitoring impact using child development plans (69% compared with 48%) and by talking to parents (79% compared with 66%).

³⁷ The difference between GBPs and SBPs is significant at the 10% level.

It is possible to compare GBPs' ways of monitoring the impact of funding depending on the sources of funding received (Table A.21). GBPs in receipt of DAF and/or SENIF as well as EYPP were more likely to use certain methods of tracking impact compared with GBPs in receipt of EYPP only. These include using learning journals, talking to parents and discussions with external experts.

On top of their own internal monitoring, providers in receipt of EYPP were asked whether Ofsted asked them about EYPP as part of their inspection of the setting. Seventy-three percent of GBPs in receipt of EYPP reported that this was the case. However, only 31% of SBPs reported that Ofsted asked about EYPP.

Table 4.3: How providers track impact of funding

	GBP	SBP
By tracking progress of individual children	96%	100%
Through observation of children	85%	78%
Discussions with staff	84%	74%
Discussions with parents	79%	66%
Through children's development plans	69%	48%
Using learning journals	66%	61%
Reports and discussions with external professionals	54%	50%
By tracking progress of a group of children	41%	42%
Through recorded evidence, such as videos of activities or photos	41%	43%
Discussions with children	28%	38%
Other	0%	1%
<i>Unweighted base</i>	<i>429</i>	<i>104</i>

Base: GBPs and SBPs who received EYPP, DAF or SENIF funding in past 12 months and monitored impact

Providers could select multiple responses. CMs not reported on as base size less than 50

5. Support for the Home Learning Environment (HLE)

The HLE refers to interactions in and around the child's home which support the child's learning, such as everyday conversations, make-believe play and reading activities. These interactions may take place in English or another language.³⁸

Research has shown that the HLE is a key predictor of children's future success, early language development and their emotional, intellectual and cognitive development.³⁹ Supporting parents to help them provide a positive home learning environment is therefore a vital part of improving outcomes for children, particularly those from disadvantaged backgrounds. In July 2019 the Department for Education launched a national campaign [Hungry Little Minds](#) which seeks to encourage parents to support their children's development at home and to tackle any barriers to home learning that parents may face including time, confidence and ideas of activities to do with the children at home and in the community.

Early years providers also play a vital role in supporting parents and providing advice and encouragement to help them facilitate the HLE.⁴⁰ This may include providing information on activities to do at home, promoting the benefits of HLE to parents or directing parents to online or local resources (e.g. libraries) to use in home learning. Settings may choose to target HLE support at particular disadvantaged groups though all families may benefit from some basic support for the HLE.

The survey measured the extent to which early years settings offered parents support to improve the HLE, the most common forms of support, potential barriers to promoting the HLE and what kinds of further support providers would like to receive so as to help them to support parents.

Key findings

Provider activities to support the HLE

- Most providers in the survey said they did at least something to support the HLE. SPBs were most likely to have undertaken activities to support the HLE with 98% having done so compared with 88% of both GBPs and CMs.

³⁸ This definition of the HLE was given to the providers in the introduction to the survey questions on the HLE.

³⁹ Desforges, C. and Abouchar, A. (2003) *The Impact of Parental Involvement, Parental Support and Family Education on Pupil Achievement and Adjustment: A Literature Review*, London: DfES. Gutman, L. and Feinstein, L. (2007) *Parenting Behaviours and Children's Development from Infancy to Early Childhood: Changes, Continuities, and Contributions*, Centre for Research on the Wider Benefits of Learning. The [SEED project](#) also consistently found evidence that home learning improved child outcomes.

⁴⁰ Hunt, S., Virgo, S., Klett-Davies, M., Page, A. and Apps, J. (2011) *Provider influence on the early home learning environment (EHLE)*, London: DfE

- GBPs in the 30% most deprived areas (96%) were more likely than GBPs in other areas (85%) to have undertaken activities to support home learning.
- The most common ways in which providers supported the HLE were by informing parents about HLE activities to do at home (98% of SBPs, 92% of GBPs, 87% of CMs), sharing evidence with parents on the importance of the HLE (80% of SBPs, 73% of GBPs and 71% of CMs) and promoting HLE activities and support available in the local area (68% of SBPs, 62% of GBPs and 66% of CMs).
- Providers were most likely to communicate with parents about the HLE through written materials e.g. newsletters and through one-to-one discussions with parents at the setting.
- SBPs were particularly active in engaging with parents regarding home learning. Seventy percent of SBPs invited parents to the setting to watch staff interacting with the children whilst 67% organised events to promote the HLE.

Targeting support for the HLE

- At least half of all providers offering support with the HLE said that they did not target this support at particular families or groups of children who might be in need of additional support. Sixty-one percent of GBPs, 55% of CMs and 52% of SBPs said that they supported all families equally.
- The most commonly targeted groups for support with the HLE were children with SEN (targeted by 39% of SBPs and 32% of GBPs) and families of children with poorer than expected development with communication, language and literacy skills (39% of SBPs and 31% of GBPs).

Barriers to the HLE

- Many providers reported that parents could be a barrier to home learning. The most commonly mentioned barrier by GBPs (51%) and CMs (20%) was parents' lack of time to engage with home learning. The most commonly cited barriers by SBPs were parents not having the skills (61%) or lacking the confidence (60%) to engage in home learning with their children.
- Providers also mentioned parents' unwillingness to engage with home learning as a potential barrier. This was mentioned by 55% of SBPs, 37% of GBPs and 12% of CMs.
- Resources on HLE activities to give to parents (mentioned by 66% of GBPs and SBPs and 52% of CMs) and additional funding to promote the HLE to parents (mentioned by 68% of SBPs, 55% of GBPs and 31% of CMs) were among the things providers would find most helpful in enabling them to support the HLE.

How providers support the HLE

Most providers in the survey said they did at least something to support the HLE, that is they took steps to engage, support and advise parents of children attending the setting on developmental play and learning activities. School-based providers (SBPs) were most likely to have undertaken activities to support the HLE with 98% having done so compared with 88% of both group-based providers (GBPs) and childminders (CMs).⁴¹ SBPs were also more likely to have undertaken certain activities (Table 5.1) and used a wider range of channels to support the HLE as discussed further below (Table 5.2).

The proportion of GBPs doing activities to support the HLE was similar regardless of the setting's size or type of ownership (see Table A.22 in Appendix A). GBPs in more deprived areas were more likely to have undertaken activities to support the HLE (96%) compared with GBPs in less deprived areas (85%). The extent to which HLE support is targeted at children from disadvantaged backgrounds is explored further in the next section.

The main activities undertaken by all types of provider to support the HLE included: informing parents about HLE activities to do at home, sharing information with parents about the importance of doing activities at home, and promoting HLE activities and groups e.g. library services in the local area (Table 5.1). Over half of SBPs also showed parents how to do HLE activities and informed parents about online resources they could use to support home learning.

Table 5.1: Activities used to support the HLE

	GBP	SBP	CM
Informing parents about HLE activities they can do at home (e.g. reading together, role-playing)	92%	98%	87%
Sharing evidence of the importance of parents doing HLE activities at home	73%	80%	71%
Promoting HLE support and activities available in the local area (e.g. local playgroups, library services)	62%	68%	66%
Showing parents how to do HLE activities	42%	74%	44%
Informing parents about how they can use online activities to support the HLE	29%	55%	28%

⁴¹ These figures show higher provider support for the HLE than suggested by the main SCEYP survey. In 2019, 66% of GBPs, 75% of SBPs and 48% of CMs answered 'yes' when asked if, over the past 12 months, the setting had provided support for parents with improving the HLE. The higher reporting of support for the HLE is consistent with the different question format used in the follow-up survey, with providers given the opportunity to select specific types of activities they may do to support the HLE rather than simply responding yes or no without further prompting.

