

Extended Flexible Entitlement for Three- and Four Year Olds

Pathfinder Evaluation

Annexes

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Annex A: Local authority consultation findings

Introduction

In the first year of the evaluation we undertook face-to-face consultations with 10¹ of the 20 local authorities participating in the extended flexible entitlement pathfinder, in order to understand their different approaches to implementation, identify any early implementation issues, and to inform the future development of the pathfinder. This fieldwork was conducted in May and June 2007.

In the second year of the evaluation (2008) we gave all 20² pathfinder local authorities the opportunity to provide feedback on their experience of the pilot. This was for two main reasons: first, to ensure we captured as much intelligence as possible on implementation and lessons learned for the wider roll-out of the new entitlement; and second, to collect contextual data which would aid our understanding of the responses to the provider and parent self-completion surveys.

All local authorities were contacted in April and May 2008 and we secured 19³ completed consultations.

The remainder of this annex is presented under of the following key headings:

- **Planning the extended flexible entitlement** - describes the way in which local authorities planned for the new entitlement, the approaches taken to implementation, mechanisms adopted in promoting the new entitlement to providers and parents, and how they have defined the *extended* and *flexible* elements of the entitlement.
- **Funding arrangements** - discusses the funding models adopted by the pathfinder local authorities.
- **Challenges faced by local authorities in implementing the new entitlement** - summarises the challenges that local authorities have faced and how these have been overcome.
- **Challenges faced by providers in implementing the new entitlement** - as reported by providers to local authorities. This presents the challenges faced by providers and describes how local authorities have sought to address them.
- **Conclusions** - an overview of the key lessons learned by the pathfinder local authorities in implementing the new entitlement.

Planning the extended flexible entitlement

Table A-1 (below) provides an overview of the different approaches pathfinder local authorities took in implementing the entitlement. It also highlights the extent to which the entitlement is now being delivered universally across the local authority. It should be noted that 'coverage' refers to the proportion of settings that are now delivering 15 hours of provision, not the proportion of settings that are delivering these hours flexibly. It is not

¹ Haringey, York, Rochdale, Sunderland, Hertfordshire, Peterborough, Somerset, Newham, Derbyshire and Worcestershire.

² Blackburn with Darwen, Blackpool, Derbyshire, Gloucestershire, Greenwich, Hampshire, Haringey, Hertfordshire, Leeds, Leicestershire, Newham, Peterborough, Rochdale, Sheffield, Slough, Somerset, Sunderland, Telford, Worcestershire and York.

³ Greenwich did not complete a consultation interview.

possible to accurately estimate the number of settings that are delivering flexibly as local authorities have not used a common definition, nor have all used the core definition suggested by the Department⁴. However, nearly three-quarters (73%) of the providers that responded to our self-completion survey stated that they allowed parents to use more than three hours of their free entitlement in a single day. Furthermore, over half (57%) stated that they would allow parents to use their full 15 hours of free entitlement over a minimum of three days in a typical week. These figures suggest that the majority of providers were offering at least some degree of flexibility.

⁴ 15 hours over a minimum of three days; minimum of two hours in any one day, a maximum of 10 hours in one day, and a maximum of 13 hours over two days.

Table A-1: Local authority approaches in rolling out the new entitlement - (based on local authority consultations in May 2008)

Local authority	Part-time equivalent number of free early education places filled by three- and four-year olds ⁵	Approach to implementing the new entitlement	Current provider coverage across the local authority (extended entitlement) ⁶
Blackburn with Darwen	3,775	The new entitlement was rolled out on a borough-wide basis from the start of the pathfinder, with providers choosing to opt in to delivering the extended flexible entitlement.	100% of PVI settings, 100% of children's centres, and 43% of the maintained sector delivering the new entitlement.
Blackpool	2,735	The new entitlement was rolled out across the local authority from April 2007 onwards, as and when providers felt ready to start delivering.	100% of PVI sector and the majority of the maintained sector were delivering the new entitlement.
Derbyshire	14,460	The original plan was to implement the new entitlement across the whole local authority at the same time. They largely did this, but more recently have taken the decision not to promote it any further as their childcare sufficiency assessment found there were 75,000 unused childcare hours per term across the county. The approach of the local authority now is to ensure that 100% of children access their entitlement, not that 100% of providers offer it.	84% of all providers were delivering the extended entitlement and there were no plans to increase this number in the short term.
Gloucestershire	10,950	The new entitlement was implemented across the whole local authority at the same time.	96% of providers (including childminders) were offering the new entitlement.
Hampshire	24,450	A phased approach was taken to implementation, with 100 of 663 PVI providers starting delivery in phase one (07/08 academic year), 350 more PVI provider starting in phase two (08/09) and the remainder plus maintained settings starting delivery in phase 3 (09/10).	Approximately 17% of all settings were delivering the new entitlement and this was planned to increase to 65% of settings by the end of the 08/09 academic year.
Haringey	5,870	The new entitlement was implemented across the whole authority using a phased approach which meant that providers started to deliver from April 2007 onwards.	Approximately 35% of all providers were delivering the new entitlement. Take-up has been highest amongst voluntary settings, and private settings that need to fill places. Eight schools are now also participating. The local authority will continue to encourage providers to deliver the new entitlement. (It should be noted that two providers in Haringey have recently dropped out of delivering any early years entitlement completely.)

⁵ *Provision for Children under Five Years of Age in England* (DCSF, May 2007); figures based on January 2007.

⁶ Please note that this figure relates to the proportion of providers now delivering the extended entitlement. Various models of flexibility have been identified and there is no common definition amongst local authorities; as such it is not possible to accurately identify the proportion of providers delivering 'flexibly'.

Local authority	Part-time equivalent number of free early education places filled by three- and four-year olds ⁵	Approach to implementing the new entitlement	Current provider coverage across the local authority (extended entitlement) ⁵
Hertfordshire	24,000	The new entitlement was initially implemented in seven geographical clusters across the local authority, linked to phase 1 or 2 children's centre/Extended Schools communities, with providers commencing delivery from April or September 2007. By May 2008 the local authority was in the process of inviting all providers to start delivering the new entitlement on a voluntary basis.	Approximately 50 maintained settings and 60 PVI settings were delivering the new entitlement by May 2008. Overall this represents a relatively small proportion of settings delivering in the county. However, ongoing promotional work and roadshows were underway to boost these numbers and bring new providers on-board, and the pathfinder has expanded beyond the initial clusters.
Leeds	15,185	The new entitlement was implemented across the local authority from the start, and providers were invited to opt into the pilot.	92% of the PVI sector and 73% of the maintained sector had started to deliver the new entitlement.
Leicestershire	11,725	10 providers (spread over 6-7 districts) were initially allowed to start delivering the new entitlement in April 2007. A further 80 settings from across the county expressed an interest in delivering from September 2007, although not all started at that point.	75% of settings were delivering the new entitlement. Most of the remaining 25% comprise a high number of sessional providers with accommodation and staffing issues. A few private nurseries (including a corporate chain) decided they do not wish to deliver the new entitlement.
Newham	7,735	The new entitlement was initially implemented across the whole borough but did not include all providers; rather it was 'tested' in a representative sample of settings willing to take part in a pilot.	Approximately 10% of all providers were delivering the new entitlement. The remaining providers will be brought onboard by 2010.
Peterborough	4,005	The new entitlement was implemented across the whole local authority in one go, but this happened in phases with providers commencing delivery between April 2007 and January 2008.	98% of providers were delivering the new entitlement. Those not delivering had issues with availability of premises which prevented them delivering additional hours.
Rochdale	4,775	The new entitlement was implemented across the whole local authority at the same time (April 2007). The local authority has strongly encouraged all providers to deliver the new entitlement.	All but one setting was delivering the new entitlement.
Sheffield	10,695	The new entitlement was initially implemented in two service districts within the local authority. Between them the two districts had approximately 55 providers which represented a good cross section of provider types. Providers in one district started delivery from April 2007, and providers in the second from September 2007. Providers in a number of the remaining districts started delivering in April 2008, and the final tranche are expected to start delivery from September 2008.	56% of all settings were delivering the new entitlement. With the exception of a very small number, the remainder of providers are expected to start deliver from September 2008.

Local authority	Part-time equivalent number of free early education places filled by three- and four-year olds ⁵	Approach to implementing the new entitlement	Current provider coverage across the local authority (extended entitlement) ⁵
Slough	3,185	The approach taken was to invite all providers to take part in delivering the new entitlement. (<50 early years providers operating in Slough).	Almost 100% of providers were delivering the new entitlement with the exception of a couple of nursery school classes and one private nursery chain.
Somerset	9,670	The new entitlement was implemented across the whole county with providers starting delivery between April and September 2007.	92% of providers were delivering the new entitlement. A number of voluntary sector settings have struggled to join the pathfinder because of issues of premises availability and therefore 92% coverage is likely to be the maximum in the short-to-medium term.
Sunderland	5,635	The new entitlement was implemented across the whole local authority but a phased approach was adopted with providers starting delivery between April and September 2007.	100% of providers (120) were delivering the new entitlement (over 70% of providers in Sunderland are in the maintained sector).
Telford and Wrekin	3,710	A phased but local-authority-wide approach was taken to implementing the new entitlement with some providers commencing delivery of the new entitlement from September 2007, the majority starting from January 2008 and the remainder starting delivery in April 2008.	100% of PVI sector and 70% of maintained providers were delivering the new entitlement (with around three schools who were reluctant to deliver the new entitlement).
Worcestershire	10,925	The new entitlement was implemented across the local authority, with a phased approach meaning providers started to deliver the new entitlement from April 2007 onwards.	Up to 95% of the PVI sector and 50% of the maintained sector were delivering the new entitlement (the maintained sector is relatively small in Worcestershire).
York	3,370	The new entitlement was implemented across the whole local authority with a phased approach. PVI settings were able to start delivering from April 2007, but the maintained sector started delivery from September 2007.	87% of the PVI sector and 50% of the maintained sector were delivering the new entitlement. The expectation is that the remainder of maintained settings will start delivering before the end of 2008.

Source: SQW local authority consultations conducted in May 2008.

A variety of approaches were taken by local authorities in implementing the extended flexible entitlement. The approach does not appear to have been directly influenced by the size of the local authority or the make-up of the local provider market. For example, Derbyshire and Gloucestershire which are very large authorities went for full implementation of the extended flexible entitlement across all providers from very early on. In contrast, Newham (a relatively small London borough) took a phased approach to implementation. The evidence suggests that even the largest county authorities are able to implement full roll-out across the local authority in a short timeframe if desired, and if the officer resources are available to support this.

For some local authorities the starting point has been a presumption of full implementation across all providers, whilst in others implementation was more targeted (e.g. by geography) and/or on the basis that providers opt-in to delivering the new entitlement when they are ready. There were a wide variety of reasons why local authorities did not attempt full roll-out of the new entitlement across all providers from the start of the pilot. These included:

- Wanting to 'test' the new way of working with a small number of providers in the first instance to understand 'what works'.
- Concerns about full implementation stimulating greater demand from parents for more hours, and the cost implications (e.g. some parents were not using the full 12.5 hours but if the hours went up to 15 then they might take their full entitlement, and this would mean the local authority would have to pay for more than just a 2.5 hour increase).
- Operational issues of being able to promote the new entitlement to a large volume of providers and offer them one-to-one support to implement it over a short timeframe.
- A desire for providers to start delivering the new entitlement willingly e.g. a local authority may have gone for local authority-wide geographical coverage but asked providers to opt-in voluntarily rather than compelling them to extend their offer.

As of May 2008, 14 of the 19 pathfinder local authorities we consulted had at least 70% of their providers participating in delivery of the extended flexible entitlement. Perhaps unsurprisingly, provider participation was particularly high in those local authorities that adopted full implementation of the new entitlement from an early point in the pathfinder. Of the remaining local authorities with fewer than 70% of providers participating, three (Hampshire, Newham and Sheffield) had a plan in place to increase coverage incrementally over the next two years, and the remaining two (Haringey and Hertfordshire) planned to implement the new entitlement on a voluntary basis and hoped to encourage more providers to start delivering over the next two years.

Identifying parental demand

There was little evidence that local authorities planned the implementation of the new entitlement based on any assessment of parental demand. At the time few had completed their childcare sufficiency audits, and the onus appears to have been on providers themselves to identify demand for extended and flexible provision. A number of local authorities reported that they had asked providers to consult with parents on their needs, and this was also confirmed during our consultations with providers as part of the implementation case studies.

Promoting the new entitlement to early years providers

In Table A-2 below (Local authority approaches taken to promoting the new entitlement to providers and parents) we outline the approaches taken by each local authority in promoting the extended flexible entitlement to providers and parents, and describe the feedback they reported to have received from providers.

Table A-2: Local authority approaches taken to promoting the new entitlement to providers and parents

Local authority	How did they promote to early years providers?	How did they promote the new entitlement to parents?	Reactions from providers to the new entitlement
Blackpool	The local authority held question and answer sessions for providers.	They organised a series of 'fun days' for parents throughout the year, and also included information in the annual newsletter that went out to parents of under 5s. They also ran an advert in the local newspaper.	Blackpool was already delivering the new entitlement flexibly in that parents could use their allocation of 'free hours' over the course of 52 weeks of the year, rather than over 38 weeks which is more common. The PVI sector was very enthusiastic about participating but the maintained sector less so, because of concerns about staffing.
Derbyshire	The new entitlement was promoted to providers through multi-sector briefings. This was then followed by a two week period of 'surgeries' which provided an opportunity for providers to voice concerns and ask questions. Where needed, one-to-one support and meetings were offered to providers.	In the early stages of the pilot the new entitlement was promoted to parents through leaflets, newspaper adverts and via providers. More recently they have not undertaken any specific marketing activity.	The initial reaction from providers was very positive. There were some concerns about the timetable for implementation but most providers agreed to participate.
Gloucestershire	All providers were invited to participate. In the first instance they held focus groups with providers, and then followed this up with attendance at existing meetings to promote the new entitlement.	Leaflets were distributed to parents through a variety of means, e.g. GP surgeries and Health Visitors. They also ran a radio campaign, and word of mouth has been important.	Although some providers were resistant to change, they generally welcomed it and nearly all providers are now delivering the new entitlement.
Hampshire	They initially set up six working groups representing all sectors to 'tease' out the issues, before running 12 seminars with 50 providers at each (70-90% of all PVI providers attended). All providers received a fact sheet with details of the pilot.	They did not consult directly with parents as they wanted to manage expectations. The local authority gave providers a toolkit with information that could be given to parents to let them know about the pathfinder.	Providers self-nominated to participate in the pilot. There was more reluctance from the private and independent sector because they have not viewed the funding as being adequate.

Local authority	How did they promote to early years providers?	How did they promote the new entitlement to parents?	Reactions from providers to the new entitlement
Haringey	The local authority held a series of workshops to explain the principles of the new entitlement. Following this providers were asked to contact the local authority if they were willing to participate in the pilot.	The entitlement was initially promoted directly to parents that using the settings that had agreed to participate in delivering the new entitlement. More recently, leaflets were sent to Jobcentre Plus and libraries, and a poster campaign is also planned.	A number of willing providers were identified following the workshops, although a number did not feel able to participate until September 2007. As the pilot has gone on they have found the most effective means of engaging additional providers has been one-to-one contact, as the remaining providers have needed more persuasion to participate.
Hertfordshire	The local authority held a series of workshops to explain the new entitlement and to encourage providers to participate. They then offered settings one-to-one support and talked them through their proposals for extended flexible delivery. Providers from across the county have since been invited to a number of roadshow events where they can find out more about the new entitlement. The local authority has also developed a series of case studies based on providers that have been delivering the new entitlement, to show how barriers can be overcome.	The new entitlement was promoted to parents through the providers that are delivering it	There were mixed reactions across the different provider groups. Voluntary and community sector providers were generally enthusiastic. Some maintained settings were flexible and enthusiastic, whereas others do not want to change their current provision because of concerns about quality, curriculum and staffing. Some sections of private sector did not want to participate because they have concerns about level of funding for the existing provision.
Leeds	The local authority organised sector-specific briefing sessions to provide an overview of the pilot and what it would mean for providers. They also gave presentations to head teachers and staff in the maintained sector. They sent out a specialist in school funding to talk with schools about the implications of the new entitlement.	Leaflets were distributed to parents via providers.	The majority of providers engaged well with the pilot, but a few did not want to participate. The PVI sector engaged straightaway but it took a long time to get the maintained sector (156 nurseries) to take part as they had more concerns about their ability to deliver.

Local authority	How did they promote to early years providers?	How did they promote the new entitlement to parents?	Reactions from providers to the new entitlement
Leicestershire	They sent out a letter to providers explaining the new entitlement and also held a series of network meetings.	<p>A brochure was produced for parents and this was distributed through participating settings. More recently, they ran a radio advert and used mobile truck billboards to promote the new entitlement.</p> <p>Recent promotional material promoted the positive benefits of 15 hours of early years entitlement, rather than just focusing on the new entitlement being additional free hours.</p>	<p>The reaction was generally positive although sessional providers raised concerns about their ability to deliver because of issues around shared premises. Providers also raised issues around the impact of the extended entitlement on the quality of provision.</p> <p>There was more reluctance to participate from the private sector and some providers refused to join the pathfinder as they believed they were already making a loss on delivering the existing free entitlement.</p>
Newham	Leaflets were sent out to providers explaining the new entitlement and setting out the criteria that needed to be met for the local authority to consider including them in the pathfinder. They also undertook regular briefing sessions with providers.	Leaflets and marketing material were distributed through participating settings, and the Children's Information Service (CIS) and Early Start (Sure Start) were also made aware of the new offer.	<p>The PVI sector generally welcomed the initiative, both in terms of stimulating demand and as a means of generating additional income.</p> <p>The maintained sector was more wary and expressed concerns around staff, quality and curriculum planning.</p>
Peterborough	The local authority held an event for providers in the early stages of the pilot to explain what was entailed and to answer any questions. They then provided support as and when it was needed by providers.	Leaflets were sent direct to providers to give to parents. They also produced posters and advertised on buses.	The initial reaction was mixed and many providers had concerns about delivering the new entitlement. However, over time these fears have been allayed and they now have virtually all providers delivering.
Rochdale	The local authority promoted the new entitlement through sector- specific and cross-sector meetings in each of the townships. They also took email queries and produced a FAQs document and provided briefing packs to providers.	Every parent received a book explaining the free entitlement and this was used to explain the extended flexible element.	The reaction from providers was generally positive and all but one is now delivering. Some strong concerns within the maintained sector about delivering longer and more flexible hours, but these seem to have been allayed.

Local authority	How did they promote to early years providers?	How did they promote the new entitlement to parents?	Reactions from providers to the new entitlement
Sheffield	<p>They wrote to all early years providers in the first two districts the new entitlement was being rolled-out in. They then held separate briefings for PVI and maintained settings because they recognised they may face different issues. They supplemented this with attendance at provider forum meetings, workshops for schools and letters including a Q&A sheet. Providers were also given guidance on developing questionnaires to assess parental demand.</p> <p>With the rolling-out of the entitlement across Sheffield they have held more generic briefings and supplied case study examples from providers that had started delivering early in the pathfinder.</p>	<p>Leaflets were sent out to parents via providers that were delivering the new entitlement in the first two districts of the city. Because of the rolling-out of the entitlement across Sheffield they have invested in a marketing campaign which has included posters at bus stops, as well as radio and local newspaper adverts.</p>	<p>Reactions from providers were mixed. Sessional providers were enthusiastic but not sure how they could deliver in practical terms. There was a ‘trailblazer’ group of five schools that were very keen to deliver, whilst at the other end of the spectrum there were schools that were hostile to taking part because of anxieties around, staffing, quality and curriculum.</p> <p>Reactions from private providers were also mixed. Those operating in deprived areas were enthusiastic, whereas those in more affluent areas were concerned about fee rates being below what they charge directly to parents.</p>
Slough	<p>They held meetings for the managers of PVI settings and head teachers to explain the new entitlement and to answer any queries.</p>	<p>The new entitlement was promoted to parents through the settings themselves, the schools admissions booklet, children’s information service and word of mouth.</p>	<p>They had a good response to the new entitlement (although much of the maintained sector is delivering extended but not flexible provision).</p> <p>One major private chain of nurseries refused to participate because of concerns more generally about the fees they received for delivering the existing free entitlement.</p>
Somerset	<p>All providers were sent a letter to explain the new entitlement and the timetable for delivery. The letter invited providers to attend consultation meetings which were arranged by sector and location.</p>	<p>The new entitlement was promoted to parents through radio, newspaper and bus adverts. Word of mouth was also important.</p>	<p>At the time the new entitlement was announced Somerset were already looking at ways of encouraging providers to be more flexible, therefore most providers were not surprised by the implications of the new entitlement.</p> <p>All providers were asked to participate and the response was good and nearly all are now delivering the new entitlement.</p>

Local authority	How did they promote to early years providers?	How did they promote the new entitlement to parents?	Reactions from providers to the new entitlement
Sunderland	Consultation and briefing sessions were held for providers. These were used to discuss the implications of the new entitlement and to encourage participation on a project group to support the implementation. One-to-one visits were also made to providers to support them with their plans to deliver the new entitlement.	The local authority developed information on the new entitlement that was distributed via providers. In the future they also plan to promote the new entitlement in the local press.	Although providers had some concerns over specific issues, they were largely positive about the new entitlement.
Telford and Wrekin	In the early stages of the pathfinder they used a mailshot to inform providers of the new entitlement, and this was followed up by cluster briefing sessions, surgery days and one-to-one support as needed. Training was also offered to help the PVI sector in the transition to delivering the new entitlement.	The new entitlement was promoted to parents through leaflets, questionnaires and school letters. They also promoted it through the family information service.	Providers were generally enthusiastic and where there has been reluctance to participate this was generally been because of other pressures, e.g. a retiring head teacher or a school amalgamation.
Worcestershire	The council produces a periodical called 'Playcare' which goes out to all settings and this, alongside letters to each provider, was used to promote the new entitlement. They also attended District Forums where they delivered presentations and responded to queries from providers. Face-to-face contact was very important in working with settings that were reluctant to engage with the pilot.	Promotional leaflets were given to providers to distribute to parents, and they were also left in places accessed by parents of young children. The local authority also spoke to health professionals and others that came into contact with parents and children, to brief them on the new entitlement.	The reaction from providers was mixed, although generally positive. Some private providers had concerns that the payment for delivering the early years entitlement was too low and that it is unsustainable to deliver additional hours. Voluntary and community groups often faced issues of premises availability which has impacted on their ability to deliver the new entitlement.
York	Cluster meetings were held with providers and they also held one-to-one sessions with providers.	The new entitlement was promoted to parents through cinema adverts, leaflets and the local press.	Reactions from providers were generally positive. A decision was taken to stagger implementation, with PVI sector delivering first and maintained sector coming onboard from September 2007. In hindsight they would not stagger in this way as it led to some providers feeling that the PVI and maintained sector were being treated differently.

SQW Consulting, local authority consultations conducted in May 2008.

There was broad commonality with respect to the general approach adopted in promoting the new entitlement to local providers. All local authorities either hosted workshops or events that were arranged specifically to introduce the new entitlement, or they 'piggy-backed' onto existing fora and groups which they used as a means of talking with audiences of providers.

In some instances group meetings were held with a cross-section of different provider types, whilst in other cases sector-specific events were delivered. The latter approach was deemed important by a number of local authorities (particularly those not dominated by one particular provider type) as they identified that the barriers to implementation would vary between the PVI and maintained sector in particular. It is useful to highlight here, for illustrative purposes, some of these differences, for example, for a voluntary sector sessional provider a barrier to implementation might be premises availability; a barrier for a maintained sector provider might be managing teachers' contractual hours to deliver longer sessions; and a barrier for a private provider might be levels of funding available to deliver the free entitlement.

Promotional workshops or briefings have typically been complemented by some form of one-to-one support as needed, either through the use of 'surgeries' or visits to providers. The intensity of one-to-one support offered has in part been related to the size of the local authority and the number of providers they have tried to include in the pathfinder. All local authorities were confident that bringing providers together was a good way of talking through implementation issues and encouraging their involvement.

For those that adopted local authority-wide implementation very early in the pathfinder there was an initial and sustained period of intensive work with providers through workshops and individual support, but this had now reduced as the new entitlement had become embedded and providers had become used to the new way of working. For those that went for a staged or phased approach the need for ongoing engagement of providers continues, and may do so for some time.

A small number of local authorities that had not yet got full coverage of the new entitlement suggested that ongoing one-to-one visits to providers would continue to be needed if more are to be encouraged to participate. In other words, the willing and enthusiastic providers had already started delivering or indicated when they planned to do so. However, the remaining providers represent those that are most reluctant to participate and will need further support and encouragement if they are to deliver the new entitlement. Two local authorities also pointed to the success of using case studies or provider 'champions' to promote the new entitlement to reluctant providers, for example, they can be used to provide evidence of how different providers have overcome different challenges to deliver the new entitlement, and the benefits that have arisen through participation.

The reaction from providers when the new entitlement was initially introduced by local authorities was mixed, and in many respects was a reflection of the local context and the local provider market. Two local authorities (Blackpool and Somerset) were already delivering more flexibly or looking at flexible delivery, thus the introduction of the new entitlement was less of a surprise for their providers and this made implementation easier. Whilst there are some differences in provider responses across pathfinder local authorities, where issues were related to specific provider types there was more commonality. The challenges faced by providers are discussed in more detail later in this annex, and elsewhere in the summary report. The main common challenges for each sector are summarised in Table A-3 below.

Table A-3: Sector specific challenges and solutions for implementation

Maintained sector providers - frequently raised issues relating to quality, curriculum and staffing. A concern amongst some schools was that they are being expected to provide 'childcare' which they do not see as their role, and that flexibility is about meeting the needs of the parent when their role is to meet the needs of the child. In some instances this sector is less used to planning early years provision over a full day and has been used to sessional planning. Teachers' contractual contact hours have also been an issue for delivering longer sessions.

Sector-specific briefings were one way in which some pathfinders sought to engage with the maintained sector. This provided an opportunity to discuss and seek solutions to the specific challenges faced by this sector in implementing the new entitlement. Where maintained sector providers have been involved in successful early implementation, it has also been useful for them to act as advocates for the new entitlement and to promote it within their sector, perhaps through attendance at related events, one-to-one discussions with other providers, and through the production of case study material.

Voluntary and community sector providers - have generally been enthusiastic about delivering the new entitlement but have often faced practical challenges in being able to do so. These include the availability of premises to deliver longer and/or more flexible sessions, and the need to change their registration from sessional to full day care providers if they are to deliver more hours.

Local authorities have frequently provided advice and guidance to providers in relation to changing Ofsted registrations, where this has been required. One way that local authorities have also supported providers in overcoming some of the practical challenges to implementation, such as premises availability, has been to facilitate partnerships between settings in order to deliver the free entitlement, such as the partnership brokered in Newham between maintained settings and a private provider to deliver the full 15 hours (described in more detail later in this section). Although this arrangement involved a private/maintained sector partnership it would be possible to replicate such a model within the voluntary and community sector, or across sectors.

Private sector providers - were more likely to raise concerns about fees paid to private and independent providers through the Dedicated Schools Grants. Many local authorities had private providers that were already unhappy about the rates for existing 12.5 hours free provision, and they did not want to deliver any additional hours at these rates. Several local authorities reported private providers which refuse to participate or had opted out of delivering the early years entitlement completely.

Some pathfinders have imposed a three hour minimum on the number of hours that a parent can use the entitlement in one day to ensure that providers are only being asked to deliver financially viable blocks of entitlement. In some instances providers have also set their own minimum number of hours of entitlement that a parent must use in a single day.

Source: SQW Consulting interviews, May 2008

Promoting the new entitlement to parents

Where local authorities fully implemented the new entitlement across the local authority area and across all providers, they tended to market the new entitlement more widely. Examples of marketing and promotional activity in these cases included leaflets and posters, and adverts on buses, in cinemas, magazines and local newspapers. Two local authorities noted that whilst they marketed and promoted the new entitlement widely, they were careful to explain the new entitlement in ways which would not result in parents expecting unreasonable levels of flexibility from providers.

Where local authorities adopted a phased or incremental approach to implementation they tended to market the new entitlement via the providers that are actually delivering it, rather than promoting it more widely and creating demand that they might not have been able to meet at that stage.

Across a number of local authorities 'word-of-mouth' was identified as a key means of informing their parents of the new entitlement, and health visitors were also identified as a particularly good means of spreading the word to parents.

Extended provision and / or flexible provision

The new entitlement was understood by pathfinder local authorities as having two distinct elements:

- **Extended provision** - allowing parents to access up to 15 hours of free provision.
- **Extended and flexible provision** - allowing parents to access up to 15 hours provision and giving them some degree of flexibility about how they do so.

The distinction between extended provision and extended and flexible provision is important in understanding how the new entitlement has been interpreted and is being implemented in different pathfinder local authorities. In most cases it appears that a mixture of the two models has been adopted, as the table below illustrates.

Table A-4: Extended provision and / or flexible provision

Extended provision only

A significant proportion of pre-pathfinder maintained and voluntary sector sessional provision was modelled on 5 x 2.5 hour sessions per week. Pathfinder providers in this group simply extended these sessions without adding any flexibility. In other words, they are extending their provision to 15 hours modelled on 5 x 3 hour sessions per week. However, local authorities reported that some are doing this as a first step towards introducing more flexible provision in the long term.

Extended and flexible provision

Providers in this group not only extend their free provision to 15 hours per week, but also allowed parents to take up this provision with greater flexibility than in the 'extended provision only' model. The degree of flexibility offered to parents varies between different providers. At one extreme providers invite parents to request more flexible provision but otherwise deliver the 'extended provision only' model. At the other end of the spectrum were full day care providers who have not usually had to alter their hours of operation as a result of the new entitlement. However, many sessional providers across the PVI and the maintained sectors reported to have sought to deliver some degree of flexibility in the hours that parents can use, such as including breakfast and lunch clubs to extend the traditional 2.5 hours, or to bridge the gap between morning and afternoon sessions, thus enabling children to use more than one session in a day.

Source: SQW local authority consultations, May 2008

Definitions of flexibility

Part way through the first year of the pathfinder the Department issued the following suggested guidelines for defining 'flexibility' in relation to the new extended flexible entitlement:

- Parents are entitled to access 15 hours of free early learning and care each week across a minimum of three days.
- Parents will be able to access an entitlement over no less than 38 weeks. Where the offer is made over a longer period, parents will receive the offer for a number of hours a week proportionate to the length of offer.
- Parents are entitled to access the full entitlement across a maximum of two providers, except where the local authority deems there are exceptional circumstances.
- The exact offer will be dependent on local capacity, but parents cannot access standalone blocks of less than two hours, or for more than 10 hours in one day, or for more than 13 hours if accessing the offer only two days.

The definitions of flexibility that have been adopted by the pathfinder local authorities are detailed in Table A-5 below (Pathfinder local authority definitions of flexibility). As can be seen, these largely mirror the definition that was suggested by the Department, however there are a small number of exceptions. All local authorities complied with delivery of the entitlement over three days, although York stated they would consider a two day model in exceptional circumstances. There is some variation in the minimum number of hours that parents can use provision for in a single day. The Department guidelines suggest standalone blocks of no less than two hours. Hampshire and Peterborough have allowed one hour of entitlement to be used on a single day but the expectation is that this is topped up with paid provision to lengthen the block of time used (e.g. a parent might take six hours on two days, two hours on a third day, and then use one hour plus some additional provision purchased from the provider on the fourth day). In other instances, local authorities have set the minimum standalone block of time that can be used at higher than two hours. Usually this has been done in recognition that some providers will find it difficult and potentially unviable to offer such short sessions unless a parent is topping these up with paid hours on the same day.

The widest variation between the Department's suggested guidelines and the local authorities' definition of flexibility relates to the maximum number of hours that can be used in a single day. The Department suggests a maximum of 10 hours in one day, but eight of the 19 local authorities that we consulted had set the limit lower than this (between six and nine hours as a maximum). This was usually based on a view within the local authority that 10 hours of early years provision in a day was detrimental to children, although it was not entirely clear where they had evidenced this or how they had decided on the optimum upper limit of hours to be used in a single day.

The reported patterns of take-up across local authorities were mixed. However, for those children who are not using full-time provision, it was reported that the pattern of take-up over five days remained popular. Demand for provision over three days was also reported to be popular as it fits with parents' working or training patterns, and also reflected a general preference amongst some parents for longer sessions that allow them to organise personal and family commitments more easily.

Table A-5: Pathfinder local authority definitions of flexibility

Local authority	Min. no. of days over which full 15 hours free entitlement can be used	Min. no. of hours of free entitlement that can be used in one day	Max. no. of hours of free entitlement that can be used in one day
Blackburn with Darwen	3 days	2 hours	6 hours
Blackpool	3 days	3 hours	9 hours Maximum of 14 hours over 2 days
Derbyshire	3 days	2.5 hours	6 hours
Gloucestershire	3 days	2.5 hours	6 hours
Hampshire	3 days	1 hour	10 hours
Haringey	3 days	2.5 hours	7 hours in one day (parents can use 14 hours over 2 days as long as they take up a full session, i.e. longer than one hour on the third day – this additional time would be chargeable at the provider's standard rate).
Hertfordshire	3 days	2.5 hours	10 hours
Leeds	3 days	2.5 hours	6 hours
Leicestershire	3 days	2 hours	10 hours in one day Maximum of 13 hours over 2 days
Newham	3 days	2 hours	10 hours
Peterborough	3 days	1 hour (but only allowed this amount if also combining with additional 'paid' provision).	10 hours
Rochdale	3 days	2 hours	6 hours If parents want to use provision over 2 days they can have a maximum of 13 hours in total.
Sheffield	3 days	2 hours	10 hours in one day Maximum of 13 hours over 2 days
Slough	3 days	2.5 hours	10 hours
Somerset	3 days	2.5 hours	6 hours
Sunderland	3 days	2 hours	10 hours Maximum of 12 hours over 2 days
Telford and Wrekin	3 days	2 hours	10 hours
Worcestershire	3 days	2 hours	10 hours
York	3 days (2 days in special cases)	2 hours	10 hours

8am-4pm pathfinders versus 8am-6pm pathfinders

The Department divided the participating pathfinder local authorities into two groups - those delivering the free entitlement between 8am and 4pm, and those delivering it between 8am and 6pm. In practice there was no difference in the way that the two groups implemented the new entitlement and this distinction broke down. Indeed, many providers in the 8am-6pm pathfinder local authorities were not able to deliver from as early as 8am or as late as 6pm. Conversely, there were providers within the 8am-4pm pathfinder local authorities which were able to offer provision beyond 4pm (this was especially true of the private providers).

Furthermore, the original invitation to tender for this evaluation identified a requirement to consider the impact of provision between 4pm and 6pm on outcomes for children. We highlight the difficulties of addressing this issue in more detail elsewhere in this report. However, the consultations with local authorities produced very little evidence that providers were fundamentally changing their hours in order to cover this period of the day. In other words, there was fairly limited new provision between 4pm and 6pm. Providers that were already delivering during this period continued to do so, but very few other providers have changed or extended their hours in order to do so.

Collaboration

The consultations with local authorities produced only limited evidence of new collaborative arrangements resulting from the implementation of the new entitlement. In the main it is parents who are left to 'join-up' and broker childcare options that will fulfil their needs, for example by obtaining a nursery place and finding a childminder to fill the required hours around this. The original brief for this evaluation identified the Transformation Fund⁷ as a resource for local authorities to use to encourage providers to collaborate. None of the local authorities we consulted specifically identified having used the Transformation Fund to encourage participation between sessional providers in order to deliver the extended flexible entitlement.

In Slough the local authority helped parents to broker arrangements between different providers. This was been done by supporting clusters of providers, based on type of setting or geographical location, to look at the needs of their parents and families, and to meet those by co-operating with each other. Parents were supported by the local authority and individual providers to broker a package of provision that best suited their needs. Other examples of facilitated collaboration are provided below.

- **Newham** - four schools were delivering the 12.5 entitlement hours but contracted with a private provider to enable children to access the 15 hour entitlement. The local authority assisted the schools with tendering for this service and setting up the partnership arrangements once the contract was in place. This was found to be a simple way to support schools in delivering the extended entitlement as it overcame issues such as having to change staff terms and conditions.
- **Sheffield** - a school with a Sure Start children's centre attached to it formerly only provided wraparound care for the school. The children's centre did not offer the free entitlement and did not want to go into competition with the school. Instead the children's centre decided to work in partnership with the school delivering 12.5 hours of provision and the children's centre delivering the remaining 2.5 hours. This was offered in several forms, including a half hour breakfast club session each day. As part of the contract the children's centre had to feed back to the school on their assessments and observations of the children. In return, the school offered qualified

⁷ Now replaced by the Graduate Leader Fund.

teachers' input into the children's centre to offer help where needed, and joint planning was also undertaken.

Funding arrangements

Through our consultations with pathfinder local authorities we sought to understand the funding models that have been adopted in implementing the roll-out of the extended flexible entitlement. Table A-6 (below) details the funding models used by local authorities in the first and second year of the pathfinder. Not all local authorities had finalised their year two funding rates at the time of our consultation, as they were still awaiting confirmation on final funding allocations from the Department in May 2008.

All local authorities were given a 20% uplift in funding by the Department for the first year of the pilot to use in order to promote the new entitlement and to support providers in delivering flexible provision.

How has funding been used to encourage flexible approaches to delivery?

In terms of hourly funding rates, only one local authority (Rochdale) offered differentiated funding rates (based on sector) during the first year. The flexibility uplift funding was used by local authorities in a number of ways in the first year of the pathfinder.

- Enhanced hourly rates for all or some of the 15 hours.
- Underwriting of places to support the development of new services and to test their feasibility e.g. breakfast and lunch clubs.
- Purchase of equipment or enhancements to premises to allow for flexible and extended delivery.

During our consultations we probed how and why local authorities arrived at particular formulas for funding the new entitlement. In most cases the person interviewed was not able to provide this level of detail. However, the most common approach that was described was that local authorities estimated how many providers would participate, and from this the number of children that would be able to take-up places, and in turn the number of 'additional' hours that would need to be funded. They then made a decision based on their funding allocation and associated uplift as to how much of the additional funding should be used to stimulate the provider market to deliver extended flexible provision via enhanced hourly rates, or other mechanisms such as one-off grants. A number of approaches emerged:

- All uplift funding passed on to providers as enhanced hourly rates.
- Some uplift funding used for enhanced hourly rates, coupled with a funding pot for one-off costs that would facilitate extended flexible delivery.
- Uplift funding only being used for grants for one-off costs that would facilitate extended flexible delivery (no enhanced hourly rates).

Table A-6: Local authority pathfinder funding models

Local authority	Year 1 hourly funding rates	Year 2 hourly funding rates	Additional information
Blackburn with Darwen	£3.19 per hour	£3.26 per hour	The 20% uplift funding was passported directly to providers that were able to demonstrate they could offer the entitlement flexibly. A maximum payment of £2,000 per term per provider was made.
Blackpool	£3.28 per hour Additional £3-£8 top-up for providers depending on level of flexibility	£3.38	Uplift funding was used to pay enhanced hourly rates in year 1 from £3 per hour for those providing sessional only care, up to £8 per hour for settings offering total flexibility all year round. Grants were also made available to settings to help them make alterations or purchase equipment that would facilitate the delivery of longer and/or more flexible hours. Funding was also used to provide ICT services to providers that allow them to manage the delivery of the new entitlement more easily, e.g. making funding claims to the local authority.
Derbyshire	£3.48	£3.55*	They provided additional funding to remove barriers to implementation and to improve quality, e.g. purchase of new outdoor equipment. There was a limit of £10,000 per provider, and they distributed all of their year 1 uplift funding via this route.
Gloucestershire	£3.18 for first 12.5 hours £4.01 for the additional 2.5 hours	£3.25 for first 12.5 hours £4.01 for additional 2.5 hours*	A Daycare Expansion Fund has also been offered to voluntary sector providers that want to expand to offer full day care. This has funded one-off costs that they might incur in the move to full day care provision, e.g. additional equipment.
Hampshire	£3.40	£3.50*	Providers are paid an extra 60p per hour if they deliver flexibly.
Haringey	£3.25 for first 12.5 hours £4.53 for additional 2.5 hours	£3.44 for first 12.5 hours £4.53 for additional 2.5 hours	Part of uplift funding from DCSF has been used to support providers in delivering more flexibly, e.g. purchase of equipment to set up a breakfast area. A member of the local authority team met with individual settings to discuss their requirements in order to facilitate flexible delivery.
Hertfordshire	£3.32	£3.40	In year 1, a £500 capital grant was made available for settings delivering the new entitlement flexibly, to support any costs involved in doing so. Additional uplift funding of between 10% and 30% per hour was payable to providers depending on their level of flexibility. Enhanced hourly rates for flexibility were also being used in year 2 but more bandings have been included and hourly uplifts in funding of between 5% and 35% are available depending of the level of flexibility offered.

Local authority	Year 1 hourly funding rates	Year 2 hourly funding rates	Additional information
Leeds	£3.33 per hour for 12.5 hours £3.56 per hour additional 2.5 hours	£3.40 per hour*	In year 1 only those providers delivering full flexibility also received an additional 71p per hour. Additional grants also available in year 1 to support providers in delivering extended and/or flexible provisions. Grants awarded ranged from £4,000 to £70,000.
Leicestershire	£3.40	£3.47	They used the 20% uplift by passporting the money directly to providers to offset any overspends on DSG caused by the success of our marketing strategy for the extended entitlement.
Newham	£3.37 for first 12.5 hours £4.60 for additional 2.5 hours	£3.44 for first 12.5 hours £4.70 for additional 2.5 hours	In year 1, settings were able to claim for one off funding for premises adaptations, training, recruitment costs and other resources relating to the delivery of extended and/or flexible entitlement. The average amount applied for was £10,000. This was unlikely to be offered in year 2 and they may move towards offering enhanced hourly rates for one year to settings starting to deliver the extended and flexible hours.
Peterborough	£3.33 per hour	£3.62*	In year 1 they had a pot of £850,000 (from flexibility uplift) which was used to support providers in delivering flexibly. They spent £426,000 over 69 settings and the money was used mainly for new equipment. The money that remained at the end of the year was distributed between providers with the amount they received based on when they started delivering the entitlement and the number of children in the setting, with the suggestion that funding should be used to support extended and flexible delivery.
Rochdale	Voluntary sector - £3.06 Private/Independent - £3.35 Childminders - £3.00 Maintained - £4.92 (for additional 2.5 hours only)	Voluntary sector - £3.12 Private/Independent - £3.42 Childminders - £3.06 Maintained - £4.19	In year 1, a 5% uplift on hourly rates was paid to those extending their offer to sessions of 3 hours. Settings that were flexible between 8am and 4pm were able to access a 20% uplift on hourly funding rates. A capital fund was made available to support providers in delivering the new entitlement, however, there were no applications. In year 2 they piloted a new single funding formula (no uplift funding available).
Sheffield	£3.28 for first 12.5 hours £3.58 for additional 2.5 hours (maintained settings formula funded for 12.5 hours then £3.58 for additional hours)	£3.40 (maintained settings formula funded for first 12.5 hours then £3.40 per hour)	In year 1 settings were given an additional 72p per hour if they were able to demonstrate flexible delivery of the 15 hours. They were hoping to have a similar model in place for year 2 but were still awaiting decision on funding allocation from DCSF in May 2008. Capital funding was also made available in year 1 from the General Sure Start Grant which amounted to £550,000 in Sheffield. Each setting was advised they could bid for up to £10,000 to help them in delivering extended and flexible provision. £320,000 of grants were awarded for refurbishment works, improvements to outdoor spaces and improved quiet spaces.

Local authority	Year 1 hourly funding rates	Year 2 hourly funding rates	Additional information
Slough	£3.20 per hour	£3.30 per hour	20% uplift on hourly rates was given to providers delivering flexibly.
Somerset	£3.32	£3.41	The local authority used the year one uplift funding to offer a fund to providers to support them in delivering the new entitlement. They had 168 applications and awarded grants totalling £625,000. The average grant was between £3,000 and £4,000 and was typically used to cover additional rent, staffing costs, refurbishment and play equipment. There was a cap of £2,500 for capital expenditure in any grant awarded.
Sunderland	Funding for additional 2.5 hours as follows: £466 per year (private) £340 per year (maintained) £466 per year (voluntary)	Funding for additional 2.5 hours as follows:* £487 per year (private) £332 per year (maintained) £487 per year (voluntary)	£100,000 funding was ring-fenced from the General Sure Start Grant to pay for capital projects that would ensure providers could deliver the new entitlement. Four maintained settings were funded to improve facilities, building expansions, new toilets and kitchen space. Uplift funding in year 1 was also based on the degree of flexibility. Providers had to fit within options, and then flexibility was formula funded with a set amount per place that was then multiplied by 2, 3 or 4 depending on the level of flexibility offered. Those that did not offer flexibility did not get an uplift.
Telford and Wrekin	£3.15 (3 year olds) £3.29 (4 year olds)	Private/independent - £3.42 Maintained - £3.55 for the additional 2.5 hours (existing 12.5 hours through school formula funding) Voluntary - £3.12 Childminder - £3.06	In year 1 all providers were paid an extra 60p per hour if they were delivering flexibly. In addition providers were able to access one-off funding to help them to start delivering the new entitlement if they needed, e.g. equipment to support them in delivering longer sessions.
Worcestershire	£3.92	£3.84	All uplift funding from DCSF was used to enhance hourly rates in year 1.
York	£3.42	£3.48	In year 1 providers were given an extra 17p per hour if they delivered the extended hours flexibly. This figure was 16p additional per hour in year 2. A contingency fund of £100,000 was made available to support providers in implementing the new entitlement, e.g. new equipment and additional staffing costs. However, there was low demand for this and only £30,000 was awarded to providers.

Source: SQW Consulting (* final funding rate still not confirmed at time of interview)

The most common approach was for local authorities to provide some enhancements in hourly rates for participating providers and vary this depending on the degree of flexibility offered, as well as providing access to one-off funding to support extended and flexible delivery. The decision not to offer enhanced hourly rates was often based on not wanting to raise providers' expectations about future funding levels, and also concerns about the financial implications if take-up was higher than predicted. One local authority which provided significantly enhanced rates during the first year was now having to deal with concerns from providers about the significantly lower rates that were to be paid in the second year. In contrast, another local authority also offered significantly enhanced rates in the first year, but tried to manage expectations by making providers sign an agreement to say they understood that this was for one year only.

There was no clear link between local authorities that had managed to secure extensive provider coverage in delivering the new entitlement, and those that offered enhanced hourly rates. For example, Blackpool offered extremely enhanced hourly rates for providers that were very flexible, and secured full roll-out. In comparison, Derbyshire also secured almost full roll-out without the use of enhanced hourly rates.

Eleven of the local authorities we consulted had used at least part of the uplift funding to provide grants to providers to support them in being able to deliver extended and flexible provision by removing any barriers to implementation. In most instances providers were made aware of the funding available and they were able to bid for funding via an application in which they had to explain how the funding would be used to facilitate extended and flexible provision. With a few exceptions, the grants awarded appear to have been less than £10,000 per provider, and frequently they were much lower than this amount. There were no set criteria for awarding funding that were common across all local authorities. Awards were made for the following types of items:

- New play equipment.
- Equipment to support delivery breakfast and lunch clubs.
- Outdoor canopies or wet weather clothing to allow all-weather play.
- Underwriting of places, rent or staffing costs in the short term.
- Minor refurbishment works.

A number of local authorities had difficulty in distributing all the money they had set aside as grants to facilitate the delivery of the new entitlement. In part this may be because local authorities had a relatively short period of time to promote and distribute the funding. Although it may also be an indication that providers have not needed one-off grant funding to start delivering the new entitlement. Indeed, one local authority felt that with hindsight they probably funded things that providers would have done anyway and that the grants they awarded may have had little impact on implementation. This assertion was supported by the implementation case studies which suggested that for many providers one-off funding was useful and had enhanced their provision, but that in most cases it had not removed a barrier to their participation in the pathfinder.

In year two of the pathfinder, local authorities moved away from one-off grant funding to support providers in being able to deliver extended flexible provision. Eight local authorities indicated that they intended to continue offering some kind of enhancement in hourly rates in year two depending on the degree of flexibility that providers offered, or for the additional 2.5 hours that were being delivered. However, in May 2008 most were still awaiting final confirmation from Department about their funding allocations for the year before finalising payment arrangements.

Costs associated with flexible delivery

In consulting local authorities we asked them to describe and define the types of cost that were incurred by providers in delivering *flexibly*. This was universally hard to identify and in most cases those interviewed identified costs as being related to the delivery of additional or extended hours, rather than the flexible delivery of those hours. However, two key costs of 'flexibility' were identified.

- Administration time - different patterns of attendance make it more difficult for providers to plan and organise billing arrangements for parents.
- Staffing - although largely related to an extension of hours rather than flexibility, increasing numbers of children arriving or departing at different times of the day had implications for staffing ratios and planning.