	GBP	SBP	CM
Informing parents about how they can use TV to support the HLE	12%	12%	23%
Providing other resources to parents and children to promote HLE	5%	3%	2%
Other activity	*	1%	3%
<i>Unweighted base</i>	<i>547</i>	<i>136</i>	<i>141</i>

Base: All providers doing activities to support HLE
Providers could select multiple responses. *indicates a figure less than 0.5%

The most common ways in which providers informed parents about resources to support the HLE (Table 5.2) were through one to one discussion with parents (mentioned by over 80% of GBPs, SBPs and CMs) and by providing written materials, though the latter was less commonly used by CMs (54%) than GBPs (84%) or SBPs (87%). Several other channels were also commonly used by SBPs to support the HLE including inviting parents to watch staff interact with children (mentioned by 70% of SBPs) and organising events to promote the HLE (67%).⁴²

Table 5.2: How providers share information about the HLE with parents

	GBP	SBP	CM
In written materials (e.g. newsletters, leaflets)	84%	87%	54%
In one-to-one discussions with parents at the setting	83%	88%	83%
By inviting parents to observe how staff interact with children at the setting	37%	70%	17%
By sharing videos and articles online (e.g. social media, on setting's website or in text messages)	36%	32%	40%
By organising events to promote the HLE	33%	67%	8%
Other way	3%	1%	3%
<i>Unweighted base</i>	<i>549</i>	<i>136</i>	<i>141</i>

Base: All providers doing activities to support the HLE
Providers could select multiple responses

⁴² A 2011 small-scale [study of provider support for home learning](#) reported that providers felt that one to one interaction with parents and, especially, inviting them in to the setting were more effective in promoting home learning than only providing written resources (Hunt et al, 2011). These latest findings suggest there is scope for GBPs and CMs in particular to increase direct interaction with parents as regards home learning.

Targeting support for the HLE

Providers may choose to provide similar home learning resources and support to all children in their setting or decide to target support at certain children or families. This may be families they consider need more support with pursuing home learning or children with additional needs whose learning and development has most to gain from additional home learning. The survey asked providers whether they targeted HLE support at a range of different groups.

At least half of all providers offering support with the HLE said that they did not target this support (Table 5.3). Sixty-one percent of GBPs, 55% of CMs and 52% of SBPs said that they supported all families equally. Additionally, a further quarter of CMs (24%) reported that they did not target HLE support because they did not have any families in the mentioned target groups attending their setting.

However, there was some targeting of support, especially among GBPs and SBPs. The most commonly mentioned target groups by both GBPs and SBPs were families of children with SEN and families with children with less well developed communication, language and literacy skills. SBPs were more likely than GBPs (32% compared with 24%) to target support at children eligible to receive the Early Years Pupil Premium (EYPP).⁴³ Twenty-eight percent of SBPs and 12% of GBPs reported that they had used EYPP funding on training and resources for parents to improve their child's learning and development at home (see Table 2.7 in Chapter 2).

Table 5.3: Providers targeting support for the HLE at particular families

	GBP	SBP	CM
No targeting	63%	55%	80%
No children from target groups attend setting	2%	3%	24%
All children treated equally	61%	52%	55%
Families of children with Special Educational Needs (SEN)	32%	39%	10%
Families of children with poorer than expected development in the areas of communication, language and literacy	31%	39%	12%
Families with parents who speak English as an additional language (EAL)	27%	29%	12%
Families of children eligible for EYPP	24%	32%	2%
Families of children with disabilities	21%	27%	6%
Families from minority ethnic backgrounds	18%	20%	6%

⁴³ This difference is significant at the 10% level

	GBP	SBP	CM
Other target group	1%	2%	*
<i>Unweighted base</i>	<i>547</i>	<i>135</i>	<i>143</i>

Base: All providers doing activities to support HLE
 Providers could select multiple responses. *indicates a figure less than 0.5%

Barriers to supporting the HLE

Whilst nearly all providers had undertaken some activities to support the HLE, findings suggest that providers don't always find this easy. Providers may be constrained by a lack of resources or knowledge within the setting. They may also face push-back from parents who are unwilling or feel unable to support their child's learning at home.

The survey asked providers who had undertaken activities in support of home learning whether they had encountered any resistance from parents. SBPs, whilst doing the most to support home learning, were also the most likely to report having encountered barriers from parents. Only eight percent of SBPs specifically reported that they faced no barriers from parents compared with 24% of GBPs (Table 5.4). CMs were the least likely to report facing barriers to supporting home learning with 68% saying they faced no barriers from parents.

The most commonly mentioned barrier by GBPs (51%) and CMs (20%) was parents' lack of time to engage with home learning. This barrier was also mentioned by around half of SBPs (53%).⁴⁴ The most commonly cited barriers by SBPs were parents not having the skills – for example numeracy, literacy – or lacking the confidence to engage in home learning with their children. These barriers were mentioned by 61% and 60% of SBPs respectively. This may reflect the fact that SBPs more exclusively support older children (3 and 4 year olds) whereas GBPs and CMs look after children in a broader age range 0-4⁴⁵. Some parents may feel less confident in helping pre-school children with the literacy and numeracy preparatory activities promoted by SBPs than engaging constructively with younger children through play or other day to day activities.

Providers also mentioned parents' unwillingness to engage with home learning as a potential barrier. SBPs (55%) were the most likely to mention parents thinking that responsibility for their child's learning and development rests only with the setting and not

⁴⁴ The 2011 [study of provider support for home learning](#) included a survey of parents and found that parents frequently mentioned that time was a significant barrier to their engaging in home learning, This was especially likely to be the case in families where both parents were working or where the child spent longer in childcare. Providers interviewed for the same study also identified lack of time, dislike of the school environment based on parents' own experiences, lack of confidence and parents having English as an additional language as barriers to home learning (Hunt et al, 2011).

⁴⁵ Unpublished analysis of SCEYP 2019 shows that 96% of SBPs had no children under 2 and 75% had no children aged 2. The comparable figures for GBPs are 53% and 16% and for CMs 33% and 34%.

with parents as a barrier to engaging parents with home learning, followed by GBPs (37%) and CMs (12%).

Table 5.4: Parental barriers to supporting the HLE encountered by providers

	GBP	SBP	CM
Parents' lack of time to engage with the HLE	51%	53%	20%
Parents thinking that the responsibility for their child's learning and development is with setting not with them	37%	55%	12%
Parents not thinking the HLE is important for their child's development	37%	52%	8%
Parents' lack of confidence to do HLE activities (e.g. singing or talking to their child at home or in public)	36%	60%	8%
EAL parents not doing HLE activities due to language barriers	32%	48%	8%
Parents not having the skills to do HLE activities (e.g. literacy or numeracy skills)	27%	61%	6%
Parents not valuing setting's advice on their child's development	22%	25%	11%
Parents' lack of financial resources to engage with the HLE	13%	34%	4%
Other barrier	*	2%	1%
No barriers	24%	8%	68%
Unweighted base	541	135	142

Base: All providers doing activities to support the HLE
 Providers could select multiple responses. *indicates a figure less than 0.5%

The survey also asked all providers what, if any, additional help or support would enable them to do a better job in supporting the HLE (Table 5.5). Most providers identified at least one source of help that would benefit them in supporting the HLE. CMs were the most likely to report that nothing would help them in supporting home learning (21%) and SBPs the least likely (seven percent).

The most commonly mentioned source of help among GBPs and CMs was resources on HLE activities to give to parents, mentioned by 66% of GBPs and 52% of CMs

respectively, as well as 66% of SBPs.⁴⁶ The most commonly mentioned source of help for SBPs (mentioned by 68%) was additional funding to enable them to support the HLE. Additional funding was also mentioned by 55% of GBPs though only 31% of CMs.

Table 5.5: What would help providers to support the HLE

	GBP	SBP	CM
Resources on HLE activities to give to parents	66%	66%	52%
Additional funding for promoting the HLE to parents	55%	68%	31%
Training and resources on how to engage parents with the HLE	52%	53%	45%
Training on HLE activities to show to parents	45%	47%	37%
Training on the role of early years providers in supporting the HLE	33%	31%	37%
Other help	*	1%	2%
None of these ⁴⁷	14%	7%	21%
<i>Unweighted base</i>	<i>589</i>	<i>137</i>	<i>156</i>

Base: All providers
 Providers could select multiple responses. *indicates a figure less than 0.5%

⁴⁶ The 2011 [study of provider support for home learning](#) found staff feeling confident about how to engage with parents about home learning was key. Around a third of providers in that study said they would like more help and information on engaging parents with home learning (Hunt et al, 2011).

⁴⁷ This includes one percent of GBPs and two percent of CMs who responded that early years providers should not be asked to support the HLE

6. Early Years Food Guidance

Under the Early Years Foundation Stage (EYFS) Framework, if early years settings provide children with meals, snacks and drinks, they must ensure they are healthy, balanced and nutritious.⁴⁸ However, unlike primary and secondary schools, early years providers are not subject to mandatory food standards legislation. With the growing childhood obesity epidemic (and the cross-governmental commitment to cut childhood obesity levels in half by 2030)⁴⁹ policy makers are considering whether tighter/mandatory regulation of food in early years settings should be pursued.

In 2017 the Government published new example menus and dietary guidance created by Public Health England to support healthier food provision in early years settings.⁵⁰ This guidance (hereafter referred to as “the Early Years Food Guidance” or “the guidance”) provides tips for providers on how to offer healthy, balanced and nutritious meals in a cost-effective manner and is intended to help children form good healthy eating habits, support appropriate growth and development, and reduce childhood obesity over the next decade.

This chapter explores early years settings’ awareness and use of the guidance as well as identifying potential barriers to use.

Key findings

- Nearly all settings were providing at least some food on site. In some cases this was only snacks, but the majority of all providers were offering at least one meal a day (80% of CMs, 76% of SBPs and 66% of GBPs).
- Privately owned GBPs (79%) and GBPs located in the 30% most deprived areas (75%) were more likely than other GBPs to be providing meals.
- Around half of all providers offering food were aware of the Early Years Food Guidance. Awareness was higher among GBPs (55%) compared with CMs (44%) or SBPs (39%).⁵¹
- Around a third (32%) of GBPs offering food prepared on site had read and used the guidance as had a quarter (25%) of CMs and one in five (21%) of SBPs.
- Self-reported compliance with the guidance was relatively high. Ninety percent of GBPs and eighty-six percent of CMs who were using the guidance reported that the food they offered mostly or fully followed the guidance.
- Providers were more likely to have made use of other sources of guidance on food standards compared with the new example menus. Sixty-five percent of SBPs had used the School Food Standards. Sixty-one percent of GBPs, 50% of CMs and 45%

⁴⁸ <https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2>

⁴⁹ [Childhood obesity: a plan for action, chapter 2, DHSC, 2018.](#)

⁵⁰ <https://www.gov.uk/government/publications/example-menus-for-early-years-settings-in-england>

⁵¹ Those figures are for all providers offering food. If the analysis is restricted to providers offering food prepared on site the figures are very similar – 54% of GBPs, 45% of CMs and 35% of SBPs.

of SBPs said they had referred to the requirements set out in the statutory framework for the Early Years Foundation Stage.

- Barriers to using the food guidance, mentioned by GBPs aware of but not fully compliant with the guidance, included parents or children not liking food that follows the guidance (23%), the guidance not being practical to use in the setting (20%) and the fact that they made use of other guidance on food standards (20%).

Background: Early years settings' food provision

The Early Years Food Guidance will be relevant to most providers. Nearly all settings were providing at least some food on site (Figure 6.1). In some cases this was only snacks, but the majority of all providers were offering at least one meal a day. Group-based providers (GBPs, 66%) were less likely than school-based providers (SBPs, 76%) or childminders (CMs, 80%) to be providing meals.

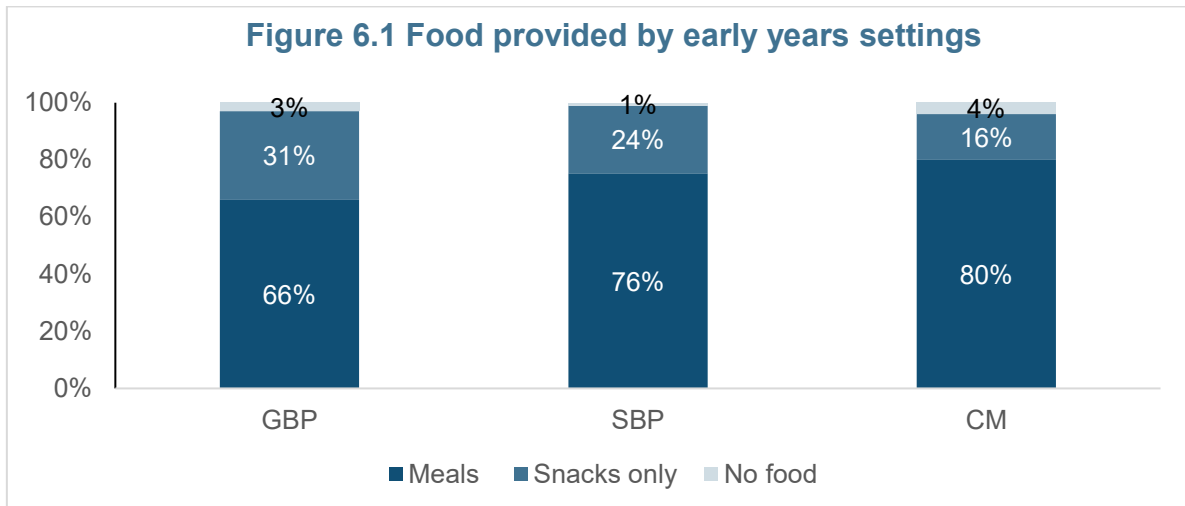
The low proportion of GBPs providing food is driven by the low proportion of voluntary GBPs (42%) providing meals, in turn reflecting the fact that a relatively high proportion of voluntary GBPs only offer sessional care.⁵² The proportion of privately owned GBPs providing meals (79%) is similar to CMs and SBPs (Table A.24 in Appendix A).⁵³ GBPs in the 30% most deprived areas (75%) were more likely to be providing meals compared with GBPs in other areas (63%).

In most cases meals were prepared by the settings themselves. However, around two-fifths of SBPs (41%) relied on an external food provider. This is higher than the 12% of GBPs and the one percent of CMs whose food came from an external provider and probably reflects many SBPs being on a site along with a school that uses an external caterer.

⁵² <https://www.gov.uk/government/statistics/childcare-and-early-years-providers-survey-2019>

⁵³ It is perhaps surprising that the proportion of SBPs providing food is so high given that many SBPs also primarily offer sessional care. It is possible that some SBPs counted meals provided on a shared school site – even if not used by early years pupils – in their responses to this question.

Figure 6.1 Food provided by early years settings



Base: All providers

Awareness and use of the Early Years Food Guidance

Around half of all providers offering food were aware of the Early Years Food Guidance suggesting that further work could be done promote the guidance among the early years sector. Awareness was higher among GBPs (55%) compared with CMs (44%) or SBPs (39%).⁵⁴

A minority of settings providing food prepared on site had read and used the guidance (Table 6.1). Use of the guidance was higher among GBPs (32% of providers said they had read and used the guidance) compared with SBPs (21%).⁵⁵ A quarter (25%) of CMs had also read and used the guidance.

There were no differences in awareness and use of the guidance between different types of GBP or depending on whether the provider offered meals or just snacks (Table A.25).

⁵⁴ Those figures are for all providers offering food. If the analysis is restricted to providers offering food prepared on site the figures are very similar – 54% of GBPs, 45% of CMs and 35% of SBPs.

⁵⁵ The difference between GBPs and SBPs was significant at the 10% level. The difference between GBPs and CMs was not statistically significant.