The flexibility costs identified by local authorities do not appear insurmountable and are more likely to require local authorities to offer support and guidance to providers, rather than funding. Where there were cost implications for delivering the new entitlement these largely related to the extended element, for example, having sleep mats for children and adequate outdoor space for children if they are spending longer in a setting, or staff wages for working longer hours. Furthermore, a number of these were one-off costs to facilitate extended delivery, with increased staffing and utility bills being the main additional and ongoing costs. There does not appear to be a 'one size fits all' model on funding to facilitate extended and flexible delivery. Whilst many local authorities were confident that by providing enhanced hourly funding rates they had encouraged providers to participate in delivering the new entitlement, it is difficult to prove a causal link, given that some had secured extensive roll-out without the use of enhanced hourly rates.

Local authorities were not able to identify the exact cost associated with delivering provision more flexibly. Rather, the costs vary enormously depending on the type of provider and degree of flexibility that is required. At one end of the spectrum a local authority may be working with a private full day care provider that is used to delivering extended hours but can only offer fairly limited flexibility because they need to maximise the number of full places that are taken-up (e.g. it is easier to split a full-time place of 10 hours between two children over the course of a day, than have several children wanting three or four hour blocks). If a local authority wanted the provider to offer complete flexibility within the boundary of the Department's suggested definition of delivering two to 10 hour blocks it is likely local authority would need to move to a model of underwriting the costs of places so that they are available if needed. In contrast, a voluntary provider that used to offer a morning session and an afternoon session but now offers a lunchtime session to bridge the gap in order to provide full day care if needed, may only have needed a small amount of investment in equipment and staff cover to be able to offer considerably longer and more flexible provision than before.

Challenges faced by local authorities in implementing the new entitlement

In 2007, local authorities described facing three key challenges in implementing the extended flexible entitlement from April 2007, and these were re-iterated by many during our most recent consultations in May 2008:

- Delays from the Department in confirming arrangements for the new entitlement meant that local authorities could not relay accurate funding information to providers as quickly as they would have liked.
- Certain sections of the early years sector (particularly the maintained sector) plan their provision by academic year, and as a result many delayed participation until September 2007.
- Providers had lots of queries about how the new entitlement would work in practice, and local authorities had to take many of these questions back to the Department for clarification. However, a year on there was a confidence that both the Department and local authorities had a clearer understanding of how the new entitlement should be delivered, and as a result all concerned can deal with queries from providers more rapidly and confidently.

A year into the pathfinder we asked local authorities to reflect upon the challenges they had faced in implementing the new entitlement (later in this section we also describe the particular challenges that local authorities identified providers as having faced in implementing the new entitlement). Whilst there was some variation between local authorities reflecting local circumstances, a number of common challenges were highlighted. However, these sometimes related to the delivery of the existing early years entitlement itself, as opposed to the new extended and flexible entitlement:

- **Officer time** - the process of rolling out the new entitlement was resource intensive and in most cases required a significant amount of officer time. In the early months this was partly due to this being something new and there being so many unknowns, as well as queries that needed to be clarified with the Department. The pathfinder local authorities are now able to deal with providers' queries more readily and have a good knowledge of what works in their locality - knowledge that can be shared with the next waves of local authorities that will be implementing the entitlement. However, providing the one-to-one advice and support needed by some providers takes time and is resource intensive, particularly in large county authorities.
- **Top-up fees** - this is an issue that is not directly related to the extended flexible entitlement. The Code of Practice on the Provision of Nursery Education Places for Three- and Four-Year Olds (February 2006) clearly states that 'parents cannot be charged for any part of the minimum free entitlement either directly or indirectly'. However, during the course of our fieldwork (April 2007 - August 2008) we identified a small number of examples where it was unclear as to whether this guidance was being fully adhered to. A small number of local authorities identified local issues with 'top-up fees' that they were trying to address. This was evidenced through the local authority consultations and our implementation case studies. In one case, a provider allowed parents to take up a five hour session in a day but only to use the free entitlement for the first three hours. In another instance a provider allowed parents to use two sessions of the free entitlement in a day but required them to pay for the 'bridging' lunch club session. Another example involved a provider deducting the value of the free entitlement from parents' overall bill. Whilst this does mean that the full value of the entitlement has been passed on to the parent, it may mean that they

are not receiving their 15 hours of entitlement free of charge. For example, one provider had a parent using three, five hour sessions. They then deducted the hourly payment they received from the local authority and charged the parent the difference between the provider's rate and what was received from the local authority. We recommend that the Department reinforces and clarifies the Code of Practice principles on 'top-up fees' to local authorities, and that these should be communicated clearly to all providers in the revised Code of Practice that will be issued in September 2010. We understand that work on this is already underway and that a consultation exercise is planned for April 2009.

- **Private sector funding rates** - building on the 'top-up fees' point is a more general concern regarding hourly funding rates for private sector providers. A number of local authorities identified this as a significant issue. In some instances private sector providers have pulled out of delivering any entitlement, or have threatened to do so because they claim the hourly funding rate is not covering their delivery costs, particularly if the parent is not buying any additional entitlement. A number of pathfinder authorities have had private sector providers (particularly large chains) refusing to deliver the new entitlement, and one has had several providers drop out of the pilot because of funding issues. These examples reflect wider concerns about funding for the existing entitlement rather than just the new extended and flexible element. However, the request to extend hours and deliver more flexibly could be encouraging some providers to be more vocal on this issue because of increasing requests for flexibility from parents. All local authorities are currently reviewing future funding as part of their single funding formula work.
- **Splitting fees between providers** - this issue also arose in both rounds of consultations with local authorities and relates to splitting the entitlement between different provider types. The maintained sector is usually funded by places and the PVI sector is funded by the hours delivered to each child. In other words, a maintained sector provider will usually receive the same funding whether a child uses 10 hours of provision at the setting, or 15 hours, whereas the PVI provider will only be paid the actual hours used. Again, this is not a new issue, but it is one that may be compounded if parents are seeking to use their free entitlement in different ways and across more than one provider. In some cases local authorities have effectively double funded some of the hours if a parent wants to split their entitlement across a maintained and a PVI provider, or alternatively a parent has been advised that if they take-up a place in a maintained setting that they will not be able to take any additional funded provision elsewhere. As with the previous point, the work being undertaken by local authorities on single funding formulas should resolve this issue.
- **Transition points** - a couple of local authorities expressed some concerns about transitions between providers, particularly where children are using more than one provider either through formal or informal collaboration. The concern related to the extent to which the transition between settings are managed over the course of a day, or whether it is managed at all if children are attending one setting on one day and another setting the next. Where there are formal collaborative arrangements in place local authorities are encouraging providers to plan provision jointly. If arrangements are informal then this is clearly more difficult to manage. Those interviewed provided no specific evidence that using more than one provider was detrimental to a child, rather there was a general concern that there is little evidence of the impact of such arrangements which left some officers concerned about the extent to which such arrangements should be encouraged.

- **Influence over the maintained sector** - in some instances local authorities have reported difficulties in encouraging the maintained sector to deliver the new entitlement. More generally, some local authorities have felt they have had less influence over schools which have a great deal of autonomy and secure funding arrangements, and for whom additional funding is less of a motivating factor to participate. In part, this appears to be a cultural issue with some schools regarding the extended and flexible entitlement as drawing them into the childcare arena in which they do not feel comfortable⁸. This has in part depended on the view of individual head teachers, but has proved a challenging issue for some local authorities. In some cases this was getting easier as schools realised they could get over the practical implementation issues, and also recognised that they may lose children to other local providers (including other schools) if they are not meeting parental demand, but there is still much work to be done in some areas to convince the maintained sector to participate.
- **Managing parental demand** - local authorities have frequently been cautious about the way they have promoted the new entitlement as they have not wanted to raise parents' expectations about what is available. Having the guidance on the minimum and maximum number of hours that can be used, and over how many days has been a useful tool in this respect. In some cases they have also explained in promotional material that the extent of flexibility that can be offered is partly down to what an individual provider can offer, and that not all providers will be able to offer the same patterns of provision. Furthermore, many have helped parents to identify providers which can best meet their needs in terms of the patterns of provision offered.
- **Impact of extended and flexible hours on children** - a challenge for some local authorities has been to understand the impact of new models of delivery on outcomes for children. The fact that a number of local authorities have restricted the number of hours that a child can take-up the entitlement in a day to fewer than 10 hours⁹ (the maximum suggested under the Department's guidelines) reflects an anxiety amongst some about the length of time children should spend in such provision. This issue is largely unresolved, indeed the literature review included elsewhere in this report suggests there is very limited evidence available on the impact of flexible delivery on child outcomes.

Challenges faced by early years providers in implementing the new entitlement

We asked local authorities to comment on the types of barriers and challenge that providers have faced in being able to deliver the extended flexible entitlement. These are described below. However, it should be noted that local authorities were positive that most of these issues were being addressed and overcome, and that they were not preventing providers from participating in delivering the extended flexible entitlement.

- **Increased administration** - many providers have reported an increase in planning and administration time as a result of delivering the new entitlement - particularly where providers are now delivering more flexibly. The new entitlement has stimulated demand for different patterns of provision. Whilst a core group of parents still like the traditional pattern of provision over five days, there has been demand for provision delivered over three days. The result of this is that providers may now have numerous different patterns of attendance, which not only impacts on planning of staff rotas, but also billing arrangements for parents. Billing arrangements (where parents

⁸ This is despite the Early Years Foundation Stage removing the distinction between 'education' and 'care'

⁹ Based on the findings of the EPPE study

are also purchasing additional time) have become more complicated for providers and it has taken time for some providers to develop such systems. In Blackpool they have supported providers with a new IT system to help them in managing places, billing arrangements and submitting funding claims to the local authority.

- **Staffing** - for example, sessional providers previously had relatively simple models of delivery in place with children generally attending either a morning or afternoon session. Many sessional providers have now introduced lunch clubs to bridge the gap between sessions and can now offer full day provision. As a result, they now have children arriving and leaving at different points in the day. This has been a challenge in terms organising staff rotas to ensure adequate coverage across the whole of the day. Local authorities have often advised providers to ask parents to commit to particular patterns of attendance to make planning easier.
- **Contracts for maintained sector staff** - in the maintained sector, teacher contact time has been an issue. Teaching contracts set out the contact hours that teachers can have with children, and extending the entitlement in schools has frequently meant that teachers would be delivering more contact hours than they are contractually obliged to. This issue has been often tackled by using additional staff to deliver part of the entitlement, for example during the lunchtime session, which has meant that teachers have not exceeded their contracted hours.
- **Recruitment** - this was identified as having been a particular challenge for sessional providers that have moved towards full day provision. The introduction of bridging lunch time provision has created a need for additional staff to cover short periods of time. Some providers have experienced difficulties in recruiting staff for contracts of less than 10 hours per week. A further issue that providers have raised with local authorities is the level of qualifications needed by a staff member supervising lunch club sessions, i.e. do they need to be Level 3 qualified?
- **Premises availability** - has been a particular issue for providers operating out of shared premises. Whilst some providers were enthusiastic about the idea of extending the hours they deliver this simply was not viable as they did not have premises available to do this. This is most common amongst voluntary and community providers operating out of community facilities. In many cases it has not been possible to overcome these issues unless the provider has worked in partnership with another setting to deliver the full 15 hours.
- **Suitability of premises** - lack of space for quiet time and adequate outdoor space have been concerns for local authorities and some providers in delivering extended flexible provision, particularly where children are using larger blocks of their entitlement over a single day. In some instances it has been possible to address these issues through additional one-off funding that has been used to buy sleep mats, additional outdoor play equipment, or even outdoor canopies and wet weather outfits, for example, and this has improved the suitability of settings to offer longer sessions. However, some concerns remained over the potential suitability of some premises for offering extended provision.
- **Curriculum planning** - some pathfinder local authorities expressed a concern that providers still think about curriculum planning in blocks of time rather than as whole days. For example, sessional providers used to think about planning in 2.5 hour blocks, and even though some now provide an option of two sessions in a day for a child it is not always clear whether this is planned as two sessions or a full day. Existing full day providers are more experienced and used to planning provision over

a whole day. As providers start to implement the Early Years Foundation Stage curriculum these issues should be addressed.

Summary

- **Coverage of the extended flexible entitlement** - as of May 2008, 14 of the 19 pathfinder local authorities we consulted had in excess of 70% of their providers participating in delivery of the extended flexible entitlement.
- **Promoting the new entitlement to providers** - all local authorities either hosted workshops or events that were arranged specifically to introduce the new entitlement, or they 'piggy-backed' onto existing fora and groups which they used as a means of talking with audiences of providers. These activities were usually supplemented by one-to-one support for provider as needed.
- **Assessing parental demand for extended flexible entitlement** - there was little evidence that local authorities planned the introduction of the new entitlement based on any assessment of parental demand. By April 2007 few had completed their childcare sufficiency audits, and the onus appears to have been on providers themselves to identify demand for extended and flexible provision.
- **Definitions of flexibility** - the widest variation between the Department's suggested guidelines and the local authorities' definitions of flexibility relates to the maximum number of hours that can be used in a single day. The Department suggests a maximum of 10 hours in one day, but seven of the 18 local authorities we consulted set the limit lower than this (between six and nine hours as a maximum). This was usually based on a view within the local authority that 10 hours of early years provision in a day is detrimental to children, although it was not entirely clear where they had evidenced this, nor how they have decided on the optimum upper limit on hours to be used in a single day.
- **Flexibility uplift funding** - the flexibility uplift funding was used by local authorities in a number of ways:
 - Enhanced hourly rates for all or some of the 15 hours.
 - Underwriting places to support the development of new services and to test their feasibility (e.g. breakfast and lunch clubs).
 - Purchase of equipment or enhancements to premises to allow for flexible and extended delivery.
- **Costs associated with flexible and extended delivery** - there does not appear to be a 'one size fits all' model for funding to facilitate extended and flexible delivery. Whilst many local authorities were confident that by providing enhanced hourly funding rates they encouraged providers to participate in delivering the new entitlement, it is difficult to prove a causal link given that some have secured extensive roll-out without the use enhanced hourly rates. Furthermore, the consensus was that the costs associated with enabling providers to deliver the new entitlement varied between individual settings. Examples of costs associated with flexibility and extended provision include the following:

- **Flexible delivery** - local authorities found this universally hard to identify. Two main costs were identified in relation to delivering flexibly: increased administration time for providers, and staffing to ensure that legal child:adult ratios were maintained throughout the day.
- **Extended delivery** - where there were cost implications for delivering the new entitlement these largely related to the extended element, for example having sleep mats for children and adequate outdoor space if they are spending longer in a setting, or staff wages for working longer hours. Furthermore, a number of these were one-off costs to facilitate extended delivery, with increased staffing and utility bills being the main additional and ongoing cost.
- **Challenges for local authorities in implementing the new entitlement** - specific challenges relating to implementation of the new entitlement (as opposed to the early years entitlement more generally) include the following:
 - **Officer time** - the process of rolling out the new entitlement has been resource intensive and in most cases has required a significant amount of officer time.
 - **Influence over the maintained sector** - in some instances local authorities reported difficulties in engaging with the maintained sector to deliver the new entitlement. More generally, some local authorities have felt they had less influence over schools which have a great deal of autonomy and secure funding arrangements, and for whom additional funding is less of a motivating factor to participate. In part this appears to be a cultural issue with some schools regarding the extended and flexible entitlement as drawing them into the childcare arena which they do not see as their role, despite the distinction between 'education' and 'care' being removed through the Early Years Foundation Stage curriculum.
- **Challenges for providers in delivering the new entitlement** - key challenges identified by the local authorities for providers included the following:
 - Increased administration time required.
 - Managing staff rotas in light of increased flexibility in attendance patterns.
 - Recruitment of staff.
 - Premises availability and / or suitability.
 - Curriculum planning.

Annex B: Implementation case study findings

Introduction

This annex presents the findings from the second wave of implementation case studies undertaken in 2008, and where relevant compares the results with the findings from first wave of consultations (2007). In the first year of the evaluation we undertook face-to-face consultations with 46 providers, covering 10 of the pathfinder local authorities¹⁰. The visits took place between June and July 2007, at which point they were either delivering the new entitlement or planning to do so from September 2007. The purpose of the implementation case study visits was to identify the way in which providers were implementing, or planning to implement, the new entitlement. The consultations also provided an opportunity to understand any difficulties providers might be facing in delivering the new entitlement, and how these were being overcome. Finally, we also sought to understand the impact of the new entitlement on providers in relation to issues of capacity and financial viability.

In year two of the evaluation we attempted to re-contact all 46 providers that we consulted in year one. This time we conducted consultations over the telephone between June and August 2008¹¹. The purpose of the follow-up consultations was to identify the year one providers' progress in delivering the new entitlement

We attempted to re-contact all 46 providers, however, we were only able to complete 35 consultations in year two. All providers had been advised in year one that they would be re-contacted for a second interview in 2008 (and all agreed to do this). There appear to have been three key reasons for the lower response rate in year two:

- In one instance the provider had closed down.
- In other cases the member of staff we spoke to last year was no longer in post.
- In maintained settings and some community-based settings we experienced logistical difficulties making contact with key staff who were classroom-based or only contactable by mobile telephone.

In all cases of non-response we attempted to make contact at least three times via telephone (leaving messages), and where we had the email addresses we also attempted contact through this route also. Despite the relatively high number of non-responses we still managed to secure a good distribution by provider type within our sample. In Table B-1 below we detail the distribution of consultations undertaken in year one and year two.

¹⁰ Derbyshire, Haringey, Hertfordshire, Newham, Peterborough, Rochdale, Somerset, Sunderland, Worcestershire and York.

¹¹ Where a provider was also the subject of an observational visit we conducted the consultation face-to-face.

Table B-1: Breakdown of implementation case study consultations in year one and year two

Local authority	Community / voluntary		Maintained ¹²		Private / Independent		Total	
	Y1	Y2	Y1	Y2	Y1	Y2	Y1	Y2
Derbyshire	2	1	1	1	2	2	5	4
Haringey	2	2	1	1	1	0	4	3
Hertfordshire	1	1	3	2	1	1	5	4
Newham	2	2	0	0	2	2	4	4
Peterborough	3	2	0	0	2	1	5	3
Rochdale	1	0	2	1	2	0	5	1
Somerset	1	0	1	1	2	2	4	3
Sunderland	0	0	4	4	0	0	4	4
Worcestershire	3	3	0	0	2	2	5	5
York	3	2	0	0	2	2	5	4
Total	18	13	12	10	16	12	46	35

Source: SQW Consulting implementation telephone interviews, June – August 2008

During our consultation with Peterborough City Council we had a request to incorporate the views of childminders into our research.¹³ We agreed to this and Peterborough collated the views of seven childminders that were part of their local accredited network, on our behalf. These childminders were all delivering the extended flexible entitlement and we included their views in the analysis that follows.

The findings in this annex are presented under the following headings:

- **Models of delivery: pre-pathfinder and current** - outlines how providers have changed the way they deliver the early years entitlement in light of their involvement in the pathfinder.
- **Collaboration** - identifies the extent of collaboration between providers and the different approaches taken.
- **Take-up of the extended flexible entitlement** - feedback from providers on the levels of take-up of the new entitlement, demand for places and the most popular patterns of usage amongst parents.
- **Implementation issues** - examines the issues faced by providers in being able to deliver the new entitlement, and how they have been able to overcome these.

¹² The maintained sample includes two children's centre which were able to provide full day care provision before the introduction of the new entitlement.

¹³ Childminders were not included in the provider survey for two reasons, i) it would have required a specific questionnaire that was tailored to this group of providers, ii) it was felt unlikely that local authorities would be comfortable in providing childminder's personal address details to a third party without first confirming this with them and this would have been a time consuming process.

- **Impact on providers** - explores the costs involved in delivering extended and flexible provision, and the impact of delivering the new entitlement on providers' financial position.

Models of delivery: pre-pathfinder and current

During our consultations with providers we asked them to explain any changes they had made to their opening hours since they started to deliver the extended flexible entitlement or any changes they had made to their patterns of delivery.

Changes in opening hours

Amongst the providers we consulted, only those in the maintained or voluntary and community sectors had made any changes to their opening times. This is perhaps unsurprising given the high volume of providers in the private sector that already offered full day care provision.

Over half of the maintained and voluntary and community sector providers we consulted had changed their opening hours as a result of participating in the extended flexible entitlement. These were all previously sessional-only providers, and they reported that they had changed their opening hours in two main ways:

- Earlier start times or later finishing times for sessions - frequently 30 minutes had been added to a session time (now typically lasting three rather than 2.5 hours each)
- Provision of breakfast, lunch or after school clubs - this has allowed parents to access additional provision on top of a 2.5 hour session.

In almost all cases providers reported that they had consulted parents to assess demand before they made any changes in opening hours. The majority spoke with existing and prospective parents on a one-to-one basis but a small number distributed questionnaires to parents to assess demand. The response to questionnaires was mixed and one provider expressed disappointment at a poor response rate from parents and lack of consistency in their responses. In our judgement this was largely a reflection of a poorly designed questionnaire and may point to a need for local authorities to provide additional support to providers in assessing demand.

One-to-one discussions with parents were viewed as a good means of understanding parental demand. One provider noted that this was particularly helpful as it gave them an insight into a child's family life and the needs of that family, for example they realised that some parents had other caring responsibilities e.g. elderly parents or a disabled child, and that the changes in the way they delivered their hours could have a positive impact for that family in being able to manage their caring responsibilities.

Flexibility and changes in delivery patterns

At the time of the first year consultations not all the providers had commenced delivery of the new entitlement. Whilst in the second year all indicated that they were now delivering the extended entitlement, not all were delivering it flexibly. For the purposes of our discussions with providers we defined flexibility as *offering a pattern of 15 hours provision that is not restricted to 3 hours maximum over a minimum of 5 days*.

All but seven of the 35 providers we consulted in year two were offering some degree of flexibility in the way they deliver the new entitlement. This is in line with the proportion that reported they were delivering flexibly in our first round of provider consultations. All of the private or independent providers we contacted were delivering the new entitlement flexibly (according to our definition of 'flexibility'). Similarly all but one of the maintained settings was offering some degree of flexibility. This may appear surprising given the feedback provided by some local authorities on their difficulties in engaging the maintained sector. However, it should be noted that our maintained settings sample included two children's centres that were already offering full day care provision, and that these were all maintained providers that agreed to join the pilot in the first year (which reflects their willingness and enthusiasm to participate in the first place). A little under half of the voluntary and community sector providers we consulted offered any type of flexibility in how parents can use their 15 hours of entitlement. We discuss their reasons for not offering flexibility later in this section.

Flexibility in the voluntary and community sector

The types of flexibility offered in practice varied enormously between providers, but almost all providers in this sector imposed some restrictions. They tended to model their provision around two sessions per day (morning and afternoon) and most frequently used a lunch time session to extend the number of hours parents could use in a day. Parents could typically take-up full day provision, a single session, or a session with a lunch club (before or after their morning or afternoon session). Although many providers offered full day care provision, this was within the confines of their opening hours (usually opening somewhere between 8.30am and 9.30am, and closing by 4pm). These hours are generally shorter than those offered by private full day care providers. For most providers the minimum block of the free entitlement that parents could use in a single day (i.e. without purchasing additional hours) was between 2.5 hours and three hours. Providers reported that there was no parental demand for standalone sessions lasting less than two or three hours.

It is interesting to note that two of the voluntary and community providers offering full day provision to parents across two sessions in one day, required parents to pay for the use of the 'bridging' lunch club. Therefore, unless parents were willing to take children home in between sessions there was a charge for them to be able to use a full day care provision because the lunch club was excluded from their free entitlement. However, providers reported that parents did not object to this arrangement.

Flexibility in the maintained sector

There were a variety of models of flexibility within the maintained sector. Again, traditional models of delivery were based on morning and afternoon sessions, with children accessing over five days. Some maintained settings now offered access to breakfast and / or lunch clubs and after school provision, or even other provision operating from the same site, such as playgroups. As with the voluntary and community sector, some maintained sector providers offered such flexibility as part of the free entitlement whilst others offered these services outside the free entitlement and charged for them.

The minimum entitlement that parents were offered in a single day in maintained settings was related to the length of the core session, which was usually between 2.5 and three hours in length. A number of maintained settings consulted offered the new entitlement over full days (say between 9am and 3pm) rather than for a maximum of one session per day across five days.

Flexibility in the private and independent sector

The flexibility model in the private and independent sector was more complex. At one extreme some providers claimed to offer complete flexibility on how the 15 hours could be used over a minimum of three days, whilst at the other end some providers imposed tight restrictions. For example, one provider delivered two five-hour sessions per day, and asked parents to pay for the balance on the three-hours of daily free entitlement per session (i.e. they cannot use more than 6 hours of free entitlement in a day, or more than three hours in one session). The provider is being flexible by offering 10 hours of full day care provision, but parents have to pay for four of these 10 hours. Other providers required parents take-up a minimum of five hours in one day (i.e. one session) or alternatively 10 hours (i.e. two sessions) if they are not purchasing any additional hours. Parents' options were often constrained to either five or 10 hours in one day, not something in between.