Table 6.1: Provider awareness and use of Early Years Food Guidance

	GBP	SBP	CM
Not aware	46%	[65%]	55%
Aware but not read	5%	[0%]	1%
Read but not used	16%	[14%]	18%
Used	32%	[21%]	25%
<i>Unweighted base</i>	<i>495</i>	<i>76</i>	<i>148</i>

Base: All providers offering food prepared by setting
Base size for SBPs between 50 and 100

Among providers aware of the guidance and providing food prepared on site, self-reported compliance with the guidance was relatively high and similar for both GBPs and CMs (Table 6.2). Most providers said they were mostly or fully following the guidance with 34% of CMs and 38% of GBPs saying the food they offered fully followed the guidance.⁵⁶

Table 6.2: Proportion of providers following Early Years Food Guidance

	GBP	CM
Fully follows guidance	38%	[34%]
Mostly follows guidance	53%	[52%]
Working towards following guidance	5%	[6%]
Currently does not follow guidance	4%	[8%]
<i>Unweighted base</i>	<i>268</i>	<i>69</i>

Base: GBPs and CMs offering food prepared by setting and who are aware of Early Years Food Guidance

Base size for CMs between 50 and 100. SBPs not reported on as base size less than 50

Providers offering food prepared on site were also asked if they made use of any other food guidance as well as or instead of the Early Years Food Guidance (Table 6.3). A substantial proportion of providers, especially GBPs (61%), said they had made use of guidance contained in the EYFS Framework when planning and preparing food. The School Food Standards were mentioned by nearly two-thirds (65%) of SBPs. More

⁵⁶ The number of SBPs aware of the guidance and providing food prepared on site was too small for further analysis.

providers mentioned using the Early Years Framework (and, for SBPs, School Food Standards) than said they had read and used the Early Years Food Guidance.

Table 6.3: Use of other food standards/guidance

	GBP	SBP	CM
Requirements set out in the statutory framework for the early years foundation stage	61%	[45%]	50%
School Food Standards	22%	[65%]	11%
2017 Voluntary food and drink guidance for early years settings in England	12%	[12%]	8%
2012 Voluntary food and drink guidelines for early years settings in England	7%	[6%]	6%
Guidance from Food Standards Agency – Safer schools' better business / Eat better start better	3%	[0%]	5%
Other guidance	11%	[4%]	7%
None of these	18%	[15%]	35%
<i>Unweighted base</i>	<i>492</i>	<i>75</i>	<i>148</i>

Base: All providers offering food prepared by setting
Providers could select multiple responses. Base size for SBPs between 50 and 100

Barriers to using Early Years Food Guidance

Given the evidence presented earlier in the chapter, the biggest barrier to use of the Early Years Food Guidance is likely to be one of awareness. Providers who were aware of the guidance but were not already fully following it were asked what was stopping them from doing so. The numbers of SBPs and CMs who responded to this question are too small to permit further analysis. Responses from GBPs suggest that there is no clear consensus around particular barriers to using the guidance with 30% instead responding that there were no barriers stopping them from following the guidance (Table 6.4). Factors mentioned by 20% or more of GBPs were: the food guidance not being practical to use in the setting and parents/children not liking the food that follows the guidance. Twenty percent of providers also mentioned the fact that they followed other food guidance as a reason to not using the Early Years Food Guidance.⁵⁷

⁵⁷ Table 5.4 shows that the total proportion of providers using guidance other than the Early Years Food Guidance is considerably higher than 20%.

Table 6.4: Factors stopping providers from fully following Early Years Food Guidance

	GBP
Parents/children don't like food that follows guidance	23%
Guidance is not practical to use in setting	20%
Setting follows other guidance on food preparation in educational settings	20%
Too expensive	18%
Guidance is not inclusive enough of different dietary requirements (e.g. vegans, religious groups, allergies)	17%
Don't have time	6%
Staff don't have necessary training	5%
Guidance is not clear enough	3%
Guidance is difficult to find	1%
Other barrier	5%
No barriers	30%
<i>Unweighted base</i>	166

Base: GBPs offering food prepared by setting who are aware of the guidance but not yet fully following it

Providers could select multiple responses

SBPs and CMs not reported on as base size less than 50

Appendix A. Additional Tables

Table A.1: Proportion of providers receiving EYPP in past 12 months

	GBP	SBP	CM
Received EYPP in past 12 months	60%	82%	9%
Applied for but not received	4%	5%	3%
Not applied	36%	13%	88%
<i>Unweighted base</i>	612	146	162

Base: All providers

Table A.2: Proportion of providers receiving EYPP in past 12 months: Group based providers

	Private	Voluntary	Part of a chain	Not part of a chain	30% most deprived	70% least deprived	<= 25 children registered	26-50 children registered	51+ children registered	All
Received EYPP in past 12 months	52%	72%	52%	62%	68%	57%	57%	62%	60%	60%
Applied for but not received	5%	3%	2%	5%	4%	4%	7%	3%	5%	4%
Not applied	43%	25%	46%	33%	28%	39%	36%	36%	35%	36%
<i>Unweighted base</i>	<i>250</i>	<i>351</i>	<i>99</i>	<i>513</i>	<i>132</i>	<i>480</i>	<i>171</i>	<i>301</i>	<i>139</i>	<i>612</i>

Base: All GBPs

“All” GBP figures include a small number of providers classified as local authority or providers with other types of ownership and not included as part of the private/voluntary breakdown. One GBP did not report number of children registered

Table A.3: Take-up of EYPP: Group based providers

	Private	Voluntary	Part of a chain	Not part of a chain	30% most deprived	70% least deprived	<= 25 children registered	26-50 children registered	51+ children registered	All
Currently receiving	47%	66%	47%	57%	64%	50%	51%	57%	54%	54%
Previously received	5%	6%	5%	6%	3%	6%	6%	5%	5%	5%
Applied but not received	5%	3%	2%	5%	4%	4%	7%	3%	5%	4%
Never applied: No 3 and 4 year olds registered	5%	8%	7%	5%	3%	7%	7%	8%	2%	6%
Never applied: 3 and 4 year olds but no eligible children	24%	11%	25%	17%	12%	22%	20%	16%	19%	19%
Never applied for other reasons	14%	7%	14%	11%	14%	10%	9%	11%	14%	11%
<i>Unweighted base</i>	<i>250</i>	<i>351</i>	<i>99</i>	<i>513</i>	<i>132</i>	<i>480</i>	<i>171</i>	<i>301</i>	<i>139</i>	<i>612</i>

Base: All GBPs

“All” GBP figures include a small number of providers classified as local authority or providers with other types of ownership and not included as part of the private/voluntary breakdown. One GBP did not report number of children registered

Table A.4: Number of children for which EYPP received: Group based providers

	Private	Voluntary	Part of a chain	Not part of a chain	30% most deprived	70% least deprived	<= 25 children registered	26-50 children registered	51+ children registered	All
1	21%	22%	18%	22%	8%	28%	30%	20%	19%	21%
2 to 5	51%	55%	37%	57%	47%	55%	60%	57%	41%	53%
6 to 10	18%	19%	27%	15%	31%	11%	10%	19%	20%	18%
11 to 24	10%	4%	16%	6%	13%	5%	0%	3%	20%	8%
25+	0%	1%	1%	0%	0%	*	0%	0%	1%	*
<i>Unweighted base</i>	<i>127</i>	<i>248</i>	<i>51</i>	<i>331</i>	<i>99</i>	<i>283</i>	<i>103</i>	<i>197</i>	<i>82</i>	<i>382</i>

Base: GBPs currently in receipt of EYPP

“All” GBP figures include a small number of providers classified as local authority or providers with other types of ownership and not included as part of the private/voluntary breakdown. One GBP did not report number of children registered

*indicates a figure less than 0.5%

Table A.5: Proportion of children for which EYPP received: Group based providers

	Private	Voluntary	Part of a chain	Not part of a chain	30% most deprived	70% least deprived	<= 25 children registered	26-50 children registered	51+ children registered	All
5% or less	37%	26%	30%	33%	22%	37%	23%	28%	45%	32%
5.01 to 9.99%	20%	24%	16%	23%	20%	22%	20%	20%	25%	22%
10 to 24.99%	38%	38%	39%	37%	43%	35%	45%	44%	23%	37%
25% or more	4%	12%	16%	7%	15%	6%	12%	8%	8%	9%
<i>Unweighted base</i>	<i>127</i>	<i>248</i>	<i>51</i>	<i>331</i>	<i>99</i>	<i>283</i>	<i>103</i>	<i>197</i>	<i>82</i>	<i>382</i>

Base: GBPs currently in receipt of EYPP

“All” GBP figures include a small number of providers classified as local authority or providers with other types of ownership and not included as part of the private/voluntary breakdown. One GBP did not report number of children registered