The argument for setting such restrictions was the need to ensure the financial viability of settings. In other words providers find it easier to fill a place with one child taking up the place for the whole day, or with the place split into two sessions with one child each session. Some providers argued that trying to fill a full-time place with different children taking up small blocks of time is not financially viable or sustainable.

In some cases providers had a large number of parents using full day care across five days of the week. It was not uncommon for the monetary value of the free entitlement to be deducted from parents' overall childcare bill. In such cases it is very difficult to identify whether top-up fees are actually being charged or parents are genuinely receiving 15 full hours of free entitlement.

Collaboration

There were some examples of collaborative arrangements to deliver the extended flexible entitlement between more than one setting, or to deliver paid 'wrap around' provision in addition to the free entitlement. The arrangements described by providers are largely informal and there is little evidence of new arrangements arising as a consequence of the new entitlement.

Four of the 13 voluntary and community sector providers we consulted regarded themselves as working in partnership to deliver the free entitlement. However, in three cases these were informal arrangements usually brokered by parents. In one instance a setting collaborated with a children's centre operating from the same site to offer 'wrap around' provision if needed.

Within the group of private and independent providers two types of collaboration were reported: a long standing relationship between providers from the different sectors; and new arrangements set up for delivering the new entitlement. In the latter case the private provider supported the school by delivering the additional 2.5 hours of provision.

Four of the 10 maintained settings consulted had collaborative arrangements in place. However, only one allowed parents to use their free entitlement across more than one provider; this was a school working in partnership with an on-site breakfast / lunch / after school club provider. The other three collaborative arrangements allowed parents to supplement their free entitlement with paid provision if they wanted to extend their hours. Of the childminders operating in Peterborough that were consulted, the majority (five out of seven) had children that were splitting sessions between them and another provider, usually a preschool setting. The consensus view was that parents were using two providers out of choice because they wanted their children to experience different environments.

Take-up of the extended flexible entitlement

We asked providers to estimate the proportion of children registered with them that now take-up their full entitlement of 15 hours of free entitlement, and also whether there was any variation in this depending upon the age of the child.

Of the 35 providers we consulted, 19 stated that all eligible children registered with them were using their full entitlement of 15 hours. All but two of the 10 maintained settings reported that all children were using their full entitlement. However, of the remaining two maintained settings, one had all but one child using their full entitlement and the other had 95% using their full entitlement.

The pattern of take-up across private and voluntary and community settings was different. Only eleven of these 25 settings agreed that all children registered with them were using their full entitlement. In those settings without full take-up, the proportion using the maximum free entitlement ranged from 25% to 85% of children. Providers offered a variety of reasons why full take-up was not achieved without any discernable pattern which distinguished the two sectors:

- These sectors allow parents to use more flexible attendance patterns than maintained settings, including supporting parents that do not wish to use their full entitlement.
- Parents of younger three-year olds prefer to use a smaller number of hours and increase these hours as they get closer to school age, or they simply do not feel the need to use their full entitlement and have a preference for the child to spend time with them at home.
- Providers did not have adequate space to offer all children 15 hours, and as result a child may need to access two providers if they want use their full entitlement.
- There is a collaborative arrangement in place which means that a child splits their hours between two settings.
- Providers only offer one session on some days which means that parents either access part of their entitlement elsewhere if they need full day care provision, or they buy the wraparound provision they need separately¹⁴.

¹⁴ For example a parent may only want three days provision to match with their working pattern. They take-up three morning sessions at a sessional provider and then use a childminder to provide care for the rest of the day. In this instance the provider can offer 15 hours of provision over five days of the week but this is not the pattern the parent wishes to use, and they only 'claim' nine hours of their entitlement overall.

- Some parents wish to access their entitlement over two days but live in areas where the local authority has restricted the maximum number of free hours that can be claimed over two days to 13 hours or less, resulting in these parents deciding not to use their remaining two hours of entitlement on a third day because it is too short and they do not wish to purchase additional hours.

Whilst there were clearly some children who were not taking up their full entitlement, the overall proportions are likely to be higher than estimated by providers, especially since a number commented that their children were also accessing provision elsewhere. However, feedback from providers suggested that some were unable to offer the flexibility needed by some parents, particularly in providing 15 hours over 2-3 days, and as a result parents may not be using their full entitlement.

Providers were also asked to comment on whether the introduction of the extended entitlement had led to more parents taking their full entitlement overall than was the case when the entitlement was only 12.5 hours. In the majority of cases providers indicated that it had made no difference. However, eight of the 35 consulted providers reported that take-up of the full entitlement has increased since the start of the pathfinder. Amongst this group the most common reason given for this growth was increased promotion of the new entitlement by the local authority and/or the providers. In other words, parents were now more aware of the level of entitlement they could access. One provider pointed to the fact that parents could use their provision over just three days as a reason for higher take-up as it was a particularly good model for parents working part-time that only wanted care three days a week. Previously the setting only offered the option of 2.5 hours per day which meant some parents only used 7.5 hours out of a possible 12.5 hours that were available to them. Two providers did not attribute the increase in take-up to the new entitlement; rather they thought it more likely a result of them becoming more established in the community (a relatively new provider) or because a provider near by had closed down which meant more children that might previously gone elsewhere were now coming to them.

Unmet demand

We asked providers to comment on demand for places, and specifically whether there were any times of the day or week where demand outstripped supply. Where this was the case we also asked them how they managed this issue. In the first year just over half the providers we visited reported that there was excess demand at certain points in the day or week, most commonly in the morning.

The feedback from providers in year two suggested that there was still excess demand at certain times of the day or week. This is not to say that providers are consistently full across the whole week, rather it is the case that not all parental preferences can be met. Twenty of the providers we interviewed indicated that they had periods where excess demand was an issue. This was a common issue across all provider types.

As in the first year, it was morning provision which was most in demand, as well provision in the middle of the week (Tuesday, Wednesday and Thursday). The demand for morning provision was frequently linked to dropping off older children at school at the same time and the popularity of mid-week patterns was associated with demand from parents that work part-time. However, it should be noted that whilst parents might express a preference for morning provision from a sessional setting, providers report they were usually happy to use an alternative session if available, particularly if they are not in employment.

A couple of providers also identified that they had a specific shortage of full-time places available to parents that wanted two consecutive days of full day provision. Although parents cannot use their full entitlement over two days (as noted earlier) some only wish to use two days and will pay for additional hours over and above the free entitlement if necessary, rather than using provision over three days.

Two providers reported that they had increased their capacity to meet demand from parents, however, none of the other providers had any plans to do so. Neither provider attributed the need to increase their capacity to them delivering the extended flexible entitlement.

A large number of providers operate a waiting list, usually for specific days of the week or times of the day. They adopted different methods for allocating places when there was excess demand, including the following:

- Places are allocated on a first come first served basis.
- Older children or children with special needs are given priority.
- Working parents or parents with other commitments are given priority for the times and days they have requested.

Implementation issues

Providers were asked to consider the barriers (if any) they faced in implementing the extended and / or flexible elements of the new entitlement.

Barriers faced in delivering the extended entitlement

Table B-2 (below) describes the types of barriers reported by providers in delivering the extended entitlement and how they have sought to overcome these. Interestingly, feedback from childminders in Peterborough suggested that they had faced no barriers in implementing the entitlement, apart from not having enough places to meet demand in one instance. Of the remaining implementation issues raised by providers, none were sector specific, but the issues related to curriculum planning and staffing are particular challenges to providers that have previously worked on a sessional basis, but are now offering extended provision or full day care.

Interestingly, providers did not identify equipment and suitable spaces as a barrier to the delivery of extended provision. However, a number indicated that they had received one-off grants to help them in delivering the extended entitlement, typically for the purchase of new play equipment or physical improvements to indoor or outdoor space. It could be the case that settings did not identify premises or equipment as barriers because they have received funding to overcome this, or that these were not perceived as major barriers to implementation even if there has been a financial implication.

Table B-2: Examples of barriers and solutions to delivering extended entitlement

Challenge	Solution
Curriculum planning - particularly an issue for sessional providers	<ul style="list-style-type: none"> • Local authorities should continue to provide support to providers on the implementation of the EYFS and ensuring the curriculum meets the needs of children over the course of the day or week, rather than planning in small blocks of time or sessions. • One pathfinder authority identified full day care providers as being a useful resource for sharing good practice in curriculum planning with settings that have traditionally worked on a sessional basis.
Overcoming the tension identified by some providers between 'care' and early years education'	<ul style="list-style-type: none"> • Local authorities should continue to remind providers that the EYFS now removes the distinction between 'care' and 'early years education'. • Encouraging providers to think creatively, e.g. breakfast and lunch session can be used to deliver aspects of the curriculum around language and communication, and should not be viewed as simply 'care' sessions.
Teacher contact time - concerns within the maintained sector that the extended entitlement would not allow for sufficient non-contact time	<ul style="list-style-type: none"> • Using more than one teacher over the course of the day can ensure that all staff remain within their contractual contact hours. • Use of level three staff to deliver breakfast/lunch clubs to extend the sessions available to children is another approach used by some maintained settings to ensure that contractual contact hours are adhered to. • A number of local authorities also offered practical HR advice to providers on revising staff contracts, if this was needed.
Planning staffing cover and rotas	<ul style="list-style-type: none"> • Staggering lunch and break times for staff is a solution that some settings have adopted in order to deliver extended and flexible sessions, whilst ensuring the correct adult:child ratios at all time. • Many providers have recruited additional staff to supervise lunch periods, with a suitably qualified member of staff on duty at all times. • One provider used 'flexible' contracts with staff whereby they work 40 hours over a 4 or 5 day period. This has helped them to manage staffing to deliver flexibly. • Particular importance should be paid to ensuring adequate staff cover at key transition points in the day, e.g. when large numbers of children might be arriving or leaving at the same time, which requires staff on hand to settle children and also to pass on or receive information from parents/carers. • A large number of providers also required parents to provider several weeks' notice of any changes to attendance patterns in order that staffing rotas can be planned in advance.

Challenge	Solution
Extending opening hours and/or the number of hours that children can attend each day	<ul style="list-style-type: none"> • Sharing practice from full day care providers on how to manage the delivery of provision over longer periods, including sleeping and meal times. • The premises used by some providers may not be suitable for delivering extended and flexible provision, e.g. poor quality outdoor space, and it may be unrealistic for some providers to move away from sessional delivery limited to three-hour blocks per day. • A number of local authorities provided small grants to cover the purchase of sleeping mats, tables and other equipment if sessions and/or opening times had been extended, and providers reported this as being useful. • Purchase of equipment that can easily be stored away (e.g. stackable chairs) was identified as important for providers who want to extend sessions/opening hours but have limited space. • Defining quiet and sleep space for children who are attending extended hours, such as the use of dividers to segregate quiet space from active play space. • Local authorities have also provided practical advice and guidance to providers on changing their Ofsted registration from session to full day care provisions.
Managing charging arrangements for parents ¹⁵	<ul style="list-style-type: none"> • Local authorities should ensure that the rules relating to the charging of 'top-up' fees are adhered to. • Some local authorities have provided practical support to providers on how to manage charging arrangements in a transparent fashion, and also on appropriate models for charging to ensure financial viability. • Some providers have sought to simplify charging arrangements by allowing parents to use their free entitlement for 'session' hours with breakfast and lunch club being payable as additional extras. In contrast, other providers have allowed parents to use lunch club/breakfast club provision as part of their free entitlement with any additional hours (i.e. more than 15) being charged at a standard hourly rate.
Extending hours when using shared premises	<ul style="list-style-type: none"> • Practical support from local authorities on re-negotiating leases may be useful in some instances. • A small number of providers we interviewed had developed collaborative arrangements where another provider is close by and one setting would find it difficult to deliver the new entitlement alone. For example, in Newham a private provider is supporting a maintained setting by collecting children from the school and delivering the additional 2.5 hours at their site.

¹⁵ This relates to two issues, i) how providers discount the additional 2.5 hours from parent already using in excess of 15 hours provision per week, and ii) some providers are now offering parents the opportunity buy extra hours in addition to the free entitlement for the first time which has meant billing has been introduced.

Challenge	Solution
Brokering collaborative arrangements in order to be able to offer the new entitlement	<ul style="list-style-type: none"><li data-bbox="1133 311 2040 384">• In some instances there are practical and insurmountable reasons for a provider not being able to offer extended and/or flexible provision. Local authorities could support providers by brokering collaborative arrangements between providers to offer the entitlement.<li data-bbox="1133 400 2040 523">• One setting held an open day for childminders to identify interest in providing wrap-around care from late afternoon onwards when they were closed as they did not have enough demand to make this a viable option to deliver directly. This was done informally but provided a means of being able to link parents that wanted full day care or additional afternoon provision to another provider that can deliver this.<li data-bbox="1133 539 2040 587">• Where formal collaborative arrangements are in place, providers should consider joint planning and information sharing to promote positive outcomes for children.

Source: SQW Consulting

Barriers faced in delivering flexibly

Overall the barriers to implementation identified by providers were largely related to the extension element of the new entitlement rather than the flexibility element. However, Table B-3 below (Examples of barriers to delivering flexible entitlement) describes a number of specific examples of barriers that providers have faced in delivering flexibly. It is important to note that not all providers are offering flexibility, and that the degree of flexibility varies between settings. Again, it appears that many examples of barriers were most pronounced in settings that had moved from sessional only provision, to offering longer sessions and/or full day care provision.

The issue of the financial viability of delivering flexible provision in small blocks is more concentrated in the private sector and reflects concerns amongst some about the expectations that are being placed on them through the new entitlement. In contrast, one of the childminders consulted in Peterborough found that by delivering extended the flexible entitlement they were able to advertise small spaces of time which they would normally find hard to fill.

Table B-3: Examples of barriers to delivering flexible entitlement

Issue	Solution
Ensuring appropriate adult to child ratios are in place when delivering flexibly is challenging.	This can be overcome through planning of staff rotas, and it is helpful to get parents to commit to particular patterns of attendance with notice periods required for any changes. One setting negotiated with staff to work 40 hour flexible contracts, which has meant that some staff work four long days rather than five days.
Managing transitions - some providers have had peak periods in the day when there now are lots of transitions, i.e. children arriving and leaving, frequently over lunchtime.	Planning of staff rotas (and sometimes recruitment of additional staff) to ensure correct ratios and that staff are available to support children arriving and leaving during key transition points.
Financial viability - for some providers the flexibility element is problematic if parents are encouraged to use small blocks of standalone provision on one day. Where parents want to use fewer than 3 hours, it is hard for full day care providers to fill places around this, meaning that parts of places go unused.	In some cases this remains unsolved and in others providers have restricted the minimum number of hours that can be used on one day to five hours. One provider sets limits on the number of part-time places they offer through the entitlement as their core market is parents wanting full day care provision.
Curriculum planning for children using flexible patterns of attendance is challenging.	Development of robust planning systems to ensure and develop a variety of experiences for each curriculum theme. The introduction of the Early Years Foundation Stage is also supporting this aspect of curriculum planning.

Source: SQW Consulting implementation interviews with providers, June-August 2008

Delivery of provision between 4pm and 6pm

We asked those providers offering provision between 4pm and 6pm whether they had faced any specific issues in delivering the entitlement during this time slot. The majority of voluntary and community providers (10 out of 13) were not delivering provision during these hours, and the remaining three were unable to identify any specific issues.

The maintained settings we consulted were also less likely to be offering the free entitlement during between 4pm and 6pm, with only two of them doing so. Interestingly, five (half) of the maintained settings stated that parents were able to access some form provision during this period if they wanted, but they could not have this as part of their free entitlement. Several of those consulted were explicit in their view that provision during this time slot constituted 'childcare' and was not 'early years education'¹⁶, and as a consequence was not eligible for inclusion as part of the free entitlement. Only one maintained setting highlighted an issue in relation to the provision of the entitlement between 4pm and 6pm. This related to planning to ensure that they had the correct adult:child ratios for the period, and that if a child's key worker finished before the child was picked up that they completed a thorough handover with a remaining member of staff to ensure that any important information is passed on to parents.

All of the private and independent settings we interviewed offered provision between 4pm and 6pm, however, two of them did not allow parents to use their free entitlement during this period. In one case this was based on experience of fee-paying parents who are frequently late to pick children up and a concern that they would not be able to charge a 'late fee' for parents using the free entitlement only.

As with the feedback from the maintained settings it is interesting to note that several private providers described the 4pm to 6pm slot as being different to the rest of the day. The following comments illustrate these views:

...generally after 5pm we are offering a childminding service with tea and free play.

...the problem with this time slot is that you can't make it a session in its own right...most parents using provision at this time pick up their children between 5pm and 5.30pm.

...for those paying children that do stay between 4pm and 6pm, the nursery does not offer focused activities...firstly, if a parent comes to pick up a child during this time and interrupts the focused activity the child gets upset, and secondly, there is not enough time to tidy-up after focused activities last thing in the day.

A key challenge for providers delivering between 4pm and 6pm appears to be how this time is structured and whether in fact it falls within the category of 'childcare' rather than 'early years education'. This is a key transition point in the day for some providers with parents arriving to collect children during this period which complicates the planning of activities.

¹⁶ Despite the Early Years Foundation Stage removing the distinction between 'education' and 'care'.

Impact on providers

During the consultations with providers we asked them to consider the costs they have incurred as a direct result of delivering the new entitlement. We asked them to consider these in general terms, and then to also try and identify which costs were associated with delivering flexibly.

Costs associated with delivering the new entitlement

Just over half of providers identified additional costs resulting from the delivery of the new entitlement. These included the following:

- Additional rent.
- Increased staffing costs.
- Increased consumables (e.g. art materials).
- Increased food and drink costs.

Providers offering full day care provision pre-pathfinder were less likely to identify any additional costs, and were more likely to identify increasing costs that were non-pathfinder related (e.g. increasing electricity charges). It is impossible to pinpoint an exact cost for delivering extended entitlement as it varies so much between providers depending on the type and size of different settings. However, with the exception of a number of private providers who considered themselves to be making a loss on the delivery of any early years entitlement (discussed towards the end of this section), the remaining providers frequently commented that their additional costs were being met through the additional revenue generated.

Costs associated with flexible delivery

In year two of the evaluation the Department was keen to identify the costs associated with flexible delivery. Uniformly, providers found this question difficult to answer, particularly as many were unable to distinguish between costs associated with flexible provision and extended provision. Indeed very few providers identified any specific costs that were related to flexible delivery. In a number of cases it was suggested that by offering flexibility that staffing costs had increased to support key transition points where children are leaving and arriving at the same time (e.g. over lunch time). Previous arrangements, when all children arrived and left at the same time, required less intensive staffing levels.

Planning and administration time was also identified as an additional cost arising from the delivery of flexible provision. This relates to increased time needed for curriculum planning, organising staff rotas, billing arrangements for parents and submission of funding claims to the local authority, in response to more flexible patterns of delivery. No provider was able to detail the specific costs they had incurred through delivering flexibly.

Impact of the extended flexible entitlement on providers' finances

We asked providers to comment on how the delivery of the extended flexible entitlement had impacted upon their organisation's finances. Of the 35 providers consulted in year two, 12 were confident that their financial position had improved since they started delivering the new entitlement, 16 had experienced no change, and seven believed their finances had worsened.

The most positive responses to this question came from providers operating in the voluntary and community sector, with nine out of 13 stating that their financial position had improved since they started delivering the extended flexible entitlement. Furthermore, none of the providers operating in this sector reported any negative financial implications. The reasons for positive responses usually centred on the fact that they were now delivering slightly longer sessions which was generating additional income for the setting. One setting also described the additional funding from their local authority in the first year as a “godsend” because it provided one-off funding for additional staff training and new resources. Another setting also commented that the additional revenue generated from the extended entitlement allowed them to employ additional staff which meant they were more easily able to release staff to take part in training.

Amongst maintained settings the financial situation remained largely unchanged since the introduction of the new entitlement. However, two settings did indicate that they were now financially worse off than they were previously. In the first instance this was because a setting was still waiting to receive its funding from the local authority, and once this has happened they may feel more positive about their situation. However, the second setting used to offer chargeable wrap-around care to parents and they believe that parents are now paying for far less wrap-around care as a result of the extended and flexible hours. This had reduced their income as the hourly fee paid for delivering the entitlement was lower than the direct charge they used to make to parents.

The private and independent sector providers were most likely to state that participation in the pathfinder resulted in a negative impact on their finances. None of the 12 private providers we consulted had seen an improvement in their finances, and over half (seven) thought the extended flexible entitlement has had a negative impact. This is certainly higher than was reported during the first year consultations, when only two private settings identified a negative financial impact. A small number of the childminders consulted in Peterborough also raised concerns about the funding rate paid for delivering the free entitlement being below what would charge parents for the same number of hours, making them financially worse off.

When talking about the reasons for a negative financial impact it became clear that a number of factors were at play, including the following:

- The uplift funding via enhanced hourly rates that was paid by some local authorities in year one has ended, causing a drop in income.¹⁷
- As outlined elsewhere in the report, there was general dissatisfaction with the income providers receive from the Dedicated Schools Grant (DSG) for delivering the entitlement, which is believed to be inadequate especially when parents do not purchase additional hours.
- Even where providers were optimistic about their finances last year, many have since experienced increasing gas, electricity and food bills, and they do not believe hourly funding rates have kept pace with these increases.

¹⁷ However, it should be noted that local authorities did advise providers that additional funding may only be available for the first year of the pilot.

Other benefits arising from participation in the extended flexible entitlement

Providers reported a number of additional benefits that had arisen from delivering the new entitlement. Many found it hard to distinguish the benefits accrued by the setting from those accrued by parents and children. It was not uncommon for providers to suggest that parents had benefited from the new entitlement in relation to being able to access employment or training. A number were also of the view that additional hours were particularly beneficial for some groups of children, for example those that are close to school age and children from deprived backgrounds.

Overall, voluntary and community providers were the most likely to report additional benefits arising from participation in the extended flexible entitlement. However, there were reported benefits highlighted across all provider types. These included the following:

- **Staff training** - some settings have been able to employ additional staff as a result of the additional income generated by delivering the new entitlement. A benefit arising from this for a small number of voluntary and community settings has been the ability to release staff for in-house or external training as they now have more staff to cover during these periods, without any additional net cost (i.e. the additional revenue is more than covering additional staffing costs).
- **Improved retention of staff** - a number of providers have offered staff the chance to work additional hours as part of the entitlement. In some cases this is viewed as having helped to retain part-time staff who want to work a few additional hours but might not necessarily want to work full-time.
- **More delivery time during sessions** - many settings are still using a sessional-type approach (although additional entitlement may be available around this) and have extended sessions from 2.5 hours to three hours as a result of the new entitlement. This is viewed as a positive change because it allows more time to settle children in and deliver activities over the course of a session. It has also benefited providers delivering from shared premises as they report feeling less pressure to deliver the session and clear away equipment. Previously they might have had less than 2.5 hours to deliver activities as they needed to start clearing equipment 15 minutes before the end which was disruptive.

Summary

Models of delivery

- Over half of the maintained and voluntary sector providers we consulted had made some changes to their opening hours as a result of participating in delivering the new entitlement.
- The majority of providers we interviewed were delivering the entitlement with some degree of flexibility (i.e. not restricting provision of three hours per day over five days).
- In practice almost all providers imposed some limitations on the degree of flexibility they offered. For many the minimum single block of entitlement on one day is between 2.5 and three hours, unless this was being used in addition to paid provision at the same time. There had been an increase in the number of voluntary, community and maintained settings that were offering full day care (9am-3pm minimum) as a result of participation in the pilot.

Collaboration

- Collaborative arrangements for delivering the free entitlement were mainly informal and brokered by parents, however there is evidence of informal and formal collaboration between providers to ensure that parents can purchase additional wrap-around care to complement the free entitlement.

Take-up of the extended flexible entitlement

- Over half of providers indicated that children in their setting were taking up their full entitlement of 15 hours of free early years education.
- Reasons for parents not using their full entitlement were reported to include the following:
 - Parents with younger children wanting to use fewer hours and then build this up to the full entitlement as they get closer to starting school.
 - Providers not having adequate space to offer all children the full entitlement.
 - Parents choosing to split the entitlement across more than one setting (e.g. because one setting is not able to times/days they need).
 - Demand for provision over two days, coupled with a maximum number of hours that can be used over this period means that some parents choose not to use any hours over and above the two days, for example they use 13 hours over two days and choose not to use the remaining two hours of entitlement.
- There was some unmet demand reported by providers on particular days of the week or at particular times in the day, although providers were not consistently full across all days and times of the week. Morning sessions and mid-week provision were popular. However, whilst parents might express preferences for particular attendance patterns, it was reported that they were usually happy to accept an alternative - particularly if they are not in employment.

Implementation issues

- Key challenges for implementing the new entitlement tended to relate to the extended element rather than the flexible element. Barriers for extended provision have included curriculum planning and managing staffing. These issues were not specific to particular sectors but were most evident amongst settings that have moved from delivering session-only provision to delivering extended sessions or full day care.
- Providers did not highlight equipment and suitability of premises as barriers in delivering extended entitlement, but this could be because some received additional funding that enabled them to purchase equipment and make physical changes to space.

- The barriers to implementing the extended provision flexibly included financial viability for private providers in offering small blocks of entitlement (typically less than three hours), planning staffing to manage transition points in the day, premises availability, and curriculum planning when children have different attendance patterns.
- A key challenge for providers delivering between 4pm and 6pm appeared to be how this time is structured and whether it is classified as 'childcare' or 'early years education' despite the fact that the Early Years Foundation Stage (EYFS) removes the distinction between 'education' and 'care'.

Impact on providers

- A little over half of the providers identified additional costs that were incurred as a result of delivering the new entitlement. Providers that delivered full day care pre-pathfinder were less likely to identify additional costs that were specifically related to delivering the new entitlement. The types of additional cost incurred included the following:
 - Additional rent.
 - Increased staffing costs.
 - Increased consumables (e.g. art materials).
 - Increased food and drink costs.
- Very few providers were able to identify specific costs relating to the delivery of the flexible element of the extended entitlement, but a number suggested that staffing costs had increased as they employed more staff to support key transition points in the day (e.g. lunchtime), and planning and administration costs have also increased.

Impact of the extended flexible entitlement on providers' finances

- Just over one-third of the providers we consulted in year two were confident that their organisation's finances had improved as a direct result of delivering the new entitlement. The most positive responses were from the voluntary and community sector. In contrast over half of the private sector providers we consulted thought that their finances had worsened since they started to deliver the new entitlement, and none of this group had experienced a positive improvement in their finances.
- The most common reason for private providers to view the new entitlement as having a negative impact on their finances was that they were not confident that the fees from the early years entitlement covered the actual cost of delivery if parents were not buying additional provision, with the rising cost of fuel and food contributing to this.

Annex C: Provider self-completion survey findings

This annex presents the findings from the provider questionnaire carried out during May and June 2008. The purpose of the survey was to provide an opportunity for all providers delivering the new entitlement to feedback on their experiences and for us to collect data from them to analyse the impact of the new entitlement on delivery patterns, take-up and the financial viability of providers.

Survey methodology

The first step in administering this survey of providers across all 20 pathfinders was to ask each pathfinder local authority to update the list of providers delivering the extended flexible entitlement in their area¹⁸. Local authorities were also asked to suggest providers for piloting the questionnaire. Our final sample comprised 2,546 providers once local authorities had updated their provider information.¹⁹ It should be noted that the findings in this annex reflect the characteristics of providers that are part of the extended flexible entitlement pathfinder, and may not be representative of providers nationally. Furthermore, in some local authority areas providers self-selected themselves to be part of the pathfinder.

We piloted the questionnaire with a total of four providers and made relevant changes based on the feedback we received, ensuring that the questionnaire was easy to understand and complete. In May 2008, we sent a paper copy of the questionnaire with a pre-paid return envelope to all 2,546 providers. In the letter that accompanied the questionnaire we also gave providers the option of completing the survey on-line, and provided our contact details in case they had any queries. We gave providers approximately five weeks to complete and return the questionnaire.

Response rate

A total of 1,022 provider questionnaires were completed and returned to us. We achieved an overall response rate of 40%. In analysing the responses of the survey we have only included the valid responses for each question²⁰. Therefore, the number of respondents does not sum to 1,022 for each question.

¹⁸ In Year 1 of the evaluation, local authorities had sent us the contact details of all the providers who offered the extended flexible entitlement in 2007. Local authorities were sent the spreadsheet of all providers delivering the extended flexible entitlement in 2007 in their area and were asked to: update contact details where applicable, identify any providers no longer in operation or any providers they like us not to contact.

¹⁹ Please note that we did not include childminders in our sample of providers

²⁰ Each table provides the total number of respondents by question so the proportions are worked out as a percentage of responses rather than a percentage of all respondents.

Table C-1 below (Provider response rate by local authority) shows the response rate by local authority.

Table C-1: Response rate by local authority

Local authority	Returned completed questionnaires		Questionnaires sent	
	N	% of questionnaires returned	Total number of questionnaires sent	% of questionnaires returned as proportion of all questionnaires returned
Blackburn	22	39%	57	2%
Blackpool	27	40%	68	3%
Derbyshire	161	47%	347	14%
Gloucestershire	132	38%	347	14%
Greenwich	32	56%	57	2%
Hampshire	60	67%	90	3%
Haringey	14	34%	41	2%
Hertfordshire	42	40%	106	4%
Leeds	84	36%	235	9%
Leicestershire	18	62%	29	1%
Newham	3	10%	30	1%
Peterborough	45	49%	92	4%
Rochdale	39	33%	118	5%
Sheffield	17	35%	49	2%
Slough	4	19%	21	1%
Somerset	103	34%	301	12%
Sunderland	35	35%	100	4%
Telford	41	49%	84	3%
Worcestershire	102	35%	291	11%
York	41	49%	83	3%
Total	1022	40%	2546	100%

Source: SQW Consulting, SQW Provider Self-Completion Survey 2008

The findings from the provider questionnaire are organised under a number of broad headings as follows:

- **Provider characteristics** - outlining the main characteristics of respondents such as type, size (registered places and number of staffs), opening times and type of childcare offered.
- **Models of delivery of the pre-pathfinder** - identifying the minimum number of days and the minimum/maximum number of hours per day over which parents could use the original 12.5 hour entitlement.
- **Models of delivery of the extended flexible entitlement** - detailing how providers have implemented and delivered the new entitlement and identifying the extent of collaboration between providers.
- **Parental demand for the extended flexible entitlement** - identifying the extent to which providers have consulted with parents, the topics they consulted them on, the changes they have made as a result and the patterns of parental demand for the new entitlement.
- **Impact of the extended flexible entitlement** - outlining funding received from local authorities, the financial impact on settings, the difficulties and benefits settings have experienced.

We have also broken down many of the key findings by provider type: maintained, voluntary / community, and private / independent. Whilst providers outside the maintained sector are usually known collectively as PVI providers, we wanted to be able to identify whether there were different issues emerging from community/voluntary providers and private/independent providers.

Provider characteristics

Type of setting

The breakdown of respondents by provider type is presented in Table C-2 below (respondents by provider type).

Table C-2: Respondents by provider type

Provider type	Count of respondents	% of total
Maintained	162	16%
Private / Independent	466	46%
Community / Voluntary	358	35%
Other type	20	2%
Not stated	16	2%
Grand Total	1,022	100%

Source: SQW Consulting, SQW Provider Self-Completion Survey 2008

Table C-3 (Respondents by how long their setting has been operating by provider type) illustrates that a high proportion of respondents have been operating for more than 20 years (39%) and only a small proportion (5%) have been operating for less than two years.

The majority of maintained sector providers (54%) and community/voluntary providers (59%) have been operating for more than 20 years. Large proportions of the private/independent providers had been operating for 11-20 years (32%), more than 20 years (21%) and between three and five years (22%).

Table C-3: Respondents by how long their setting has been operating by provider type

Provider type	0-2 years		3-5 years		6-10 years		11-20 years		More than 20 years		Don't know		Total	
	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	N	% of total
Maintained	6	4%	15	9%	13	8%	36	22%	87	54%	3	2%	160	16%
Private / Independent	33	7%	101	22%	81	17%	150	32%	98	21%	2	0%	465	46%
Community / Voluntary	10	3%	18	5%	33	9%	79	22%	210	59%	8	2%	358	35%
Other type	0	0%	3	15%	1	5%	12	60%	4	20%	0	0%	20	2%
Not stated	0	0%	3	19%	4	25%	4	25%	4	25%	1	6%	16	2%
Total	49	5%	140	14%	132	13%	281	28%	403	39%	14	1%	1,019	100%

Source: SQW Consulting, SQW Provider Self-Completion Survey 2008

Size of providers by number of Ofsted registered places and number of staff

Table C-4 below shows the size of providers by Ofsted registered places. Overall, providers tended to have between 20 and 29, or 50 + places with only 1% of providers registered for 1 to 9 places and 6% registered for 10 to 19 places. The largest group of providers (40%) had between 20 and 29 registered places. However, there was some variation on the number of places by different provider types. Half our maintained setting respondents were registered to provide 50 or more places. In contrast, community and voluntary sector providers were more likely to have fewer registered places - 62% with between 30 and 39 registered places. Our respondents in the private and independent sector displayed a wider variation in relation to registered places, with 27% having between 30 and 39 places, 20% 40 and 49 places, and 32% with 50 or more registered places.

Table C-4: Respondents by provider type and size (based on Ofsted registered places)²¹

Provider type	1 to 9		10 to 19		20 to 29		30 to 39		40 to 49		50 or more		Total	
	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	N	% of total
Maintained	2	1%	6	4%	38	27%	15	11%	11	8%	71	50%	143	15%
Private / Independent	6	1%	23	5%	118	27%	87	20%	70	16%	142	32%	446	46%
Community / Voluntary	4	1%	31	9%	213	62%	49	14%	26	8%	23	7%	346	36%
Other	1	5%	1	5%	6	30%	5	25%	2	10%	5	25%	20	2%
Not stated	0	0%	0	0%	9	56%	1	6%	2	13%	4	25%	16	2%
Total	13	1%	61	6%	384	40%	157	16%	111	11%	245	25%	971	100%

Source: SQW Consulting, SQW Provider Self-Completion Survey 2008

Table C-5 (below) demonstrates that the largest group of respondents (38%) had between six and 10 members of staff working with children. Most maintained, private / independent and community / voluntary providers had between six and 10 members of staff working with children. Very few providers had more than 31 staff working with children.

Table C-5: Respondents by provider types and number of staff

Provider type	1 to 5		6 to 10		11 to 20		21 to 30		31+		Total	
	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	N	% of total
Maintained	35	22%	60	39%	48	31%	11	7%	2	1%	156	16%
Private / Independent	115	25%	173	38%	131	29%	29	6%	6	1%	454	45%
Community / Voluntary	135	38%	144	41%	61	17%	13	4%	1	0%	354	35%
Other	7	35%	4	20%	7	35%	2	10%	0	0%	20	2%
Not stated	6	40%	2	13%	7	47%	0	0%	0	0%	15	2%
Total	298	30%	383	38%	254	25%	55	6%	9	1%	999	100%

²¹ Size bands have been coded according to the bands used in the *2007 Childcare and Early Years Providers Survey* by British Market Research Bureau (BMRB).

Table C-6: Number of staff versus number of staff qualified or working towards Level 4 or above by provider type²²

Provider type	Number of staff working with children	Number of staff qualified or working towards Level 4 or above	Proportion of staff qualified or working towards Level 4 or above
Maintained	1650	304	18%
Community / Voluntary	2838	362	13%
Private / Independent	4607	672	15%
Other, please specify	203	26	13%
Not stated	139	0	0%
Total	9437	1364	14%

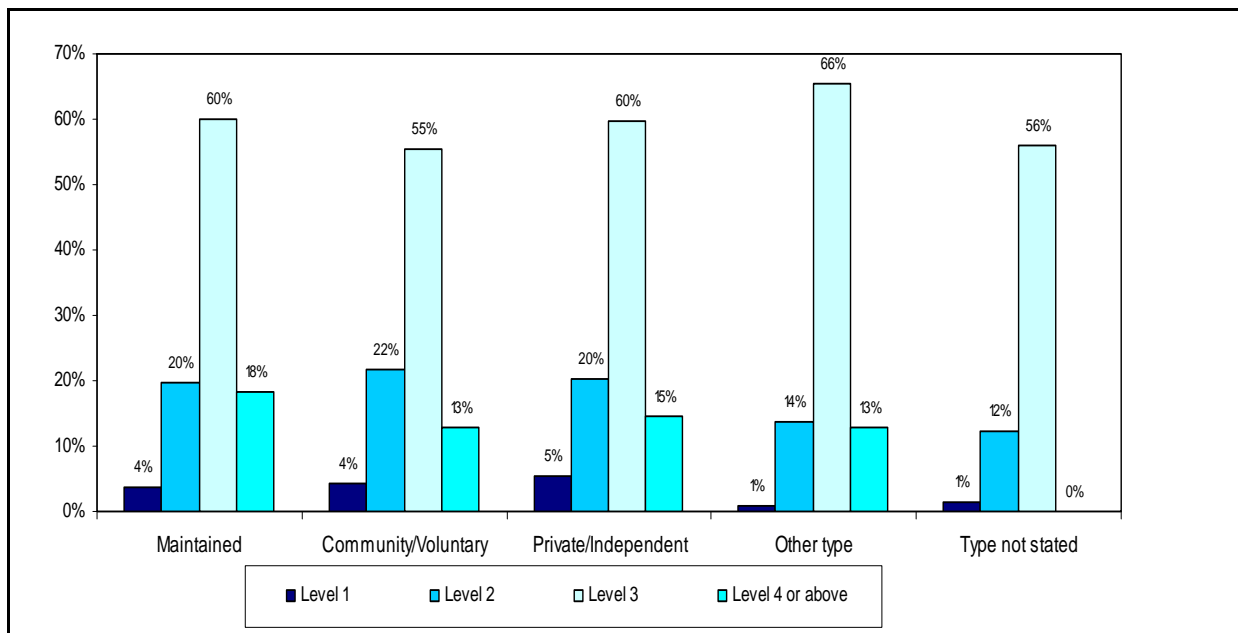
Source: SQW Consulting, SQW Provider Self-Completion Survey 2008

Figure C-1 below shows the proportion of staff qualified or working towards different levels of qualification by provider type²³. Level 3 is the qualification level that most of the staff across all providers were either working towards or qualified to, whilst Level 1 is the qualification level with the smallest proportion of staff working towards. The proportion of staff qualified or working towards different levels across provider who stated their types are broadly the same although the maintained settings had a slightly higher proportion of staff at Level 4 or above, compared with community / voluntary and private / independent providers.

²² In order to make this table as accurate as possible, only answers from providers who answered both questions on number of staff working with children and number of staff qualified or working towards level 4 or above were used. Therefore, the numbers are based on 999 providers who answered both questions.

²³ In order to make this table as accurate as possible, only answers from providers who answered both questions on number of staff working with children and number of staff qualified or working towards different qualification levels were used. Therefore, the numbers are based on 999 providers who answered both questions.

Figure C-1: Proportion of staff qualified or working towards different levels of qualifications by provider type



Source: SQW Consulting, SQW Provider Self-Completion Survey 2008

Providers' opening times

The tables below (C-7 to C-11) provide a breakdown of providers' opening times. Fifty-eight percent of all providers opened before 9am. Maintained providers and private/independent providers were most likely to open before 9am (64% and 63% respectively). It is perhaps unsurprising that the figure for maintained settings is so high given that most schools will start shortly before 9am. Forty percent of all respondent providers were open later than 4pm, with maintained and private independent providers again being the most likely to be open after 4 pm (53% and 46% respectively) compared with only 25% of community/voluntary providers being open beyond 4pm. Forty percent of all providers were also open *both* before 9am and after 4pm, with maintained and private/independent providers most likely to be open during these times (53% and 46% respectively). Only 1% of all providers were open at the weekends and an overwhelming majority, 95% of all providers, were open on five days a week compared with 4% open on four days a week and 1% open on three days a week.

Table C-7: Proportion of providers open before 9am by provider type

Provider type	Number of providers open before 9	Number of respondents to this question by type	% of row
Maintained	103	162	64%
Private/Independent	295	466	63%
Community/Voluntary	176	358	49%
Other	10	20	50%
Not stated	11	16	69%
Total	595	1,022	58%

Source: SQW Consulting, SQW Provider Self-Completion Survey 2008

Table C-8: Proportion of providers open after 4 pm by provider type

Provider type	Number of providers open after 4pm	Number of respondents to this question by type	% of row
Maintained	85	162	53%
Private/Independent	215	466	46%
Community/Voluntary	91	358	25%
Other	9	20	45%
Not stated	6	16	38%
Total	406	1,022	40%

Source: SQW Consulting, SQW Provider Self-Completion Survey 2008

Table C-9: Proportion of providers open before 9am and after 4 pm by provider type

Provider type	Number of providers open before 9 and after 4pm	Number of respondents to this question by type	% of row
Maintained	85	162	53%
Private/Independent	215	466	46%
Community/Voluntary	89	358	25%
Other	9	20	45%
Not stated	6	16	38%
Total	404	1,022	40%

Source: SQW Consulting, SQW Provider Self-Completion Survey 2008

Table C-10: Proportion of providers open at the weekend by provider type

Provider type	Open at the weekends	Number of respondents to this question by type	Proportion of providers open at the weekend
Private/Independent	5	466	1%
Community/Voluntary	1	358	0%
Total	6	1,022	1%

Source: SQW Consulting, SQW Provider Self-Completion Survey 2008

Table C-11: Proportion of providers by number of days a week they are open

Provider type	2 days		3 days		4 days		5 days		6 days		7 days		Total	
	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	N	% of total
Maintained	1	1%	2	1%	1	1%	158	98%	0	0%	0	0%	162	16%
Private / Independent	0	0%	4	1%	19	4%	438	94%	0	0%	5	1%	466	46%
Community / Voluntary	1	0%	3	1%	15	4%	338	94%	0	0%	1	0%	358	35%
Other	0	0%	0	0%	2	10%	18	90%	0	0%	0	0%	20	2%
Not stated	0	0%	0	0%	0	0%	16	100%	0	0%	0	0%	16	2%
Total	2	0%	9	1%	37	4%	968	95%	0	0%	6	1%	1,022	100%

Source: SQW Consulting, SQW Provider Self-Completion Survey 2008

Opening during school holidays

Table C-12 (below) shows whether respondent providers open on different school holidays, by provider type. The majority of all providers (58%) were not open at all during school holidays and 21% were open at Christmas, Easter, Summer and Half terms. School summer holidays were the period when providers were more likely to be open, with 41% of all providers open during that time of year.

The maintained providers were the most likely to be open for all of the school holidays (28%)²⁴ and community/voluntary providers were the least likely to be open during school holidays (72% not open on any school holidays).

Table C-12: Respondents opening during different school holidays by provider type

Provider type	Christmas		Easter		Summer		Half Terms		All of the above		None of the above		Total respondents	
	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	N	% of total
Maintained	47	29%	83	51%	87	54%	86	53%	45	28%	73	45%	162	16%
Private / Independent	115	25%	201	43%	221	47%	205	44%	110	24%	240	52%	466	46%
Community / Voluntary	49	14%	92	26%	98	27%	93	26%	48	13%	259	72%	358	35%
Other	7	35%	10	50%	10	50%	10	50%	7	35%	10	50%	20	2%
Not stated	5	31%	6	38%	6	38%	6	38%	5	31%	10	63%	16	2%
Total	223	22%	392	38%	422	41%	400	39%	215	21%	592	58%	1,022	100%

Source: SQW Consulting, SQW Provider Self-Completion Survey 2008

²⁴ It is likely that many maintained settings will be referring to the availability of holiday schemes on the school site during holidays, rather than the nursery class being open all year,

Table C-13: Respondent providers whose settings are open during any of the school holidays by opening hours during school holidays by provider type

Provider type	Open fewer hours than you would during a typical term time week		Open for more hours than you would during a typical term time week		Open the same hours as you would during a typical term time week		Other		Total respondents to this question	
	N	% of row	N	% of row	N	% of row	N	% of row	N	% of total
Maintained	6	7%	0	0%	76	91%	2	2%	84	21%
Private / Independent	11	5%	3	1%	188	90%	8	4%	210	52%
Community / Voluntary	8	9%	1	1%	84	89%	1	1%	94	23%
Other	0	0%	0	0%	8	80%	2	20%	10	3%
Not stated	0	0%	0	0%	5	100%	0	0%	5	1%
Total	25	6%	4	1%	361	90%	13	3%	403	100%

Source: SQW Consulting, SQW Provider Self-Completion Survey 2008

Table C-13 (above) shows the opening hours of providers open during school holidays by provider type. An overwhelming majority of providers that are open during school holidays open the same hours as they would during a typical term time week (90% of all respondents).

Type of early years care offered by providers

Table C-14 (below) shows the type of early years care offered by respondents. Half of all providers offered both sessional and full day care. Community / voluntary providers were most likely to offer sessional care only (50%) whilst maintained and private / independent providers were most likely to offer both sessional and full day care - 50% of respondents within each of these groups.

Table C-14: Respondents by type of early years care they offer at their setting by provider type

Provider type	Full day care only		Sessional care only		Both sessional and full day care		Other type of care		Total number of respondents to this question	
	N	% of row	N	% of row	N	% of row	N	% of row	N	% of total
Maintained	29	18%	39	24%	90	56%	3	2%	161	16%
Private / Independent	53	11%	140	30%	260	56%	10	2%	463	46%
Community / Voluntary	33	9%	178	50%	140	39%	4	1%	355	35%
Other	4	20%	6	30%	8	40%	2	10%	20	2%
Not stated	2	13%	7	44%	6	38%	1	6%	16	2%
Total	121	12%	370	37%	504	50%	20	2%	1,015	100%

Source: SQW Consulting, SQW Provider Self-Completion Survey 2008

An average of 37% of all respondents operated out of shared premises. Table C-15 (below) shows the breakdown of respondents operating out of shared premises by provider type. Community/voluntary providers were most likely to be sharing premises, 47% compared with 32% of maintained providers and 32% of private/independent providers.

Table C-15: Respondents by whether they operate out of shared premises by provider type

Provider type	Yes		Total	
	N	% of row	N	% of total
Maintained	52	32%	162	16%
Private/Independent	151	32%	466	46%
Community/Voluntary	169	47%	358	35%
Other	5	25%	20	2%
Not stated	4	25%	16	2%
Total	381	37%	1,022	100%

Source: SQW Consulting, SQW Provider Self-Completion Survey 2008

Most respondents operating out of shared premises were most likely to do so with another community group (47%). Of those 142 respondents who have answered “other” and those 179 who answered “another community group” to this question (‘Who do you share your premises with?’), the most common answers were: a variety of clubs / community groups such as Scouts, Keep Fit, Yoga and Bridge group; sport facilities and clubs such as Cricket and Football Club; children’s centres; various youth groups; school / school clubs; church group/church hall and a village hall.

Table C-16: Respondents by what type of organisation they share their premises with

Provider type	Another Early Years or Childcare provider		Another community group		Don't know		Other		Total number of respondents who operate out of shared premises	
	N	% of row	N	% of row	N	% of row	N	% of row	N	% of total
Maintained	5	10%	27	52%	0	0%	19	37%	52	14%
Private / Independent	17	11%	69	46%	3	2%	51	34%	151	40%
Community / Voluntary	12	7%	79	47%	2	1%	68	40%	169	44%
Other	0	0%	2	40%	0	0%	3	60%	5	1%
Not stated	1	25%	2	50%	0	0%	1	25%	4	1%
Total	35	9%	179	47%	5	1%	142	37%	381	100%

Source: SQW Consulting, SQW Provider Self-Completion Survey 2008

The former entitlement of 12.5 hours

Delivery of the former entitlement of 12.5 hours

Table C-17 (below) shows the minimum number of days in a normal term-time week over which parents could previously use their full free 12.5 hours of entitlement by provider type. More than half of all providers (53%) allowed parents to use their full free 12.5 hours of entitlement over a minimum of five days and 8% of providers allowed parents to use it in full over a minimum of two days. Fourteen percent of maintained providers allowed their parents to use the full free 12.5 hours over a minimum of two days. Community / voluntary providers and private / independent providers were most likely to allow parents to use the 12.5 hours over a minimum of five days (59% and 53% respectively).

Table C-17: Respondents by the minimum number of days in a normal term-time week over which parents could previously use their full free 12.5 hours of entitlement at their setting by provider type

Provider type	2 days		3 days		4 days		5 days		Don't know		Other		Total number of respondents	
	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	N	% of total
Maintained	23	15%	57	36%	4	3%	67	42%	1	1%	7	4%	159	16%
Private / Independent	35	8%	122	27%	23	5%	235	53%	11	3%	21	5%	447	45%
Community / Voluntary	17	5%	76	22%	26	8%	206	59%	7	2%	16	5%	348	35%
Other	0	0%	6	32%	1	5%	9	47%	1	5%	2	11%	19	2%
Not stated	2	13%	4	27%	1	7%	8	53%	0	0%	0	0%	15	2%
Total	77	8%	265	27%	55	6%	525	53%	20	2%	46	5%	988	100%

Source: SQW Consulting, SQW Provider Self-Completion Survey 2008

Table C-18 (below) details the way in which parents were able to use the former entitlement of 12.5 hours by provider type. A slightly higher percentage of all respondents allowed parents to use more than 2.5 hours in any day compared with 2.5 hours a day only (51% and 45% respectively). Community / voluntary providers were most likely to offer 2.5 hours a day only whilst maintained and private/ independent providers were most likely to offer more than 2.5 hours in any day.