Table A.6: Providers' satisfaction with EYPP funding received

	GBP	SBP
Very satisfied	9%	3%
Fairly satisfied	39%	30%
Neither satisfied nor dissatisfied	26%	24%
Fairly dissatisfied	17%	30%
Very dissatisfied	9%	12%
<i>Unweighted base</i>	<i>392</i>	<i>119</i>

Base: GBPs and SBPs who had applied for and received EYPP in past 12 months
CMs not reported on as base size is less than 50

Table A.7: Which children have benefited from EYPP

	GBP	SBP
Just children receiving EYPP	8%	5%
All children from disadvantaged backgrounds	14%	35%
All children at setting	76%	58%
EYPP had no impact on learning and development outcomes	2%	2%
<i>Unweighted base</i>	<i>416</i>	<i>121</i>

Base: GBPs and SBPs who had received and used EYPP funding in past 12 months
CMs not reported on as base size is less than 50

Table A.8: Proportion of providers supporting children with SEND

	GBP	SBP	CM
Any children with SEND	80%	83%	16%
With EHC Plan	36%	22%	9%
Without EHC Plan	44%	61%	8%
No children with SEND	20%	17%	84%
<i>Unweighted base</i>	<i>610</i>	<i>146</i>	<i>163</i>

Base: All providers

Table A.9: Proportion of providers able to support children with SEND: Group based providers

	Private	Voluntary	Part of a chain	Not part of a chain	30% most deprived	70% least deprived	<= 25 children registered	26-50 children registered	51+ children registered	All
Mild SEND (Any)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Severe SEND (Any)	87%	90%	89%	88%	89%	88%	90%	90%	87%	88%
Not able to support children with SEND	0%	*	0%	*	0%	*	*	*	0%	*
<i>Min unweighted base</i>	<i>245</i>	<i>344</i>	<i>97</i>	<i>502</i>	<i>129</i>	<i>470</i>	<i>166</i>	<i>294</i>	<i>138</i>	<i>599</i>

Base: All GBPs

“All” GBP figures include a small number of providers classified as local authority or providers with other types of ownership and not included as part of the private/voluntary breakdown. One GBP did not report number of children registered

*indicates a figure less than 0.5%

Table A.10: Barriers to accepting children with SEND: Group based providers

	Providers with children with SEND registered	Providers without children with SEND registered	All
Lack of financial resources	62%	36%	57%
Not enough staff to support children with SEND	58%	39%	54%
Lack of access to external experts (e.g. speech therapists, language specialists, educational psychologists)	30%	19%	28%
Application process for funding is too bureaucratic	29%	16%	26%
Lack of demand from parents of a child with SEND	18%	14%	17%
Facilities at setting not suitable to support children with SEND	16%	16%	16%
Lack of support from parents of children with SEND	12%	14%	12%
Advice/support required to support children with SEND is not available from my local authority	7%	7%	7%
Staff not confident in supporting children with SEND	7%	6%	7%
Staff not confident in identifying additional needs of children with SEND	4%	5%	4%
Other	2%	3%	3%
None	16%	30%	19%
<i>Unweighted base</i>	<i>489</i>	<i>112</i>	<i>603</i>

Base: All GBPs

Providers could select multiple responses

“All” GBP figures include two providers who did not report whether they had any children with SEND

Table A.11: Proportion of providers receiving DAF in past 12 months

	GBP	SBP	CM
Received DAF in past 12 months	32%	24%	2%
Applied for but not received	4%	2%	0%
Not applied	65%	74%	98%
<i>Unweighted base</i>	<i>612</i>	<i>145</i>	<i>162</i>

Base: All providers

Table A.12: Proportion of providers receiving DAF in past 12 months: Group based providers

	Private	Voluntary	Part of a chain	Not part of a chain	30% most deprived	70% least deprived	<= 25 children registered	26-50 children registered	51+ children registered	All
Applied for and received EYPP in past 12 months	30%	35%	30%	32%	37%	29%	30%	32%	33%	32%
Applied but not received	4%	2%	6%	3%	4%	3%	2%	4%	5%	4%
Neither applied nor received	66%	63%	64%	65%	59%	67%	68%	64%	63%	65%
<i>Unweighted base</i>	<i>250</i>	<i>351</i>	<i>99</i>	<i>513</i>	<i>132</i>	<i>480</i>	<i>171</i>	<i>301</i>	<i>139</i>	<i>612</i>

Base: All GBPs

“All” GBP figures include a small number of providers classified as local authority or providers with other types of ownership and not included as part of the private/voluntary breakdown. One GBP did not report number of children registered

Table A.13: Take-up of DAF: Group based providers

	Private	Voluntary	Part of a chain	Not part of a chain	30% most deprived	70% least deprived	<= 25 children registered	26-50 children registered	51+ children registered	All
Currently receiving	21%	23%	24%	21%	26%	20%	19%	22%	25%	22%
Previously received	8%	11%	6%	11%	11%	9%	10%	11%	8%	10%
Applied but not received	4%	2%	6%	3%	4%	3%	2%	4%	5%	4%
Never applied: No 3 and 4 year olds registered	5%	8%	7%	5%	3%	7%	7%	8%	2%	6%
Never applied: 3 and 4 year olds but no eligible children	45%	46%	47%	44%	36%	48%	50%	42%	45%	45%
Never applied for other reasons	16%	10%	10%	15%	20%	12%	11%	15%	16%	14%
<i>Unweighted base</i>	<i>250</i>	<i>350</i>	<i>99</i>	<i>512</i>	<i>132</i>	<i>479</i>	<i>170</i>	<i>301</i>	<i>139</i>	<i>611</i>

Base: All GBPs

“All” GBP figures include a small number of providers classified as local authority or providers with other types of ownership and not included as part of the private/voluntary breakdown. One GBP did not report number of children registered

Table A.14: Providers' satisfaction with DAF funding received

	GBP	SBP
Very satisfied	25%	[30%]
Fairly satisfied	45%	[19%]
Neither satisfied nor dissatisfied	19%	[27%]
Fairly dissatisfied	8%	[17%]
Very dissatisfied	3%	[7%]
<i>Unweighted base</i>	<i>199</i>	<i>50</i>

Base: GBPs and SBPs who had received DAF in past 12 months
 Base size for SBPs between 50 and 100. CMs not reported on as base size less than 50

Table A.15: Which children have benefited from DAF

	GBP	SBP
Just children receiving DAF	28%	[53%]
All children with SEND	28%	[33%]
All children at setting	43%	[14%]
DAF had no impact on learning and development outcomes	1%	[0%]
<i>Unweighted base</i>	<i>192</i>	<i>52</i>

Base: GBPs and SBPs who had received and used DAF in past 12 months
 Base size for SBPs between 50 100. CMs not reported on as base size less than 50

Table A.16: Proportion of providers receiving SENIF and/or DAF funding in the past 12 months

	GBP	SBP	CM
SENIF + DAF	23%	14%	1%
SENIF only	19%	10%	*
DAF only	9%	10%	1%
Neither DAF nor SENIF	49%	65%	98%
<i>Unweighted base</i>	<i>608</i>	<i>141</i>	<i>161</i>

Base: All providers
 *indicates a figure less than 0.5%

Table A.17: Proportion of providers receiving SENIF funding in the past 12 months: Group based providers

	Private	Voluntary	Part of a chain	Not part of a chain	30% most deprived	70% least deprived	<= 25 children registered	26-50 children registered	51+ children registered	All
SENIF + DAF	22%	25%	24%	22%	26%	21%	19%	25%	22%	23%
SENIF only	18%	21%	21%	19%	23%	18%	14%	22%	19%	19%
DAF only	8%	10%	7%	10%	11%	8%	11%	7%	10%	9%
Neither DAF nor SENIF	52%	44%	48%	49%	39%	53%	56%	46%	48%	49%
<i>Unweighted base</i>	<i>249</i>	<i>348</i>	<i>98</i>	<i>510</i>	<i>131</i>	<i>477</i>	<i>167</i>	<i>301</i>	<i>139</i>	<i>608</i>

Base: All GBPs

“All” GBP figures include a small number of providers classified as local authority or providers with other types of ownership and not included as part of the private/voluntary breakdown. One GBP did not report number of children registered