Table C-18: Respondents by the way parents were able to use the existing 12.5 hours of free entitlement prior to the extended flexible entitlement by provider type

Provider type	2.5 hours a day only (i.e. on a sessional basis only) ²⁵		More than 2.5 hours in any day		Not applicable-my setting has only recently opened (since April 2007)		Not applicable-my setting did not previously offer the free entitlement		Don't know		Total respondents	
	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	N	% of total
Maintained	63	39%	93	58%	1	1%	1	1%	3	2%	161	16%
Private / Independent	172	38%	256	56%	10	2%	3	1%	13	3%	454	45%
Community / Voluntary	199	57%	141	40%	4	1%	2	1%	4	1%	350	35%
Other	6	30%	14	70%	0	0%	0	0%	0	0%	20	2%
Not stated	6	38%	9	56%	0	0%	1	6%	0	0%	16	2%
Total	446	45%	513	51%	15	2%	7	1%	20	2%	1,001	100%

Source: SQW Consulting, SQW Provider Self-Completion Survey 2008

²⁵ It appears that some providers may have coded themselves under this category because they were sessional even where they were delivering more than 2.5 hours per day, as there is a discrepancy between overall number of providers reporting they offered only 2.5 hours a day compared with responses to a later question where 45% reported they previously restricted usage to no more than 2.5 hours per day.

Table C-19 (below) shows that 40% of all respondents only allowed parents to use a maximum of 2.5 hours of the entitlement per day which probably reflects the traditional delivery pattern of using the entitlement over 5 days, and that 39% allowed parents to use more than 2.5 hours and up to five hours of free entitlement in a day. More than half of all community/voluntary providers (53%) only allowed parents to use 2.5 hours exactly compared with 28% for maintained providers and 35% for private/independent providers.

Table C-19: Respondents by maximum number of hours per day parents can use any of their 12.5 hours at their setting by provider type

Provider type	2.5 hours exactly		More than 2.5 hours, up to 5 hours		More than 5 hours, up to 7 hours		More than 7 hours, up to 10 hours		More than 10 hours		Total	
	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	N	% of total
Maintained	41	28%	62	43%	19	13%	22	15%	2	1%	146	16%
Private / Independent	143	35%	172	42%	56	14%	29	7%	7	2%	407	45%
Community / Voluntary	173	53%	104	32%	31	10%	15	5%	2	1%	325	36%
Other	4	22%	9	50%	3	17%	2	11%	0	0%	18	2%
Not stated	5	36%	5	36%	0	0%	3	21%	1	7%	14	2%
Total	366	40%	352	39%	109	12%	71	8%	12	1%	910	100%

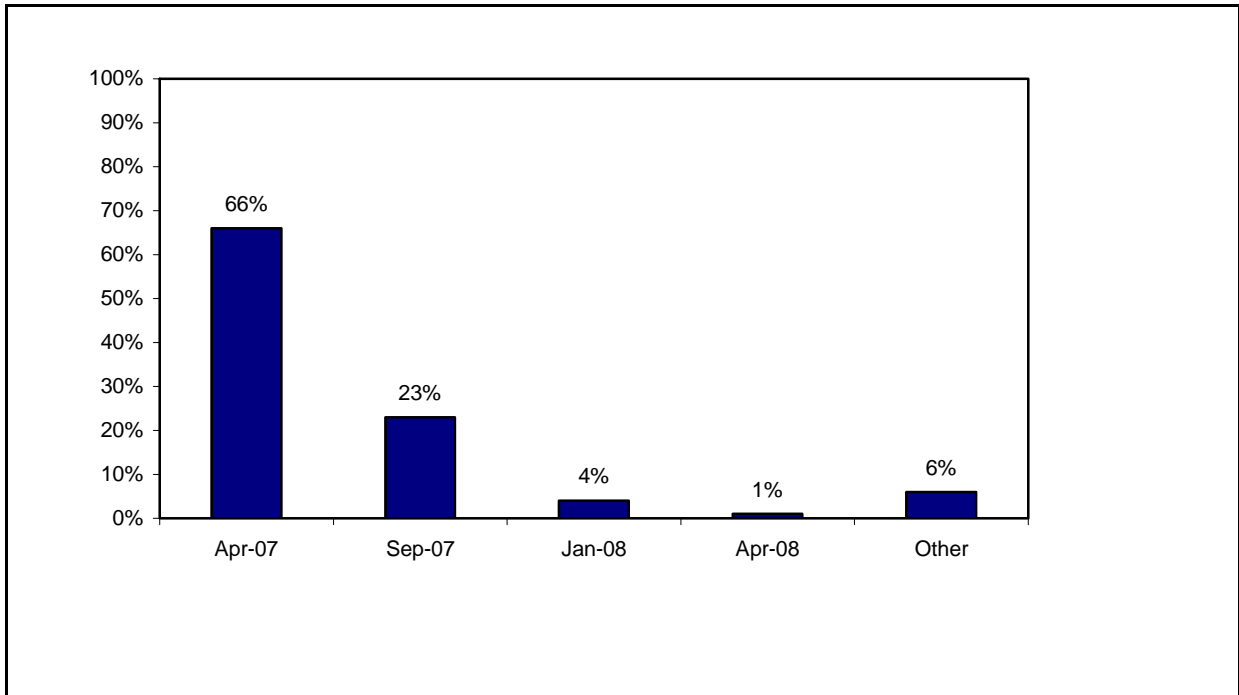
Source: SQW Consulting, SQW Provider Self-Completion Survey 2008

The new extended flexible entitlement

Implementation and delivery of the new extended flexible entitlement

The majority of providers started delivering *extended* 15 hours of free entitlement to three- and four-year olds in April 2007 (66% of all respondents) followed by 23% who started to deliver it from September 2007.

Figure C-2: Respondents by when they started delivering 15 hours of free entitlement to three- and four-year olds



Source: SQW Consulting, SQW Provider Self-Completion Survey 2008

Of the 63 providers who answered “other” to the question on when they started to deliver the 15 hours of free entitlement, a number started delivering the *extended* 15 hours of free entitlement to three- and four-year olds at other dates such as September 2007, December 2007, June 2007, May 2007 (see Table C-20). Some of these providers also stated that they were already delivering 15 hours of free childcare to three- and four-year olds prior to the pathfinder as their sessions were already three hours long

Table C-20: Respondents by when they started delivering 15 hours of free entitlement to three- and four-year olds by provider type

Provider type	April 2007		September 2007		January 2008		April 2008		Other		Total of respondents to Q16	
	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	N	% of total
Maintained	113	71%	29	18%	5	3%	0	0%	12	8%	159	16%
Private / Independent	290	64%	113	25%	20	4%	4	1%	30	7%	457	46%
Community / Voluntary	231	66%	85	24%	10	3%	6	2%	19	5%	351	35%
Other	14	74%	3	16%	0	0%	0	0%	2	11%	19	2%
Not stated	11	69%	4	25%	1	6%	0	0%	0	0%	16	2%
Total	659	66%	234	23%	36	4%	10	1%	63	6%	1,002	100%

Source: SQW Consulting, SQW Provider Self-Completion Survey 2008

Table C-21 (below) shows the detail of when respondents started delivering a more *flexible* offer to three- and four-year olds. It shows that 49% of providers made their offer more flexible from April 2007 whilst 18% of all providers had not yet made their offer more flexible. A high proportion of community/voluntary providers (in comparison with other types of providers) had not yet made their offer more flexible (26%). In other words they were delivering fixed sessions of three hours in length over five days. A high percentage of maintained and private/independent providers had made their offer more flexible since April 2007 (55% and 51% respectively).

Table C-21: Respondents by when they started delivering a more flexible offer to three- and four-year olds by provider type²⁶

Provider type	April 2007		September 2007		January 2008		April 2008		We have not yet made our offer more flexible to parents		Other		Total respondents to Q17	
	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	N	% of total
Maintained	87	55%	27	17%	5	3%	4	3%	18	11%	18	11%	159	16%
Private / Independent	232	51%	83	18%	23	5%	7	2%	64	14%	46	10%	455	46%
Community / Voluntary	153	44%	51	15%	7	2%	4	1%	90	26%	46	13%	351	35%
Other	10	56%	3	17%	0	0%	0	0%	3	17%	2	11%	18	2%
Not stated	4	25%	1	6%	1	6%	1	6%	4	25%	5	31%	16	2%
Total	486	49%	165	17%	36	4%	16	2%	179	18%	117	12%	999	100%

Source: SQW Consulting, SQW Provider Self-Completion Survey 2008

²⁶ Please note that only 18% of providers state they do not deliver the flexible entitlement, however, table D-24 would suggest this number is in fact higher given that 27% state they restrict usage to 3 hours or less per day.

Of the 117 providers who answered “other” when asked about when they started to deliver flexibly, a number stated that they had always offered flexibility to parents. Others stated that they had always tried to fit around parents’ needs on a case-by-case basis where possible and others said that they had had no demand from parents to increase flexibility or change the way in which they offer the free early years entitlement. A small number of providers also stated that they were unable to offer flexibility to parents because of the opening hours of their settings (i.e. settings open five mornings a week only) and other restrictions on opening hours such as shared premises.

Table C-22: Respondents by the minimum number of days in a normal term time week over which parents can use their full 15 hours of entitlement at their setting by provider type

Provider type	3 days		4 days		5 days		Other		Total respondents to Q 18	
	N	% of row	N	% of row	N	% of row	N	% of row	N	% of total
Maintained	116	73%	6	4%	32	20%	6	4%	160	16%
Private / Independent	278	61%	25	6%	124	27%	30	7%	457	46%
Community / Voluntary	152	44%	23	7%	152	44%	22	6%	349	35%
Other	13	72%	0	0%	4	22%	1	6%	18	2%
Not stated	6	40%	1	7%	7	47%	1	7%	15	2%
Total	565	57%	55	6%	319	32%	60	6%	999	100%

Source: SQW Consulting, SQW Provider Self-Completion Survey 2008

Table C-22 (above) shows the minimum number of days in a normal term time week over which parents could use their full 15 hours of entitlement at their setting by provider type. More than half of all providers offered the 15 hours of entitlement over a minimum of three days (57%) or five days (32%). Community and voluntary sector providers were most likely to allow parents to use their 15 hours of free entitlement over a minimum of three or five days (44% each). In comparison, the majority of maintained settings (73%) allowed parents to use the entitlement over a minimum of three days, with a figure of 61% for the private and independent sector.

Minimum and maximum number of hours per day parents can use any of their free 15 hours of extended flexible entitlement

Table C-23 (below) shows the *minimum* number of hours in a single day that parents could use any of their free 15 hours at their setting, by provider type. The majority of respondents (59%) allowed parents to use their free 15 hours in minimum blocks of three hours per day, compared with 31% of providers allowing parents to use their free hours in blocks of less than three hours in a single day, and 10% of respondents requiring parents to use minimum blocks of more than three hours per day. The majority of community / voluntary providers (62%) allowed parents to use three hours exactly of their 15 free hours as a minimum per day.

Table C-23: Respondents by minimum number of hours per day parents can use any of their free 15 hours at their setting by provider type

Provider type	Less than 3 hours		3 hours exactly		More than 3 hours		No minimum		Total	
	N	% of row	N	% of row	N	% of row	N	% of row	N	% of total
Maintained	41	28%	83	56%	22	15%	2	1%	148	16%
Private / Independent	136	32%	247	58%	40	9%	1	0%	424	45%
Community / Voluntary	101	30%	208	62%	25	7%	2	1%	336	36%
Other	6	32%	9	47%	4	21%	0	0%	19	2%
Not stated	2	13%	11	69%	3	19%	0	0%	16	2%
Total	286	30%	558	59%	94	10%	5	1%	943	100%

Source: SQW Consulting, SQW Provider Self-Completion Survey 2008

Table C-24 (below) shows the *maximum* number of hours per day parents could use any of their 15 hours of free entitlement by provider type. Twenty-seven percent of all providers allow parents to use a maximum of three hours or less of their 15 hours of free entitlement per day; 16% allow parents to use between three and five hours per day; 41% of all providers allow parents to use between five and seven hours per day, and 15% allow them to use up to 10 hours of their free entitlement in a single day. Community / voluntary providers (34%) were the most likely to allow parents to use three hours exactly as a maximum number of hours per day compared with 16% of maintained providers and 20% of private / independent providers .

Table C-24: Respondents by maximum number of hours per day parents can use any of their 15 hours at their setting by provider type

Provider type	Less than 3 hours		3 hours exactly		More than 3 hours, up to 5 hours		More than 5 hours, up to 7 hours		More than 7 hours, up to 10 hours		More than 10 hours		No maximum		Total	
	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	N	% of total
Maintained	3	2%	24	16%	20	13%	69	46 ²⁷ %	30	20%	2	1%	1	1%	149	16%
Private / Independent	6	1%	86	20%	71	17%	187	44%	75	17%	5	1%	0	0%	430	45%
Community / Voluntary	8	2%	116	34%	62	18%	120	36%	27	8%	4	1%	0	0%	337	36%
Other	0	0%	5	26%	1	5%	7	37%	5	26%	1	5%	0	0%	19	2%
Not stated	0	0%	6	40%	1	7%	4	27%	3	20%	1	7%	0	0%	15	2%
Total	17	2%	237	25%	155	16%	387	41%	140	15%	13	1%	1	0%	950	100%

Source: SQW Consulting, SQW Provider Self-Completion Survey 2008

²⁷ The proportions of maintained providers allowing parents to use between 5-7 hours, and 7 hours and above is surprising and we suspect that this could be because there are maintained children's centres in the sample and because some providers might have misunderstood the question and viewed it as "how many hours a child can use in a day at your setting".

Table C-25 (below) shows the proportion of children using the full 15 hours of free entitlement by provider type.²⁸ Across all providers, 65% of children were using the full 15 hours of free entitlement.

Table C-25: Proportion of children using the full 15 hours of free entitlement by provider type²⁹

Provider type	Number of 3 and 4 year olds attending the setting at least once a week	Number of 3 and 4 year olds using their full 15 hours of free entitlement	Proportion of 3 and 4 year olds using the full 15 hours of free entitlement
Maintained	4889	3229	66%
Community / Voluntary	10976	6762	62%
Private / Independent	14656	9787	67%
Other type	624	455	73%
Type not stated	633	436	69%
Total	31778	20669	65%

Source: SQW Consulting, SQW Provider Self-Completion Survey 2008

²⁸ These numbers are based on answers provided by providers who answered both questions on number of three- and four-year old children attending the setting at least once a week and number of children using the full 15 hours of free entitlement. These numbers are therefore based on the answers of 881 providers. In addition, these numbers should be treated with caution as it is possible that some providers included children using the full 15 hours across two providers and that some excluded these children. In addition, not all three year olds attending the setting at least once a week might be eligible for the extended flexible entitlement, depending on their birth date.

²⁹ In order to make this table as accurate as possible, only answers from providers who answered both questions on the number of three- and four-year olds attending the setting at least once a week and the number of children using the full 15 hours of the free entitlement, were used. These numbers are therefore based on 881 providers.

Table C-26 (below) shows the breakdown of children using the full 15 hours of their free entitlement by number of days a week and by provider type. An average of 58% of children used the full 15 hours of their free entitlement over five days, 23% used it over three days and 12% used it over four days. Again, the community/voluntary providers reported having the highest proportion of children (64%) using their full 15 hours over five days, a contributing factor would be the fact that these providers were the most likely to offer sessional care.

Table C-26: Children using the full 15 hours of their free entitlement by number of days a week and provider type³⁰

Provider type	Over 3 days		Over 4 days		Over 5 days		Total number of 3 and 4s	
	N	% of row	N	% of row	N	% of row	N	% of total
Maintained	1,046	29%	471	13%	1,698	47%	3,584	16%
Community / Voluntary	1,534	20%	1,019	14%	4,850	64%	7,560	33%
Private / Independent	2,553	24%	1,145	11%	5,978	56%	10,752	47%
Other	110	24%	62	14%	240	53%	455	2%
Not stated	85	19%	19	4%	341	77%	446	2%
Total	5,328	23%	2,716	12%	13,107	58%	22,797	100%

Source: SQW Consulting, SQW Provider Self-Completion Survey 2008

Table C-27 (below) indicates that 46% of all providers changed their opening hours as a result of taking part in the extended flexible entitlement. Community / voluntary providers were most likely to have changed their opening hours with 56% doing so compared with 37% of private / independent providers and 30% of maintained providers.

Table C-27: Respondents who have changed their opening hours as a result of the extended flexible entitlement by provider type

Provider type	Respondents who have changed their opening hours		Total respondents	
	N	% of row	N	% of total
Maintained	48	30%	159	16%
Private / Independent	168	37%	456	46%
Community / Voluntary	199	56%	353	35%
Other	9	47%	19	2%
Not stated	5	31%	16	2%
Total	429	43%	1,003	100%

Source: SQW Consulting, SQW Provider Self-Completion Survey 2008

³⁰ This table is based on 955 providers who answered the 4 components of Q19 on how many children are using their full 15 hours of free entitlement. These numbers should be treated with caution as it is thought that some providers with children using the full 15 hours across two providers would have included these children in the count and some would have omitted them.

The most common ways in which providers extended their hours as a result of the extended flexible entitlement included the following: providers extending their opening or closing hours by 15 minutes or 30 minutes; providers adding morning or afternoon sessions, or opening on more days as a result, and providers who change their registration from sessional to full day care.

Collaboration

Table C-28 (below) shows the number and proportion of providers collaborating with other providers to deliver the extended flexible entitlement. An average of 16% of all providers were collaborating with another provider to deliver the new entitlement. The maintained sector had the lowest percentage of providers collaborating to deliver the new entitlement with 9% collaborating, compared with 17% and 18% respectively in the private / independent sector and community / voluntary sector.

Table C-28: Respondents who are collaborating with other providers to deliver the extended flexible entitlement for three- and four-year olds by provider type

Provider type	Providers collaborating with other providers to deliver the 15 hours of free entitlement		Total of respondents to Q22	
	N	% of row	Total	% of total
Maintained	14	9%	162	16%
Private / Independent	79	17%	465	46%
Community / Voluntary	63	18%	356	35%
Other	3	16%	19	2%
Not stated	0	0%	16	2%
Total	159	16%	1,018	100%

Source: SQW Consulting, SQW Provider Self-Completion Survey 2008

Of those providers who were collaborating with other providers to deliver the new entitlement, the largest proportion (47%) were doing so with private/independent providers compared with 29% collaborating with community/voluntary providers and 31% collaborating with maintained providers (see Table C-29).

Table C-29: Respondents who are collaborating with other providers to deliverer the extended flexible entitlement for three- and four-year olds by type of provider they are collaborating with and by provider type of respondents

Provider type	Maintained		Private/independent		Community/Voluntary		Social Enterprise		Other		Total respondents who are collaborating (Q22)	
	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	N	% of total
Maintained	4	29%	7	50%	3	21%	0	0%	1	7%	14	9%
Private / Independent	28	35%	35	44%	20	25%	0	0%	13	17%	79	50%
Community / Voluntary	15	24%	31	49%	23	37%	0	0%	12	19%	63	40%
Other	2	67%	2	67%	0	0%	0	0%	0	0%	3	2%
Total	49	31%	75	47%	46	29%	0	0%	26	16%	159	100%

Source: SQW Consulting, SQW Provider Self-Completion Survey 2008

Collaboration between providers was most likely to be informal (84% of all respondents) with 100% of maintained providers that were collaborating, doing so on an informal basis compared with 73% of private/independent providers. Overall, private / independent providers were the most likely to be collaborating formally with other providers to deliver the extended flexible entitlement (27%).

Table C-30: Respondents who are collaborating with other providers to deliverer the extended flexible entitlement for three- and four-year olds by type of collaboration and by provider type of respondents

Provider type	Formal? (i.e contractual or brokered by the LA)		Informal? (i.e signposting)		Total respondents collaborating	
	N	% of row	N	% of row	N	% of total
Maintained	0	0%	11	100%	11	8%
Private / Independent	19	27%	51	73%	70	53%
Community / Voluntary	2	4%	47	96%	49	37%
Other	0	0%	2	100%	2	2%
Total	21	16%	111	84%	132	100%

Source: SQW Consulting, SQW Provider Self-Completion Survey 2008

Parental demand for the extended flexible entitlement

Consultation with parents

Table C-31 (below) shows the breakdown of providers who consulted parents when planning for the new entitlement, by provider type. Forty-five percent of all respondents consulted parents. Community / voluntary providers were the most likely to have consulted parents, with over half of those providers doing so (54%), whilst maintained sector providers were the least likely to have done so (36%).

Table C-31: Respondents who consulted with parents when planning for the new entitlement by provider type

Provider type	Providers who consulted with parents	
	N	% by provider type
Maintained	58	36%
Private / Independent	200	43%
Community / Voluntary	193	54%
Other	7	37%
Not stated	1	6%
Total	459	45%

Source: SQW Consulting, SQW Provider Self-Completion Survey 2008

Table C-32 (below) gives details of the topics covered by those providers who consulted with parents when planning for the new entitlement. Amongst all providers, the most commonly cited topics were: the length of the sessions they offer (83%), the opening hours of their setting (79%), affordability for parents (45%) and the number days of the week their setting is open (39%). Relatively few providers explicitly consulted parents on opening hours early in the morning or later in the afternoon = 31% and 27% of all providers that consulted with parents respectively.

Table C-32: Respondents who consulted with parents when planning for the new entitlement by topics they covered and by provider type of respondent

Provider type	The opening hours at your setting		The length of the sessions you offer		The number of days of the week you open		Affordability for parents		Demand for care early in the morning (between 7am and 9am, for example)		Demand for care later in the afternoon (between 4pm and 6 pm, for example)		Other topics		Total respondents who consulted with parents
	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	
Maintained	44	76%	47	81%	19	33%	26	45%	19	33%	14	24%	11	19%	58
Private / Independent	149	75%	167	84%	78	39%	87	44%	70	35%	64	32%	38	19%	200
Community / Voluntary	162	84%	161	83%	79	41%	90	47%	51	26%	44	23%	40	21%	193
Other	5	71%	6	86%	3	43%	2	29%	1	14%	2	29%	0	0%	7
Not stated	1	100%	1	100%	1	100%	0	0%	0	0%	0	0%	0	0%	1
Total	361	79%	382	83%	180	39%	205	45%	141	31%	124	27%	89	19%	459

Source: SQW Consulting, SQW Provider Self-Completion Survey 2008

Other topics mentioned by the 89 respondent providers who consulted on “other topics” included: the possibility of setting up a lunch club / lunch sessions, before and after school clubs, holiday clubs and providing breakfast.

Table C-33 (below) presents a breakdown of the actions taken by providers who consulted parents when planning for the new entitlement by provider type. The most common actions taken by providers across all provider types were to offer longer morning and afternoon session (67% and 43% respectively).

Table C-33: Actions taken by respondents who consulted with parents when planning for the new entitlement by provider type

Provider type	Opened on additional days of the week		Opened earlier in the mornings		Remained open later in the afternoon/evening		Offered longer morning sessions		Offered longer afternoon sessions		Increased collaboration with other providers		Other		Total respondents who consulted with parents	
	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	N	% of total
Maintained	2	3%	21	36%	14	24%	31	53%	17	29%	5	9%	13	22%	58	13%
Private / Independent	15	8%	54	27%	39	20%	128	64%	96	48%	15	8%	40	20%	200	44%
Community / Voluntary	19	10%	67	35%	47	24%	141	73%	81	42%	17	9%	31	16%	193	42%
Other, please specify:	1	14%	0	0%	0	0%	5	71%	4	57%	2	29%	2	29%	7	2%
Not stated	0	0%	0	0%	0	0%	1	100%	1	100%		0%		0%	1	0%
Grand Total	37	8%	142	31%	100	22%	306	67%	199	43%	39	8%	86	19%	459	100%

Source: SQW Consulting, SQW Provider Self-Completion Survey 2008

Demand for the extended flexible entitlement

Table C-34 (below) highlights responses on whether demand outstrips the number of places available at particular times of the day or week by provider type. The majority of providers (60% of all respondents) experienced demand outstripping supply at some point during particular times of the day or week. The most commonly cited time of the day or week when demand outstripped the number of places available was in the morning between 9am and 12pm (44% of all respondents). Interestingly, the least common times of the day or week for demand to outstrip supply were late afternoons between 4pm and 6 pm, and early mornings before 9am, with only 3% and 4% of respondents respectively indicating that demand outstripped supply at these times of day.

Table C-34: Details of demand outstripping the number of places available at particular times of the day or week?