Table A.18: Whether provider has experienced any difficulty accessing specialist support services in local area: Group based providers

	Providers with children with SEND registered	Providers without children with SEND registered	All
Speech and language therapists	41%	28%	38%
Health visitors	31%	22%	29%
Educational psychologists	22%	11%	19%
Social workers	16%	12%	15%
Occupational therapists	15%	6%	13%
Family support services	13%	9%	12%
Other health professionals	11%	8%	10%
Physiotherapists	11%	1%	9%
Education welfare officers	4%	5%	4%
Other specialist services	2%	7%	3%
No difficulties experienced	29%	30%	29%
Not attempted to access specialist services	12%	23%	14%
<i>Unweighted base</i>	<i>485</i>	<i>112</i>	<i>599</i>

Base: All GBPs

Providers could select multiple responses

“All” GBP figures include two providers who did not report whether they had any children with SEND

Table A.19: Proportion of providers receiving different combinations of funding in past 12 months: Group based providers

	Private	Voluntary	Part of a chain	Not part of a chain	30% most deprived	70% least deprived	<= 25 children registered	26-50 children registered	51+ children registered	All
EYPP, DAF, SENIF	15%	23%	18%	18%	24%	15%	13%	20%	19%	18%
EYPP + DAF	7%	9%	5%	8%	9%	6%	7%	6%	9%	7%
EYPP + SENIF	10%	17%	13%	13%	16%	12%	10%	15%	12%	13%
DAF + SENIF	7%	2%	6%	5%	2%	6%	6%	6%	3%	5%
EYPP only	20%	23%	16%	23%	18%	23%	27%	21%	19%	22%
DAF only	2%	1%	1%	2%	2%	2%	4%	1%	1%	2%
SENIF only	7%	5%	8%	6%	7%	6%	4%	7%	7%	7%
None	32%	20%	33%	26%	21%	30%	29%	25%	29%	27%
<i>Unweighted base</i>	<i>249</i>	<i>348</i>	<i>98</i>	<i>510</i>	<i>131</i>	<i>477</i>	<i>167</i>	<i>301</i>	<i>139</i>	<i>608</i>

Base: All GBPs

“All” GBP figures include a small number of providers classified as local authority or providers with other types of ownership and not included as part of the private/voluntary breakdown. One GBP did not report number of children registered

Table A.20: Evidence drawn on by GBPs by type of funding received

	EYPP, DAF, SENIF	EYPP + DAF	EYPP + SENIF	EYPP only	All GBPs
Staff at setting working directly with the eligible child	89%	[83%]	[86%]	79%	82%
Parents of the eligible child	84%	[75%]	[76%]	59%	72%
Staff with specialist training (e.g. Early Years SEND coordinator)	71%	[64%]	[68%]	44%	63%
The management at setting	72%	[60%]	[65%]	52%	59%
External specialists (e.g. educational psychologists, physiotherapists, occupational therapists)	78%	[59%]	[59%]	32%	54%
All staff at setting	60%	[46%]	[50%]	45%	49%
Early Years advice and best practice guidelines (e.g. from professional networks, conferences, forums)	41%	[40%]	[40%]	31%	37%
Local authority staff	47%	[27%]	[35%]	12%	32%
Education Endowment Foundation (EEF) or Early Intervention Foundation (EIF) resources (e.g. the Early Years Toolkit)	16%	[13%]	[15%]	7%	11%
Academic research	5%	[3%]	[6%]	10%	7%
Other	1%	[4%]	[3%]	2%	2%
None	0%	[0%]	[0%]	1%	1%
<i>Unweighted base</i>	<i>121</i>	<i>54</i>	<i>95</i>	<i>144</i>	<i>480</i>

Base: GBPs who received EYPP, DAF or SENIF funding in past 12 months
 Providers could select multiple responses. Figures shown in [] are calculated on a base of less than 100
 "All" GBP figures include providers in receipt of DAF or SENIF only

Table A.21: How GBPs track impact of funding by type of funding received

	EYPP, DAF, SENIF	EYPP + DAF	EYPP + SENIF	EYPP only	All GBPs
By tracking progress of individual children	98%	[98%]	[99%]	92%	96%
Through observation of children	84%	[84%]	[96%]	79%	85%
Discussions with staff	91%	[79%]	[87%]	75%	84%
Discussions with parents	87%	[73%]	[87%]	62%	79%
Through children's development plans	80%	[71%]	[76%]	54%	69%
Using learning journals	77%	[59%]	[77%]	59%	66%
Reports and discussions with external professionals	74%	[53%]	[62%]	22%	54%
By tracking progress of a group of children	44%	[46%]	[51%]	41%	41%
Through recorded evidence, such as videos of activities or photos	42%	[32%]	[42%]	40%	41%
Discussions with children	27%	[37%]	[32%]	31%	28%
<i>Unweighted base</i>	<i>119</i>	<i>46</i>	<i>83</i>	<i>123</i>	<i>429</i>

Base: GBPs who received EYPP, DAF or SENIF funding in past 12 months and monitored impact
Providers could select multiple responses. Figures shown in [] are calculated on a base of less than 100
“All” GBP figures include providers in receipt of DAF or SENIF only

Table A.22: Proportion of providers supporting the HLE: Group based providers

	Private	voluntary	Part of a chain	Not part of a chain	30% most deprived	70% least deprived	<= 25 children registered	26-50 children registered	51+ children registered	All
Provides support for HLE	89%	88%	86%	89%	96%	85%	87%	90%	89%	88%
Does not support HLE	11%	12%	14%	11%	4%	15%	13%	10%	11%	12%
<i>Unweighted base</i>	<i>246</i>	<i>342</i>	<i>95</i>	<i>503</i>	<i>128</i>	<i>470</i>	<i>165</i>	<i>295</i>	<i>137</i>	<i>598</i>

Base: All GBPs

“All” GBP figures include a small number of providers classified as local authority or providers with other types of ownership and not included as part of the private/voluntary breakdown. One GBP did not report number of children registered

Table A.23: Food provided by early years settings

	GBP	SBP	CM
Meals provided by setting	54	35	79
Meals provided by external provider	12	41	1
Snacks only	31	24	16
None	3	1	4
<i>Unweighted base</i>	<i>591</i>	<i>137</i>	<i>156</i>

Base: All providers

Table A.24: Food provided by early years settings: Group based providers

	Private	Voluntary	Part of a chain	Not part of a chain	30% most deprived	70% least deprived	<= 25 children registered	26-50 children registered	51+ children registered	All
Meals provided by setting	68%	33%	69%	50%	61%	52%	36%	43%	80%	54%
Meals provided by external provider	11%	9%	13%	11%	14%	11%	8%	13%	13%	12%
Snacks only	19%	53%	17%	35%	22%	35%	51%	41%	7%	31%
None	2%	5%	0%	4%	3%	2%	5%	3%	1%	3%
<i>Unweighted base</i>	<i>243</i>	<i>338</i>	<i>93</i>	<i>498</i>	<i>129</i>	<i>462</i>	<i>162</i>	<i>291</i>	<i>137</i>	<i>591</i>

Base: All GBPs

“All” GBP figures include a small number of providers classified as local authority or providers with other types of ownership and not included as part of the private/voluntary breakdown. One GBP did not report number of children registered

Table A.25: Use of Early Years Food Guidance: Group based providers

	Private	Voluntary	Part of a chain	Not part of a chain	30% most deprived	70% least deprived	<= 25 children registered	26-50 children registered	51+ children registered	Provides meals	Provides snacks only	All
Not aware	45%	49%	42%	48%	40%	49%	45%	44%	49%	43%	52%	46%
Aware but not read	3%	8%	4%	5%	2%	6%	10%	6%	1%	2%	10%	5%
Read but not used	12%	24%	10%	18%	8%	19%	21%	19%	10%	13%	22%	16%
Used	40%	19%	43%	29%	50%	26%	24%	31%	40%	41%	17%	32%
<i>Unweighted base</i>	<i>210</i>	<i>282</i>	<i>81</i>	<i>414</i>	<i>106</i>	<i>389</i>	<i>132</i>	<i>247</i>	<i>115</i>	<i>266</i>	<i>229</i>	<i>495</i>

Base: GBPs offering food prepared by setting
 “All” GBP figures include a small number of providers classified as local authority or providers with other types of ownership and not included as part of the private/voluntary breakdown. One GBP did not report number of children registered

Appendix B. Methodology

The survey from which the results reported on are taken was conducted as a web follow-up survey to the main Survey of Early Years and Childcare Providers (SCEYP) 2019. Further details of how the follow-up survey was conducted are given below. Full details of the methodology for SCEYP 2019 can be found in the project technical report.⁵⁸

Sample

The sample was drawn from those early years and childcare providers who took part in the main SCEYP 2019 and who agreed to be recontacted for future research.

As is the case with the main SCEYP survey, the follow-up study collected data from three distinct provider populations in England, each of which was analysed separately:

- Group-based providers (GBP): childcare providers registered with Ofsted and operating in non-domestic premises.
SCEYP 2019 sample drawn from the Ofsted register from July 2018 and designed to be representative of all GBPs in England.
- School-based providers (SBP): nursery provision in schools, including before- and after-school provision and maintained nursery schools;
SCEYP 2019 sample drawn from the School Census from January 2018 and designed to be representative of all SBPs in England.
- Childminders (CM): Ofsted-registered childminders providing early years care and operating in domestic settings (excluding providers solely on the voluntary register).
SCEYP 2019 sample drawn from the Ofsted register from July 2018 and designed to be representative of all CMs in England.

Table B.1 shows the number of each provider type sampled for SCEYP 2019, responding to SCEYP 2019 and agreeing to be recontacted for the follow-up study. All providers who gave a complete interview for the main study and agreed to be recontacted were included in the follow-up sample. Twenty-six percent of all GBPs sampled for SCEYP 2019, 19% of SBPs and 19% of CMs were invited to take part in the follow-up survey.

500 of these providers (175 GBPs, 175 SBPs and 150 CMs) were first invited to take part in a pilot survey (see next section on questionnaire design for more details). A small number (31 in total) responded to the pilot and were excluded from further data collection. The remaining 5,893 providers were included in the sample for the mainstage. The final number of each provider type contacted for the main follow-up survey was therefore: 3,880 GBPs, 1,112 SBPs and 901 CMs.

⁵⁸ See SCEYP 2019 [Technical Report](#)

Table B.1: Sample of providers issued to SCEYP follow-up survey

	Issued to SCEYP 2019	Responded to SCEYP 2019		Agreed to be re-contacted And issued to SCEYP Follow-up		Issued to SCEYP Follow-up mainstage ⁵⁹	
		N	% of SCEYP 2019 issued sample	N	% of SCEYP 2019 issued sample	N	% of SCEYP 2019 issued sample
GBP	14,666	6,599	45%	3,892	27%	3,880	26%
SBP	5,881	2,309	39%	1,117	19%	1,112	19%
CM	4,848	1,752	36%	915	19%	901	19%
All	25,395	10,660	42%	5,924	23%	5,893	23%

Questionnaire design

The questionnaire collected data on five topics:

- Take-up and use of Early Years Pupil Premium (EYPP)
- Take-up and use of funding for children with SEND – Disability Access Fund (DAF) and Special Educational Needs Inclusion Fund (SENIF)
- Provider and Local Authority support for children with SEND
- Providers support for the Home Learning Environment (HLE)
- Awareness and use of Early Years Food Guidance

The same questionnaire was asked of all providers.

Most of the questions asked in the survey were newly designed for this study. In developing the questionnaire NatCen drew on a small number of previous studies covering some of these topics.⁶⁰ A workshop involving DfE policy makers in each of the five areas

⁵⁹ Excluding 31 providers who responded to the follow-up pilot

⁶⁰ A small scale survey of providers' take-up of EYPP was conducted in 2016

<https://www.gov.uk/government/publications/early-years-pupil-premium-providers-survey>

A mixed-method study of providers' influence on the Home Learning Environment was conducted in 2010 (and reported on in 2011).

<https://www.gov.uk/government/publications/provider-influence-on-the-home-learning-environment>

was held to gain insights into the Department’s policy priorities and the correct terminology to use when asking questions on these topics.

The full questionnaire was piloted online with a sample of 500 providers between 28th October and 4th November 2019. Response to the pilot was lower than anticipated so the information available against which to evaluate question performance was limited. Nevertheless, the pilot indicated that the questionnaire was about the required length (15 minutes), provided evidence that, at least among GBPs and SBPs, take-up of funding streams was high enough to allow for follow-up questions, and confirmed the need to re-ask some basic background information of providers (as this was subject to change since the main survey). Some minor changes to question wording and response options were made following the pilot.

Respondent communication

With a web-only survey an effective respondent communication strategy is particularly important to maximise response. The communication strategy employed for the follow-up study involved multiple communications across different modes and using different motivational messages to maximise impact.

The following communications were sent to providers in the sample. All providers received postal mailings whilst providers for whom valid email addresses were available were also sent email reminders.⁶¹ The invitation mailings included a preparation sheet which gave providers some more information about the topics covered by the survey and information they may want to look up in advance of completing the survey.

Table B.2: SCEYP follow-up survey schedule of respondent communications

Mailing	Mode	Mailing date
Invitation letter + preparation sheet	Post	8 th January ⁶²
Invitation email + preparation sheet	Email	15 th January
1 st Reminder letter	Post	23 rd January
1 st reminder email	Email	23 rd January
2 nd reminder letter ⁶³	Post	10 th February
2 nd reminder email	Email	11 th February
3 rd reminder email	Email	20 th February

⁶¹ Email addresses were available for 1688 (44%) of GBPs, 1112 (97%) of SBPs and 542 (60%) of CMs.

⁶² Letters were mailed second class and so will have started to arrive from 10th January

⁶³ Providers who had already completed the survey by the 3rd Feb (letter) or 10th/19th Feb (email) did not receive the 2nd or 3rd reminder mailings.

Response

Fieldwork for the main survey took place between 10th January and 28th February.

In total 612 GBPs, 146 SBPs and 163 CMs at least partially completed the survey. Providers have been included in the study – and results presented in this report – if they completed up to question OfInEYPP in the survey, that is they had completed the sets of questions on EYPP funding.

Of the unproductive cases, 29 providers can be classified as ineligible having contacted NatCen to report they were no longer open/offering childcare or having indicated at the start of the survey that this was the case (Table B.3). Twenty-three providers contacted NatCen to opt out of completing the study or receiving any further communication about the study whilst a further 83 accessed the survey but did not complete the EYPP questions. As is usual with web surveys, nothing is known about the majority of unproductive outcomes.

Table B.3: Number of productive responses to 2019 SCEYP follow-up survey

	GBPs	SBPs	CMs	All
Productive cases	612	146	163	921
Complete interview	590	137	158	885
Partial interview	22	9	5	36
Unproductive cases	3,268	966	738	4,972
Ineligible ⁶⁴	13	0	16	29
Office refusal	11	4	8	23
Accessed survey but did not continue	36	28	19	83
Invitation letter could not be delivered	75	1	9	85
Other unproductive	3,133	933	686	4,752

For GBPs 612 interviews represents 16% of the sample issued to the follow-up study (4.2% of the original SCEYP 2019 sample). For SBPs 146 interviews represents 13% of the sample issued to the follow-up study (2.5% of the original SCEYP 2019 sample). For CMs 163 interviews represents 18% of the sample issued to the follow-up study (3.4% of the original SCEYP 2019 sample). The response rate for each provider type, calculated by

⁶⁴ Includes settings that have closed, and childminders with no children currently registered.

dividing the number of productive cases by the number of productive and unproductive cases excluding ineligible, is shown in Table B.4.