Provider type	Early mornings (e.g. anytime before 9am)		Mornings (e.g. anytime between 9 & 12am)		Over lunch (e.g. anytime between 12 & 2 pm)		Afternoons (e.g. anytime between 12 & 4pm)		Late afternoons (e.g. between 4 & 6 pm)		Evenings (e.g. anytime between 6 & 8 pm)		Weekends		Outside term times-on holiday weekdays		Outside term time-weekends		No- demand never outstrips supply		At another time of day		Total respondents to Q25	
	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	N	% of total
Maintained	10	6%	72	44%	28	17%	22	14%	3	2%	0	0%	0	0%	4	3%	0	0%	68	42%	11	7%	162	16%
Private / Independent	21	5%	202	43%	70	15%	76	16%	15	3%	0	0%	1	0%	6	1%	0	0%	181	39%	53	11%	466	46%
Community / Voluntary	12	3%	166	46%	43	12%	50	14%	7	2%	1	0%	0	0%	6	2%	0	0%	146	41%	45	13%	358	35%
Other	1	5%	4	20%	3	15%	4	20%	1	5%	0	0%	0	0%	0	0%	0	0%	12	60%	2	10%	20	2%
Not stated	1	6%	6	38%	4	25%	3	19%	0	0%	0	0%	0	0%	1	6%	1	6%	6	38%	4	25%	16	2%
Total	45	4%	450	44%	148	15%	155	15%	26	3%	1	0%	1	0%	17	2%	1	0%	413	40%	115	11%	1,022	100%

Source: SQW Consulting, SQW Provider Self-Completion Survey 2008

A number of respondents who selected “at another time of day” in response to this question answered that all of their sessions are oversubscribed and that they operate a waiting list, whilst others answered that some days of the week (rather than particular times in the day) were more oversubscribed than others.

Table C-35 (below) shows respondents by whether they have had increased demand from parents to register their children with their provision since the introduction of the extended flexible entitlement. Thirty-two percent of all providers had increased demand as a result of the new entitlement. Community/voluntary providers were most likely to experience increased demand with 36%, following by private/independent providers (32%) and maintained providers (27%).

Table C-35: Respondents by whether they have had increased demand from parents to register their children with at the provider since they introduced the extended flexible entitlement by provider type

Provider type	Increased demand		No increased demand		Don't know		Total respondents	
	N	% of row	N	% of row	N	% of row	N	% of total
Maintained	44	27%	97	60%	16	10%	162	16%
Private / Independent	149	32%	245	53%	65	14%	466	46%
Community / Voluntary	127	36%	170	48%	54	15%	358	35%
Other	6	30%	12	60%	1	5%	20	2%
Not stated	2	13%	8	50%	4	25%	16	2%
Total	328	32%	532	52%	140	14%	1,022	100%

Source: SQW Consulting, SQW Provider Self-Completion Survey 2008

Table C-36 (below) identifies the reasons why respondents thought they might have had increased demand from parents to register children with their provision. The overwhelming majority (73%) of providers felt that the main reason they had experienced increased demand was because they now offered more free hours to parents. Thirty-three percent of all providers felt that it was because they now offered more flexibility to parents by allowing them to use their free entitlement over fewer days and 32% felt it was because they had extended their opening hours. The community/voluntary sector providers were more likely to attribute the increased demand for places as being down to longer opening hours - 43% of settings reporting increased demand, compared with a figure of 22% for private/independent sector, and 30% for the maintained sector.

Table C-36: Respondents who have had increased demand from parents to register their children with their provision since the introduction of the extended flexible entitlement by reason and by provider type

Provider type	We allow parents to use their free entitlement over fewer days than before		We now offer more free hours to parents		We are now open for longer hours		Other		Total respondents who had experienced increased demand from parents since the introduction of the 15 hours
	N	% of row	N	% of row	N	% of row	N	% of row	
Maintained	15	34%	31	71%	13	30%	8	18%	44
Private / Independent	56	38%	117	79%	33	22%	29	20%	149
Community / Voluntary	34	27%	82	65%	55	43%	30	24%	127
Other	3	50%	6	100%	3	50%	0	0%	6
Not stated	1	50%	2	100%	0	0%	0	0%	2
Total	109	33%	238	73%	104	32%	67	20%	328

Source: SQW Consulting, SQW Provider Self-Completion Survey 2008

Amongst the other reasons cited by some of the 67 providers who answered "Other" to this question were: their good reputation / Ofsted report / experience / staff; their ability to offer parents flexibility to fit around their working hours; the fact that the extended flexible entitlement has made childcare more affordable to parents, and that parents are now more aware of their entitlement to free hours of childcare.

Table C-37 (below) shows the number and proportion of three- and four-year old children regularly using 10 hours of their free entitlement in any one day of the week. This table is based on 557 providers who answered both the question on the number of three- and four-year old children regularly benefiting from 10 hours of their free entitlement in any one day of the week and the question about the number of three- and four-year old children attending at least once a week. These numbers should be treated with caution as it is suspected that some providers did not distinguish the hours of free entitlement from full day care hours for example. It shows that 22% of eligible children were regularly using 10 hours of their free entitlement in any one day of the week across all providers who answered both questions. Community / voluntary providers had the smallest proportion of children using 10 hours of their free entitlement in any one day with 16% of children doing so compared with 26% of children attending maintained providers and 25% attending private / independent providers.

Table C-37: Number and proportion of three and four year old children regularly using 10 hours of their entitlement in any one day of the week

Provider type	Number of 3 and 4 year old children using more than 10 hours	Number of 3 and 4 year old children	Proportion using more than 10 hours
Community / Voluntary	1,103	7,092	16%
Maintained	722	2,795	26%
Private / Independent	2,396	9,546	25%
Other type	157	447	35%
Not stated	2	296	1%
Total	4,380	20,176	22%

Source: SQW Consulting, SQW Provider Self-Completion Survey 2008

Impact of the extended flexible entitlement on early years settings

The most commonly cited additional costs faced by providers as a result of participating in the extended flexible entitlement were: staff costs (68%), equipment costs (30%) and catering costs (22%). A total of 24% of all respondents did not face any additional costs with a high proportion of maintained settings (35%) who did not face additional costs. Staff costs were most commonly cited by community / voluntary (72%) and private / independent providers (70%).

Other types of costs incurred by respondents' settings included: administration costs; time costs and loss of work / life balance; training of new staff; loss of income due to funded rate being below cost of delivery; lunch and snack costs.

The most commonly cited costs incurred by providers as a result of delivering a more *flexible* offer to parents were: staff costs (50%), equipment costs (15%) and catering costs (15%). Ten percent of all respondents were unable to identify costs specific to the flexible element of the new entitlement and 5% had faced no additional costs in delivering the free hours flexibly. However, we suggest a note of caution on the reported costs associated with *flexible* delivery. All respondents answered this question yet we know that not all are delivering the extended entitlement flexibly. It is likely that respondents were not necessarily able to distinguish between costs related to delivering the extended entitlement and those related to flexible delivery.

Table C-38: Respondents by types of additional costs their setting has incurred through participating in the extended flexible entitlement by provider type

Provider type	Staff costs		Catering costs		Equipment costs		Rent		Electricity/fuel bills		Cleaning bills		We have faced no additional costs in delivering the additional Entitlement		Other types of costs		Total respondents to Q28	
	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	N	% of total
Maintained	92	57%	39	24%	44	27%	25	15%	37	23%	19	12%	57	35%	19	12%	162	16%
Private / Independent	326	70%	107	23%	150	32%	81	17%	84	18%	52	11%	99	21%	40	9%	466	46%
Community / Voluntary	256	72%	75	21%	108	30%	97	27%	80	22%	34	10%	77	22%	37	10%	358	35%
Other	11	55%	4	20%	5	25%	3	15%	5	25%	3	15%	8	40%	1	5%	20	2%
Not stated	12	75%	3	19%	3	19%	3	19%	1	6%	1	6%	3	19%	1	6%	16	2%
Total	697	68%	228	22%	310	30%	209	21%	207	20%	109	11%	244	24%	98	10%	1,022	100%

Source: SQW Consulting, SQW Provider Self-Completion Survey 2008

Table C-39: Respondents by types of additional costs their setting has incurred as a result of offering the free hours more flexibly by provider type

Provider type	Staff costs		Catering costs		Equipment costs		Rent		Electricity/fuel bills		Cleaning bills		We have faced no additional costs in delivering the additional entitlement flexibly		I cannot identify any specific costs related to delivering the additional entitlement more flexibly		Other types of costs		Total respondents to Q29	
	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	N	% of total
Maintained	74	46%	30	19%	22	14%	17	11%	20	12%	9	6%	10	6%	13	8%	10	6%	162	16%
Private / Independent	247	53%	70	15%	74	16%	46	10%	47	10%	28	6%	21	5%	40	9%	33	7%	466	46%
Community / Voluntary	175	49%	48	13%	58	16%	46	13%	37	10%	18	5%	18	5%	45	13%	30	8%	358	35%
Other	9	45%	2	10%	1	5%	1	5%	3	15%	0	0%	1	5%	0	0%	2	10%	20	2%
Not stated	7	44%	2	13%	0	0%	0	0%	0	0%	0	0%	2	13%	2	13%	1	6%	16	2%
Total	512	50%	152	15%	155	15%	110	11%	107	11%	55	5%	52	5%	100	10%	76	7%	1,022	100%

Source: SQW Consulting, SQW Provider Self-Completion Survey 2008

Other types of costs incurred by providers as a result of delivering the free hours more flexibly included: administration costs and staff training. Some providers also pointed out that they were not able to offer the free hours more flexibly to parents.

Local Authority funding

Sixty-six percent of all providers had received additional funding from their local authority to help them deliver the extended flexible entitlement. Amongst all respondents, 28% had received an enhanced hourly rate, 33% had received capital funding and 7% had received other funding (see Table C-40).

Table C-40: Additional funding received by respondents from their local authority by provider type

Provider type	Yes, enhanced hourly rate		Yes, capital funding (i.e. a lump sum)		No additional funding received		Other funding		Total respondents to Q30	
	N	% of row	N	% of row	N	% of row	N	% of row	N	% of total
Maintained	46	28%	48	30%	60	37%	9	6%	162	16%
Private / Independent	119	26%	156	34%	156	34%	39	8%	466	46%
Community / Voluntary	107	30%	116	32%	122	34%	23	6%	358	35%
Other	6	30%	3	15%	10	50%	0	0%	20	2%
Not stated	4	25%	9	56%	3	19%	0	0%	16	2%
Total	282	28%	332	33%	351	34%	71	7%	1,022	100%

Source: SQW Consulting, SQW Provider Self-Completion Survey 2008

The extended flexible entitlement and financial viability

Table C-41 (below) provides a breakdown of financial viability by provider type. The largest group of providers (42%), stated that the finances of their setting had stayed roughly the same since starting to deliver the new entitlement, compared with 24% of providers stating their finances were now healthier and 8% that they were less healthy. Community/voluntary providers and private/independent providers were more likely to have seen their finances become healthier (27% and 25% respectively) compared with 20% of maintained providers.

Private / independent providers were slightly more likely to have seen their finances become less healthy compared with other types of providers. These numbers should be treated with caution as we know that many providers did not know what funding rates they would receive from their local authority in year two at the time of the survey and we know from our telephone consultations with pathfinder local authorities that many of them will have to reduce the funding rate this year, so it is suspected that providers would not be so positive about the financial benefit of the extended flexible entitlement if they were asked about their finances later in 2008.

Table C-41: Financial viability of providers by provider type

Provider type	They have become healthier		They have become less healthy		They have stayed roughly the same		Too early to tell		Total	
	N	% of row	N	% of row	N	% of row	N	% of row	N	% of total
Maintained	29	20%	10	7%	73	51%	31	22%	143	15%
Private / Independent	108	25%	45	10%	168	39%	115	26%	436	46%
Community / Voluntary	89	27%	20	6%	138	42%	84	25%	331	35%
Other	2	11%	2	11%	7	39%	7	39%	18	2%
Not stated	1	7%	2	14%	6	43%	5	36%	14	1%
Total	229	24%	79	8%	392	42%	242	26%	942	100%

Source: SQW Consulting, SQW Provider Self-Completion Survey 2008

Table C-42 (below) breaks down financial viability by length of opening of the setting. Settings that had opened in the past couple of years were slightly more likely to have experienced a positive impact on their finances compared with older settings. Those settings that had been open for three-to-five years were slightly more likely to have seen their finances become less healthy and those older settings which had been open for more than 20 years were most likely to state that their finances had remained the same.

Table C-42: Financial viability of providers by length of opening of the setting

Length of time been in operation	They have become more healthy		They have become less healthy		They have stayed roughly the same		Too early to tell		Total respondents to Q31	
	N	% of row	N	% of row	N	% of row	N	% of row	N	% of total
0-2 years	14	29%	3	6%	18	38%	13	27%	48	5%
3-5 years	33	26%	14	11%	52	41%	29	23%	128	14%
6-10 years	32	26%	11	9%	52	42%	28	23%	123	13%
11-20 years	66	25%	23	9%	104	40%	68	26%	261	28%
More than 20 years	81	22%	28	8%	160	44%	98	27%	367	39%
Don't know	3	25%	0	0%	4	33%	5	42%	12	1%
Total	229	24%	79	8%	390	42%	241	26%	939	100%

Source: SQW Consulting, SQW Provider Self-Completion Survey 2008

Difficulties in delivering the extended flexible entitlement

The majority of respondents (66%) did not face any difficulties in delivering the extended flexible entitlement. Maintained providers were the least likely to have faced difficulties with 74% having faced no difficulties compared with 65% of community/voluntary providers and 63% of private/independent providers which reported experiencing no difficulties (see Table C-43)

Table C-43: Respondents by whether they have faced any difficulties in delivering the extended flexible entitlement

Provider type	Have faced difficulties		Have not faced any difficulties		Don't know		Total respondents	
	N	% of row	N	% of row	N	% of row	N	% of total
Maintained	38	24%	120	74%	4	3%	162	16%
Private / Independent	161	35%	291	63%	12	3%	464	46%
Community / Voluntary	110	31%	232	65%	14	4%	356	35%
Other	3	16%	16	84%	0	0%	19	2%
Not stated	6	38%	9	56%	1	6%	16	2%
Total	318	31%	668	66%	31	3%	1,017	100%

Source: SQW Consulting, SQW Provider Self-Completion Survey 2008

Table C-44 (below) demonstrates the types of difficulties that respondents faced in delivering the extended flexible entitlement by provider type. The most common types of difficulties faced by providers across all provider types were: staff rotas (48%), new billing arrangements for parents (34%), curriculum planning (27%) and difficulties in recruiting additional staff (23%). As might be expected, the availability of premises was more of an issue with community/voluntary providers than with other types of settings (47% of community/voluntary providers operate out of shared premises). On the other hand, new billing arrangements were much more of a problem for maintained settings (53%) compared with private/independent providers (35%) and community/voluntary providers (34%).

Table C-44: Types of difficulties faced by respondents in delivering the extended flexible entitlement by provider type

Provider type	Difficulties recruiting additional staff		Availability of premises		New billing arrangements for parents		Curriculum planning		Staff contracts		Staff rotas		Other type of difficulty		Total	
	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	%	% of total
Maintained	8	21%	3	8%	20	53%	10	26%	7	18%	16	42%	15	40%	38	12%
Private / Independent	39	24%	29	18%	56	35%	43	27%	30	19%	81	50%	56	35%	161	51%
Community / Voluntary	24	22%	37	34%	29	26%	29	26%	17	16%	54	49%	37	34%	110	35%
Other	2	67%	1	33%	1	33%	1	33%	1	33%	2	67%	0	0%	3	1%
Not stated	1	17%	1	17%	3	50%	2	33%	1	17%	0	0%	2	33%	6	2%
Total	74	23%	71	22%	109	34%	85	27%	56	18%	153	48%	110	35%	318	100%

Source: SQW Consulting, SQW Provider Self-Completion Survey 2008

Other difficulties identified by providers included: administration time/time restraints to get organised; financial difficulties due to funding rate not covering the costs/remaining financially sustainable; staffing ratios due to an increase in the number of children attending the setting and inability to offer flexibility to parents due to shared premises and/or other constraints.

Benefits of participating in the extended flexible entitlement

Table C-45 (below) provides a breakdown of the main benefits settings are reporting to have experienced as a result of participating in the extended flexible entitlement, by provider type. An overwhelming majority of respondents across all provider types (74%) reported benefits resulting from participation in the extended flexible entitlement.

The main benefits experienced by providers were: increased demand from parents (37%), more sustainable finances (20%), more consistent patterns of parental demand throughout the day (13%), and new partnerships developed with other providers (10%).

Providers least likely to have experienced benefits were maintained providers, with 40% of respondents perceiving no benefits³¹ and only 11% stating that the extended flexible entitlement had made their finances more sustainable compared with 21% for private / independent providers and 21% for community / voluntary.

Private / independent providers were most likely to have experienced increased demand from parents since the introduction of the extended flexible entitlement (40%) compared with just over 30% of maintained and community / voluntary providers. Private / independent providers were least likely to have experienced more consistent patterns of parental demand throughout the day.

³¹ We suspect that the fact that maintained settings are funded by place rather than by the hour had an impact on their views of the benefits arising from the extended flexible entitlement and on the viability of their setting in general.

Table C-45: Main benefits of participating in the extended flexible entitlement to respondents' setting by provider type

Provider type	Increased demand from parents		The setting is more financially sustainable		Staff ratios have improved		More consistent patterns of parental demand throughout the day		New partnerships with other providers have been developed		I have developed a better relationship with my Local Authority		Easier curriculum planning		Q34_Easier to recruit staff		There have been no benefits to my setting		Other benefit		Total respondents to Q34	
	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	N	% of row	N	% of total
Maintained	13	34%	4	11%	5	13%	4	11%	6	16%	6	16%	1	3%	0	0%	15	40%	4	11%	38	12%
Private / Independent	65	40%	34	21%	24	15%	11	7%	15	9%	10	6%	7	4%	0	0%	33	21%	36	22%	161	51%
Community / Voluntary	36	33%	23	21%	12	11%	17	16%	8	7%	4	4%	5	5%	0	0%	30	27%	25	23%	110	35%
Other	2	67%	1	33%	0	0%	1	33%	0	0%	0	0%	0	0%	0	0%	0	0%	1	33%	3	1%
Not stated	2	33%	1	17%	0	0%	0	0%	0	0%	1	17%	0	0%	0	0%	3	50%	2	33%	6	2%
Total	118	37%	63	20%	41	13%	33	10%	29	9%	21	7%	13	4%	0	0%	81	26%	68	21%	318	100 %

Source: SQW Consulting, SQW Provider Self-Completion Survey 2008

Other benefits most cited by providers included: longer sessions make it easier for children to settle in, making the timetable more relaxed with children able to do more activities than previously; as well as other benefits to children and parents.

Conclusions

Models of delivery pre-pathfinder versus post-pathfinder

- Providers have increased the flexibility of the free entitlement with the implementation of the extended entitlement by allowing parents to use the free hours over fewer days. The majority of providers (53%) allowed parents to use their full 12.5 hours of free entitlement over a minimum of five days, this compares with 32% of providers allowing parents to use their full 15 hours of free entitlement over a minimum of five days. The majority of providers (57%) now offered the extended flexible entitlement over a minimum of three days.
- The flexibility of the entitlement has also increased with respect to the maximum number of hours parents are able to use their free hours in any one day. Previously, the largest proportion of providers (40%) allowed parents to only use 2.5 hours per day, compared with 25% of providers allowing parents to only use three hours per day maximum under the extended entitlement. The largest proportion of providers (41%) now allowed parents to use between five and seven hours of free entitlement per day under the extended flexible entitlement.

Delivery of the extended flexible entitlement

- The majority of providers (73%)³², now offered the extended hours as well as the flexible element of the new entitlement.
- Sixty-five percent of eligible three- and four-year old children were reported to be using their full 15 hours of extended flexible entitlement. Most of these children, 58%, were using their free entitlement over five days compared with 23% over three days and 12% over four days.
- Forty-three percent of providers extended their opening hours in order to be able to offer the extended flexible entitlement. The most common ways in which providers changed their opening hours were by extending opening or closing hours by 15 minutes or 30 minutes; adding morning or afternoon sessions, opening on more days and changing registration from sessional to full day care.
- Sixteen percent of providers were collaborating to deliver the extended flexible entitlement. Most providers who were collaborating were doing so informally (84%).

³² In calculating this we have assumed that if a provider delivers no more than three hours per day that they not delivering flexibly

Demand for the extended flexible entitlement

- Forty-five percent of providers consulted parents when planning for the extended flexible entitlement. Amongst all providers, the most commonly cited consultation topics included: the length of the sessions they offer (83%), the opening hours of their setting (79%), affordability for parents (45%), and the number days of the week their setting is open (39%).
- Thirty-two percent of providers experienced increased demand from parents as a result of implementing the extended flexible entitlement. Seventy-three percent of providers felt the reason for increased parental demand was that they now offered more free hours of childcare. The most common time of day when demand outstripped places available was in the mornings from 9am to 12 pm (44% of providers experienced demand outstripping places at that time). The least common times of the day or week for demand to outstrip supply were late afternoons between 4pm and 6 pm and early mornings before 9am with only 3% and 4% of respondents respectively indicating that demand outstrip supply at these times of day.

Impact of the extended flexible entitlement on provider settings

- Twenty-four percent of providers felt that their settings had become financially healthier compared with 8% stating that they had become less healthy financially. Community/voluntary providers and private/independent providers were more likely to have seen their finances become healthier (27% and 25% respectively) compared with 20% of maintained providers. Private/independent providers were slightly more likely to have seen their finances become less healthy compared with other types of providers.
- Thirty-one percent of providers had faced difficulties in implementing the extended flexible entitlement. Maintained providers were the least likely to have faced difficulties with 74% having faced no difficulties compared with 65% of community/voluntary providers and 63% of private/independent providers which reported experiencing no difficulties. Of the providers that had faced difficulties, an overwhelming majority had experienced additional costs as a result of implementing and delivering the extended flexible entitlement (66% of respondents). Staff costs were the most commonly cited additional cost amongst these providers with 66% referring to staff rotas (48%) and staff contracts (18%).
- Seventy-four percent of all providers had experienced some benefits as a result of delivering the extended flexible entitlement. Providers least likely to have experienced benefits were maintained providers, with 40% of respondents perceiving no benefits³³ and only 11% stating that the extended flexible entitlement had made their finances more sustainable compared with 21% for private/independent providers and 21% for community/voluntary providers. The main benefits experienced by providers included: increased demand from parents (37%), more sustainable finances (20%), more consistent patterns of parental demand throughout the day (13%), and new partnerships with other providers have been developed (10%).³⁴

³³ We suspect that the fact that maintained settings are funded by place rather than by the hour had an impact on their views on the benefits from the extended flexible entitlement and on the viability of their setting in general.

³⁴ However, we suggest a note of caution on the reported costs associated with *flexible* delivery. All respondents answered this question yet we know that not all are delivering the extended entitlement flexibly. It is likely that respondents were not necessarily able to distinguish between costs related to delivering the extended entitlement and those related to flexible delivery.

Annex D: Observational visit findings

Introduction

In the first year of the evaluation (2007) we undertook observations in twenty early years settings. We examined quality through systematic observations using the well-validated Early Childhood Environment Rating Scale - Revised (ECERS-R)³⁵. We also recorded some observations using the more curriculum-focused Early Childhood Environment Rating Scale - Extension (ECERS-E)³⁶. Observation periods always included some time beyond the normal sessional hours so that our judgements could reflect the experiences of children attending for extended or flexible hours. At that stage we were able to conclude that on most items on the ECERS-R the settings involved in the pathfinder project were offering provision that was considered to be within the adequate to excellent part of the scale. Although there was variation in quality within and across settings, the quality ratings were fairly typical of the range found in the UK.

Furnishings and space were usually well rated as was the management of personal care routines. There was considerable variety in the ratings that settings across the sample received for the sub-scale concerned with provision to support the development of language and reasoning and the sub-scale about the range of activities and resources available.

Ratings on the interactions sub-scale were generally good to excellent with any weaknesses typically occurring in supervision of gross motor activities and some aspects of discipline. Most settings met the quality expectations for programme structure but we did identify some instances of practice that could reduce the quality of the child's experience. As well as drawing general conclusions about the quality of the settings participating in the early stages of the initiative we identified a number of factors likely to be of particular importance for children attending for extended or flexible hours:

- Space for privacy (protected from the 'busy-ness' of the group).
- Provision of a quiet and cosy area for relaxation.
- Space and equipment for gross motor play.

Quality ratings on the more pedagogy-focused ECERS-E were generally lower than those from the ECERS-R and there was more variation within and across settings.

Design of observations 2008

The design for the observations conducted in 2008 was the result of consultation with the steering group and the Department and was informed by a literature review³⁷ examining the evidence about factors associated with good quality experiences for children in early education and childcare settings. The review of the available evidence suggested a number of features of provision that are likely to make a difference to the child's experience in the playroom:

³⁵ Harms T., Clifford R.M. & Cryer D. (2005) Early Childhood Environment Rating Scale, Revised Version, New York: Teachers College Press.