Table B.4: Productive cases as a proportion of issued sample

	N	% of providers issued to SCEYP 2019 follow-up	% of providers issued to SCEYP 2019	Response rate⁶⁵
GBPs	612	15.8	4.2	16.1
SBPs	146	13.1	2.5	13.1
CMs	163	18.1	3.3	19.6

Weighting

Overview

Weighting was used in the main SCEYP 2019 survey to ensure that the final achieved samples were representative of early years and childcare providers in England. For each of the three provider types, a calibration weight was produced to remove bias arising from the sample design and from non-response. The weighted profiles of SCEYP 2019 respondents, therefore, closely matches the profile of the eligible provider populations. Further information on how these weights were produced is available in the SCEYP 2019 technical report.⁶⁶

Not all providers who responded to the main survey were offered the opportunity to take part in the follow-up survey. Only those who fully completed the main survey and consented to be contacted for follow-up research were invited to participate. The primary aim of the weights for the follow-up survey was therefore to remove any bias arising from these eligibility criteria and from subsequent non-response.

For each provider type, the calibration weights produced for the main survey were used as starting weights. The design of the follow-up weights for the respective provider-types was primarily determined by the number of respondents. For GBPs, the responding sample size was sufficiently large to use a three-phase weighting design, accounting for the probability of eligibility, consent and response. For SBPs and CMs, a simplified two-step

⁶⁵ Response rate = (Productive cases / ((productive + unproductive cases) – ineligible)) * 100. For the purposes of calculating the response rate, it assumed that a percentage of unknown cases (other unproductives + invitation letter could not be delivered) are ineligible.

⁶⁶ See SCEYP 2019 [Technical Report](#)

design was used. The parsimony of this design allowed the effective sample size to be maximised for analysis.

GBPs

The GBP weights were calculated in three phases, to account for the respective probabilities of a provider: (1) being eligible for the follow-up, (2) consenting to be contacted for follow-up research, and (3) responding to the follow-up survey.

Eligibility weights

The first step in producing the follow-up weights for GBPs was to adjust the starting weights to account for the eligibility criteria used for the survey. Not all those receiving a calibration weight for the main SCEYP 2019 survey could participate in the follow-up – only those providers who fully completed the survey were eligible to take part. The calibration weights from the main survey therefore had to be adjusted to ensure that the weighted profile of those that fully completed the main survey matches the population profile of GBPs.⁶⁷

The same population targets that had been used for the main SCEYP 2019 weights were used to create the eligibility weights, with the profile of this population defined by: region, register type, ownership type, and deprivation band based on the Income Deprivation Affecting Children Index (IDACI). The SCEYP 2019 GBP weights⁶⁸ were re-calibrated to these population targets so that the weighted profile of eligible GBPs matches the population totals. These re-calibrated weights form the eligibility weights for the follow-up survey.

Consent weights

Of those providers that were eligible for the follow-up survey, only those providers that consented to be re-contacted were invited to participate. Consent weights were therefore computed to remove bias arising from some of the underlying factors which may have contributed to a provider being more or less likely to agree to being contacted for follow-up research.

Logistic regression was used to estimate the probability of provider's consenting to be contacted for follow-up research. The explanatory variables used in the final model were determined using backwards step induction. In addition to the variables used to create the

⁶⁷ Details of how these population estimates were derived are given on page 35 of the SCEYP 2019 [Technical Report](#)

⁶⁸ The SCEYP 2019 weights are calibrated to population totals. These were scaled to a mean of 1 before they were recalibrated. This means that the unweighted number of eligible providers matches the weighted number of providers. This step was repeated for each of the three provider types.

eligibility weights, providers' responses to the main survey were also considered for inclusion.⁶⁹

The consent weight was calculated as the inverse of the setting's probability of consent multiplied by its eligibility weight.⁷⁰

Response weights

Any provider that was eligible for the follow-up survey, consented to be contacted regarding future research, and did not respond to the pilot survey was issued to the follow-up. The third weighting step is therefore to account for the probability of response to the follow-up survey. Again, logistic regression was used with whether the provider responded to the survey as the dependent variable. This step results in the final GBP follow-up weight. This is calculated as the inverse of the setting's probability of response multiplied by its consent weight.⁷¹

SBPs

The weights for SBPs were calculated using a simplified weighting design. By so doing, the effective sample size could be maximised, while still removing non-response bias against the key population parameters identified in the sampling and weighting for the main survey. The same population targets were used for SBPs in the follow-up weighting as had been used in the main SCEYP 2019 survey. The profile of the population of SBPs is therefore defined by: school type, region, type of establishment, and quintile of the number of places registered.⁷²

The first step to create the SBP weights was to make an adjustment to the SBP calibration weights to account for the eligibility criteria applied to the follow-up survey. As per the process followed for the GBP eligibility weights, the SBP calibration weights from the main survey were adjusted to create an eligibility weight. This, in turn, ensures that the weighted profile of those that fully completed the main survey matches the population profile of SBPs.

The second phase of weighting then took these eligibility weights and adjusted these, using calibration, such that the profile of providers that responded to the follow-up survey

⁶⁹ Examples include whether the setting is part of a chain and whether it received EYPP support for any children. The size of the setting (in terms of number of places), the ratio of children with special education needs to places, and ratio of staff to places, are also examples of variables tested.

⁷⁰ The consent weight was calculated as follows: $\text{consent_wt} = (1 / P_{\text{Consent}}) \times \text{elig_wt}$, where P_{Consent} is the probability of a provider consenting to be contacted for follow-up research as modelled via logistic regression.

⁷¹ The final weight was calculated as follows: $\text{GBP_SCEYPfu_wt} = (1 / P_{\text{Response}}) \times \text{consent_wt}$, where P_{Response} is the probability of a provider responding to the follow-up survey as modelled via logistic regression.

⁷² Further details regarding how these population estimates were derived are given on page 37 of the SCEYP 2019 [Technical Report](#)

matches the population profile.⁷³

CMs

CM weights were calculated using the same steps followed to produce the SBP weights for the follow-up survey. For CMs – as per the weighting design from the main survey – the population profile was defined by: region, whether on all three registers (Early Years Register, Compulsory Childcare Register and Voluntary Childcare Register), registration year, and deprivation band based on IDACI.⁷⁴

Once the CM calibration weights from the main survey had been adjusted to account for eligibility, these were further adjusted using calibration so that the weighted profile of follow-up respondents matches the profile of the population.⁷⁵

Coding and editing

The follow-up survey did not contain any open-ended questions. However, it did include a large number of questions which offered the respondent the option to choose “other” as their response code and to provide details. After the interview the data from these questions was coded into the existing code frames by trained coders at NatCen. In consultation with the research team, new codes were added if the same “other” response was given by more than ten providers. Queries arising from the coding process were examined by the research team to ensure that answers were coded correctly. A few “other” responses to questions WhyNoEYPP and WhyNoDAF were subsequently recoded in the final dataset as “no eligible children at setting” on the advice of the research team.

All but a few of the questions in the survey involved closed answer scales with routing checks built into the programme. No cleaning of the final data was therefore required. There were a few places in the questionnaire where providers were asked to record numbers of children (for example the number of children receiving EYPP). There were a very small number of potential inconsistencies in responses to these variables, for example providers saying they were in receipt of funding but then recording the number of children in receipt of funding as 0. The original variables have not been recoded – rather it is left to the analyst to define derived variables as they deem most appropriate. For the analyses presented in this report the following rules have been applied:

- Tables 2.3 and 2.4: Two providers where number of children in receipt of EYPP is greater than total number of children registered have been excluded from analysis of

⁷³ Due to the small responding sample size for SBPs in the follow-up, some categories of the population profile had to be combined to avoid calculating extreme weights. The weighted profile of respondents to the follow-up matches the population profile for these combined categories.

⁷⁴ Further details regarding how these population estimates were derived are given on page 38 of the SCEYP 2019 [Technical Report](#)

⁷⁵ Similarly to SBPs, combined population profile categories were used to create calibration targets.

numbers in receipt of EYPP and derived variable giving proportion of children in receipt of EYPP.

- Figure 3.1: Four providers reported they had at least one child with an EHC plan but said they had no children with SEND. These providers were treated as if they had children with SEND.
- Table 3.1: SevSENDx variables (whether setting could accept any children with severe SEND) recoded to be consistent with MildSENDx variables: If provider reported they could not accept any children with mild SEND, it is assumed they could not accept any children with severe SEND.
- Figure 3.2. Three providers who said they had received DAF in past 12 months but when asked for how many children reported “0”. These cases were treated as if they had received DAF in the past 12 months.



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