³⁶ Sylva K., Siraj-Blatchford I. & Taggart B. (2006) Assessing Quality in the Early Years Early Childhood Environment Rating Scale (ECERS-E), Stoke-on-Trent: Trentham Books Ltd.

³⁷ Stephen C (2008) Lessons about Quality: A Review of the Evidence on Children's Experiences in Early Education and Childcare. Commissioned by DCS, submitted January 2008 (see Annex G).

- Nature of interactions with practitioners - warm and responsive interactions appropriate to children's need for stimulation, attention, support with learning and comfort, care and nurturing whenever needed.
- The range of activities and resources available - a wide range is necessary to suit the preferences and choices of all children.
- Structural features of provision that influence playroom process - e.g. staff wages, turnover, level of fee income or other financial support, adult:child ratios, staff training, government regulation.

As the resources for the qualitative assessment of the quality of the children's experiences were limited and the Department was interested in obtaining illustrative evidence about the ways in which attending for extended and flexible hours is accommodated within existing practice we agreed to focus on nine case studies (covering 10 settings) in 2008. For each of these case studies we gathered evidence about structural features, used the ECERS-R to make qualitative judgements about the quality of provision children experience and used evaluative statements to describe the ways in which settings manage arrivals, departures, mealtimes and learning opportunities for children attending for extended and flexible hours. We decided not to use the ECERS-E in 2008 for two reasons. Firstly, time constraints made it difficult to complete both ECERS-R and ECERS-E. Secondly, its specific focus on curricular issues made ECERS-E a less useful tool for this evaluation.

For each case study we gathered information about staff wages, staff turnover, the level of fees for additional hours, staff qualifications, the funding sector in which the setting operates and the nature of the premises. Government regulations for preschool education and childcare settings apply across the cases and therefore we have not included information about them here. An indication of adult:child ratios was noted at several time points across the day selected for the observation visit. The ECERS-R was completed for each case study following a half-day period of observation that included some extended hours. Seven additional questions, specifically about the nature of provision for children attending for extended or flexible hours, were also addressed during the observation phase. The cases included were selected to provide instances of provision offering extended and flexible hours across the sectors (public, private and voluntary), a range of types of premises and institutional remits. For each case we:

- Described the structural features associated with good experiences for children.
- Gave an account of the ECERS-R ratings obtained on each sub-scale.
- Examined the ECERS-R ratings in terms of a number of key indicators associated with the two main dimensions of quality measured by ECERS³⁸. (These factors and the key indicators loading on each factor are set out in the table below).
- Identified the ratings received on four items likely to be of particular importance when children attend for extended and flexible hours.
- Listed the answers to questions posed about specific aspects of practice associated with extended and flexible provision.

³⁸ Cassidy D J, Hestenes LL, Hegde A, Hestenes S & Mims S. (2005) Measurement of quality in preschool child care classrooms: An exploratory and confirmatory factor analysis of the early childhood environment rating scale-revised. *Early Childhood Research Quarterly*, 20, 3, pp. 345-360. Cassidy et al have demonstrated that ECERS measures two 'fairly distinct' dimensions of quality that are not dependent on each other but which in combination are a good indication of overall quality.

Materials & Activities	Language and Interaction
Q3 furniture for relaxation	Q17 using language to develop reasoning skills
Q5 space for privacy	Q18 informal use of language
Q15 books and pictures	Q30 general supervision of children
Q19 fine motor	Q31 discipline
Q20 art	Q32 staff-child interactions
Q22 blocks	Q33 interactions among children
Q24 dramatic play	Q36 group time
Q25 nature / science	
Q26 math/number	

Early Childhood Setting Quality Observed 2008

In 2008, as in 2007, the dominant feature of our observations was one of variation within and across settings but generally quality was within the adequate to excellent range. Indeed, much that was observed was very good or excellent. Where there were more negative evaluations these tended to be related to particular items rather than whole sub-scales or poor quality across a setting. For example, provision for music and movement was often less well rated than other activities and at one children's centre it was considered to be inadequate in contrast to the provision there for sand and water play and nature and science activities which were judged to be excellent. Most settings had outdoor space that was readily accessible and of good quality but this is still an area of challenge in premises which are not purpose built. One of the private day nurseries we observed was operating from a converted house had excellent equipment for gross motor play but the space was not adequate and could only be accessed by a flight of stairs. On the other hand, one voluntary sector provider was operating from purpose-built premises and excellent outdoor space and equipment for gross motor play. There are some outdoor covered areas, a variety of surfaces and a woodland area. But shared use means that free-standing equipment has to be packed away each day and there are times when this restricted use.

The maintained settings had more positive ECERS profiles than the private or voluntary sector provision observed. At one maintained setting all but one item included in our ECERS ratings was considered to be very good or excellent. However, the exception was arrangements for greetings and departures, an area of practice that is likely to be more important for children attending for flexible and extended hours. At the end of the session children were gathered together 'waiting' to be collected or to move to the extended provision. The ECERS ratings suggest that this maintained setting offers a very high quality learning environment for preschool children but the setting is not responsible for the extended hours provision as that is provided by a parallel voluntary sector service in the same premises.

An examination of the ratings each setting received for items loading on the two distinct dimensions of quality which make up ECERS suggests that while some settings do well on each of these others do better at providing materials and activities or supporting language and interactions. At one of the private day nurseries observed children experience high quality language support and interactions but the provision of materials and activities is not as satisfactory. In contrast one of the children's centres observed had good provision of

materials and activities but aspects of the language and interactions scales were less well rated than in other maintained settings. While materials and activities ratings may be constrained by financial or physical constraints the quality of practice reflected in the language and interactions items will depend on professional training and leadership. Drawing general conclusions about the quality of the children's experiences is not possible from this case study data nor was this the purpose of our observations. ECERS offers a setting-level profile of quality on a particular occasion and over a wide range of material and interpersonal / social aspects of early years provision each of which will interact with each other and with the preferences and needs of individual children. What we can say is that settings vary within and between sectors in terms of the educational and care environment they provide in general. All settings offered instances of very good and excellent resources and activities for play and learning and most had areas of relative weakness (either in provision or practice). In this, these case study settings were no different from the range of preschool settings in the UK. The case study descriptions outlined the structural characteristics of the settings. Some of these may be amenable to change or development and others may not. Ratings on ECERS are a reflection of the choices and professional practices of staff teams and the constraints under which they operate. And it is these decisions, practices and constraints that influence the day by day experience of children. Our case study settings and the examples of good practice identified offer contextualised examples of the interplay of these variables.

There was no evidence in these observations that settings that are involved in offering extended and flexible hours offer poorer quality because of this extension to their service. Poorer ratings on provision for music, dramatic play or books and pictures are unlikely to be a result of an increase in flexibility. They are the result of the decisions and practices mentioned above. Practitioners who are skilled at helping children to communicate will continue to do this within the playroom, although it may be more challenging to sustain some aspects of good practice across an extended day. We observed two settings offering considerable degrees of flexibility and extended hours where ratings on key indicators of support for language and interaction remain high.

Amending practice to accommodate extended and flexible hours

The ECERS scale gives evidence at a setting level and is not designed to describe the experiences of individuals or account for practice at particular times of day. It is a good measure of quality for the majority across most of day and particularly during the core sessional hours. However, children's experiences during extended hours or when attending for flexible hours are not necessarily going to be captured by ECERS. For this reason we looked in particular at four features of provision that the research team and the steering group considered to be important for children who are in the playroom for hours that differ from the typical morning or afternoon sessions. In addition, we tried to describe each setting's response to innovation in attendance patterns by listing the ways in which they accommodate children who arrive and leave at 'non-standard' times.

It was not possible to distinguish any one type of provision that had made better accommodation to the demands of extended and flexible hours, although focusing on the four aspects of provision likely to be of particular importance for children with different attendance patterns suggests that the maintained and voluntary sector settings have more to offer than the private sector settings in our sample of cases. One of the voluntary sector settings had very good provision for relaxation and comfort, opportunities for privacy, space and equipment for gross motor activities and meals and snacks. Another voluntary sector provider offered excellent provision for privacy, excellent space and equipment for gross motor activity and very good provision for meals and snacks, but only adequate resources for children to relax in comfort. The maintained settings also received very good or excellent ratings on these items. Although one had only minimal provision for relaxation and comfort

and an other had an adult:child ratio at lunch time that could not sustain a supportive and social environment. The private sector settings offered good or very good provision for meals and snacks but provision for relaxation and comfort and space and opportunities for privacy or time away from the main group was adequate at best and inadequate at worst.

Staff deployment decisions are at the centre of each setting's response to the demands of accommodating children attending for extended and flexible hours. Arrivals and departures were always noted but at some settings a member of staff had been allocated to pay particular attention to this while at others practitioners engaged with children in the playroom have to try to acknowledge others as they enter or leave. In some settings preparation and clearing up is not done while children are present but this is easier to manage when other groups of staff take over to supervise lunch time or when furniture and resources do not have to be cleared away to make space for lunch or because of shared use. While restricting access to some resources or parts of the premises when there are fewer children present may be an understandable response from the perspective of adults, from a child's point of view it may be seen as a dilution of the learning opportunities available and the ability to exercise choice.

The scheduling of group time and particular activities can be managed to smooth transition between sessions and extended hours (e.g. at one setting children remained engaged in outdoor play while the 'morning session' children left). However, in some cases sessional children and those staying for extended hours are gathered together into one group as parents begin to arrive. This disrupts play for those who will remain, creates unnecessary 'down-time' and can be distressing or disruptive for those who are less confident. It is clear from the observation notes that in some settings provision during the extended hours received less planning and does not always make the most of the opportunities for more intense and focused adult:child interactions that the reduction in group size permits. In some cases the sessional hours appeared to be treated as the 'education' time and children's activities and interactions outside this core receive less attention. While children may benefit from a change of pace and activity type in the extended hours (depending on their attendance patterns) this should not be seen as any less demanding of professional practice or responsive adult interactions. There was no evidence from any setting of individual scheduling or curriculum planning for children who have flexible attendance patterns. It seems appropriate to conclude that for the case study settings (and probably more widely) accommodating children for extended and flexible hours is manageable, has little or no impact on children's experiences during the 'traditional sessions'. However, provision could be further developed to enhance the experiences of individuals and ensure that good quality provision is offered in appropriate ways across the opening hours and over personalised attendance patterns. This is not to deny the challenges of coping with individual needs and preferences in what is essentially 'group' provision nor to under-estimate the cost in terms of physical resources and staff time. However, some amendments, such as improving facilities for children to relax in cosy and comfortable areas when they need it during the course of the day, could be made with relative ease and at modest expense.

In order to make our observations about the quality of provision for children attending for extended and flexible hours we employed a battery of tools and indicators. Assessing the quality of provision during non-standard hours is likely to be a matter of increasing importance and therefore it seems necessary to develop a reliable and validated tool which can be used by external evaluators and practitioners involved in self-evaluation and reflection on practice. Our observations suggest that the following features should be taken into account as likely to be of particularly important for the quality of children's experiences during extended and flexible hours:

- Comfortable and cosy spaces for relaxation when children choose.
- Space and permission to spend time in privacy or secluded from the main group and the bustle of the playroom.
- Accessible outdoor space with a variety of surfaces and resources that facilitate a wide range of gross motor activities and allow for use of the outdoor space in inclement weather.
- Arrangements for meals and snacks that take account of the pattern of the individual's day and offer healthy options in a warm, calm and sociable environment with adults and other children.
- Schedules that ensure that all children have access to the full range of curricular areas and pedagogical interactions and maximise the choices available during, before and after sessional provision.
- Arrangements for practitioners to have conversations with children and their parents when they arrive and leave while those already present or remaining in the playroom continue with their activities with appropriate adult attention.
- Scheduling 'free-play', small and large group time to give all children experience of these different learning opportunities but avoiding those who have non-standard patterns having disproportionate experiences of any of these forms.
- Managing meal times, snacks and rest periods flexibly to complement individual schedules.
- Making plans (drawing on professional practice) to support all aspects of development across the whole time a child spends in the setting, not just for 'session hours'.

Annex E: Parental self-completion survey findings

Introduction

This annex presents the results of our second parental postal survey, which was conducted between May and June 2008. The survey was distributed to parents accessing a wide range of different types of early years provision across the 20³⁹ pathfinder local authorities with the purpose of developing our understanding of the following:

- How parents have used the extended and flexible offer.
- Levels of awareness of the extended entitlement.
- Take-up and demand for provision.
- Parents' perception of the impact of the extended flexible offer on their children and themselves.

The survey complements other data collected and analysed during the study, particularly the in-depth telephone interviews with parents (drawn from a sample of parents responding to the postal survey), the postal survey of providers delivering the new entitlement, and the consultations with local authority staff.

The remainder of this annex is split into eight sections, which are outlined below:

- **Survey methodology** - a description of the distribution method and the resulting response rate.
- **Demographics of the sample** - analysing respondent parents by their geography, age, ethnicity, deprivation, gender and employment status.
- **Awareness of the entitlement** - discussing awareness of the free entitlement amongst parents and the increase to 15 hours.
- **Use of the additional entitlement** - looking particularly at whether the entitlement has changed the way that parents use early years or childcare provision.
- **Take-up and demand of early years and childcare provision** - mapping the patterns of usage of respondent parents across a typical week and analysing the level of demand for additional hours.
- **Use of supplementary or additional childcare provision** - looking at whether parents use more than one provider to meet their needs and the type of additional care they use.
- **Choosing a childcare provider** - identifying the most important factors that parents consider when choosing a childcare or early years setting.

³⁹ Blackburn with Darwen, Blackpool, Derbyshire, Gloucestershire, Greenwich, Hampshire, Haringey, Hertfordshire, Leeds, Leicestershire, Newham, Peterborough, Rochdale, Sheffield, Slough, Somerset, Sunderland, Telford, Worcestershire and York

- **Impact on parent and child** - presenting parents' own assessment of the impact that the entitlement has had on their ability to work or care and the benefits for their child.

Where appropriate, the responses of parents to questions relating to these themes are broken down by their characteristics, such as working status, the type of provider they use, ethnicity and deprivation. Where the differences between quoted figures are statistically significant we clearly state this⁴⁰, otherwise it should be assumed there is no statistically significant difference.

Survey Methodology

A paper copy of the survey was distributed to parents through a sample of 538 providers who were known to offer the extended flexible entitlement. Providers were asked to hand out copies of the survey to the parents of three and four year old children at their setting that are eligible for the free early years entitlement. An accompanying pre-paid envelope was attached to the survey form, to allow parents to return their completed questionnaire to the research team.

In order to agree the sample of providers to be included in the parental survey the original database of contact details for providers, which had been compiled in September 2007 for the first wave of the survey⁴¹, was sent to local authorities for updating. We asked local authorities to confirm that the providers included in the list were still delivering the extended flexible entitlement, to ensure contact details were up to date, and to provide details of any new providers that had started to deliver the new entitlement since the first wave of the survey.

A random sample of providers from each area was generated from this updated list of providers and we agreed with individual local authorities that they were happy for us to distribute parental questionnaires through these providers. The sample was constructed so that each pathfinder area was represented and the distribution of providers between areas was broadly even, as shown in Table E-1 (below). The final sample contained a mix of providers that were not sent the survey to distribute in 2007 and some that were, reflecting the fact that in some areas there were relatively few providers delivering the entitlement.

⁴⁰ Significant at the 95% confidence level

⁴¹ The first wave of the parental survey took place in November 2007

Table E-1: Number of providers delivering the entitlement in each pathfinder area and the number of providers included in the parental survey sample

Pathfinder	Number of providers delivering the entitlement (population)	Number of providers in the parental survey sample
Blackburn	59	27
Blackpool	68	27
Derbyshire	352	28
Gloucestershire	350	28
Greenwich	59	27
Hampshire	104	27
Haringey	42	27
Hertfordshire	110	27
Leeds	238	28
Leicestershire	31	27
Newham	30	26
Peterborough	98	27
Rochdale	124	28
Sheffield	53	27
Slough	21	21
Somerset	309	28
Sunderland	100	27
Telford	88	27
Worcestershire	304	28
York	142	26
Grand Total	2,682	538

Source: Pathfinder Local Authorities

In May 2008 each provider was sent 15 questionnaires to distribute to parents with pre-paid envelopes. If settings had more than 15 eligible children they were asked to hand out the questionnaires to the parents of the first 15 children on the register. Providers were asked to return a paper slip to inform us of the number of questionnaires that they had handed out.

Response rate

In the first wave of the parental survey (2007) we received just under 1,200 questionnaire returns. We took several measures in 2008 to try and improve the response rate. In particular, three changes were made from in the second wave:

- The survey was shortened, focusing in on smaller number of key issues⁴².
- Parents were given a longer timeframe in which to respond to the survey.
- A pilot was undertaken with parents from one provider, who were sent the survey in advance and then visited by a member of the research team to discuss the format, length and content of the survey to ensure they found it clear and convenient to answer.

In the second wave of the survey we also asked parents to provide details of their postcode in order to map this information against the Index of Multiple Deprivation (IMD), 1,520 (95%) of whom did so. This provided an opportunity to look at the characteristics of responses based on levels of deprivation.

A total of 1,600 surveys were completed in full and returned to us by parents, a significant increase on the 1,197 responses achieved last year. As not all providers returned the slip informing us of the number of questionnaires they had handed out, it is not possible to calculate an exact response rate for the survey. However, using the information from the 216 providers who did complete the feedback form, we know that 2,945 questionnaires were definitely handed out. This is an average of 14 per provider.

Using this information, we can make two assumptions to estimate the response rate, providing a range within which the true value is likely to lie:

- The first assumption is that all those who did not reply acted in an 'ideal' way and handed out every copy, which would place the total number of surveys distributed at 7,775. Whilst this is a fairly unrealistic assumption, it provides a lower range response rate of 21%.
- The second is to assume that only those who responded to say they had handed out the survey or those from whom a parental response was received actually did so. For those providers who did not respond to tell us how many surveys they had distributed but from whom a parental response was received, we assume they gave out all 15 surveys. This assumption places the number of surveys distributed at 5,427 and provides an upper range response rate of 29%.

⁴² Changes made to the questionnaire mean that it is not possible to directly compare all responses between the first and second waves of the survey

Demographics and Geography

This section profiles the 1,600 survey respondents by geographic location, gender, age, ethnicity, level of deprivation and working status.

Table E-2 (below) shows the geographic distribution of respondents and the average ratio of responses to providers in each area.

Table E-2: Number of survey respondents in each Local Authority and the ratio of responses to providers

Local Authority	Number of providers	Number of parents	% of total respondents	Ratio: responses per provider
Blackburn	27	40	3%	1.5
Blackpool	27	77	5%	2.9
Derbyshire	28	109	7%	3.9
Gloucestershire	28	127	8%	4.5
Greenwich	27	75	5%	2.8
Hampshire	27	138	9%	5.1
Haringey	27	37	2%	1.4
Hertfordshire	27	71	4%	2.6
Leeds	28	89	6%	3.2
Leicestershire	27	112	7%	4.1
Newham	26	44	3%	1.7
Peterborough	27	89	6%	3.3
Rochdale	28	72	5%	2.6
Sheffield	27	88	6%	3.3
Slough	21	29	2%	1.4
Somerset	28	87	5%	3.1
Sunderland	27	75	5%	2.8
Telford	27	64	4%	2.4
Worcestershire	28	69	4%	2.5
York	26	108	7%	4.2
Total	538	1,600	100%	3.0

Source: SQW Consulting and TNS Social, Survey of Parents 2008

The average ratio of three responses per provider is notably higher than the ratio of 2.3 that was achieved in 2007. The average masks some variation amongst areas, with providers in Hampshire returning an average of 5.1 responses per provider in contrast to Haringey and Slough, both with a ratio of 1.4. Looking only at the number of responses in each area, it can be seen that the most responses were received from Hampshire and Gloucestershire, representing 9% and 8% of the sample respectively.

Similarly to 2007, and as may be expected, 95% of respondents were women, with 50% in the 35-44 age range and a further 42% in the 25-34 age range. As Table E-3 (Ethnicity of respondents) shows, 88% of respondents were White British, 5% Asian or Asian British and 3% Black or Black British.

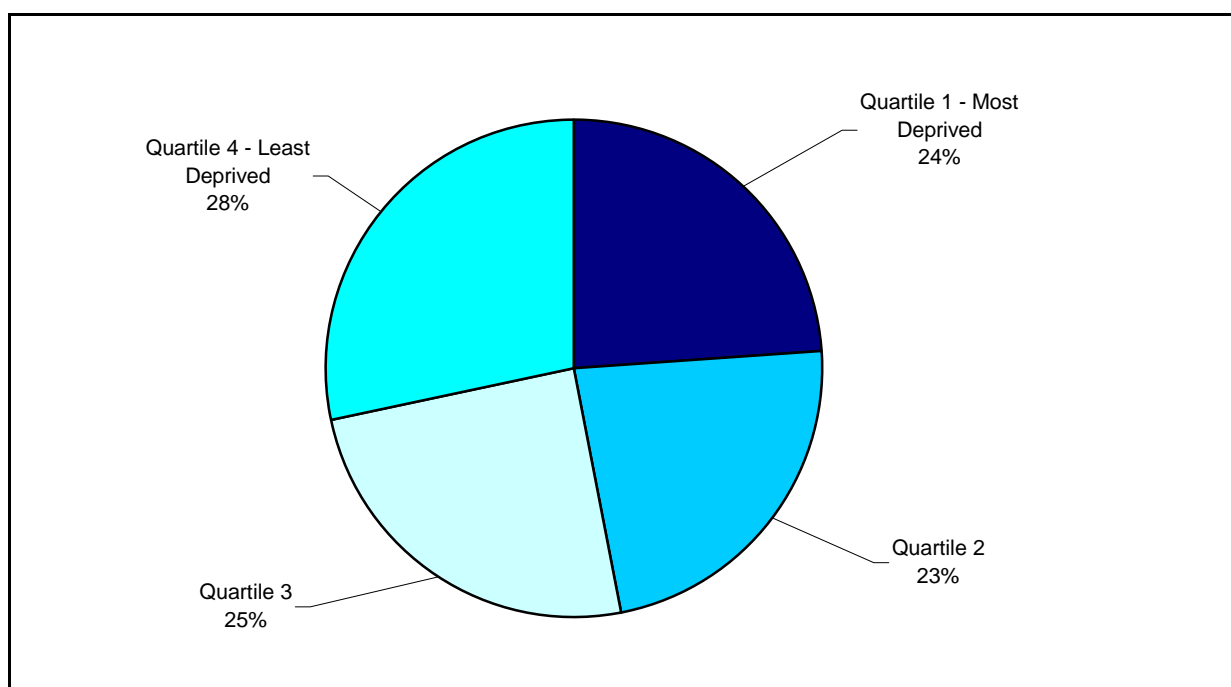
Table E-3: Ethnicity of respondents

Ethnicity	Number of respondents	% of total respondents
White	1,407	88%
Black or Black British	55	3%
Asian or Asian British	82	5%
Mixed origin	17	1%
Other	13	0.8%
Not stated	26	1.6%

Source: SQW Consulting and TNS Social, Survey of Parents 2008

Postcode details were used to classify respondents according to the level of deprivation of the area in which they live. This analysis was undertaken utilising the Index of Multiple Deprivation (IMD) produced by the Department for Communities and Local Government, which provides a fine-grained 'snap-shot' of the socio-economic health of an area. The IMD ranks areas according to their level of deprivation - Figure E-1 (Levels of deprivation) shows how many respondents live in the most deprived quartile (i.e. in areas ranked as the 25% most deprived in England) through to the number that live in the least deprived quartile. The figure shows that the sample is fairly representative, with approximately one quarter of respondents falling within each quartile.

Figure E-1: Level of Deprivation



Source: SQW Consulting and TNS Social, Survey of Parents 2008

Table E-4 (below) profiles respondents according to their working status. The majority of respondents were in work, either part-time (41% employed and self employed) or full-time (24% full-time). A further 23% were stay at home parents or guardians.

Table E-4: Working Status

	Number of respondents	% of total respondents
Employed - work full-time (30 or more hours a week)	341	21%
Employed - work part-time (less than 30 hours a week)	601	38%
Self employed - part-time	61	4%
Self employed - full-time	45	3%
Unemployed and looking for work	41	3%
Unemployed but not looking for work	22	1%
Retired	1	<1%
Stay at home parent or guardian	368	23%
Other	120	8%
Total	1,600	100%

Source: SQW Consulting and TNS Social, Survey of Parents 2008

Awareness of the extended flexible entitlement

The questionnaire asked parents whether they were aware that they are now entitled to 15 hours free early years entitlement. Table E-5 (below) shows, awareness is high, with 90% of respondents stating that they did know that they are entitled to 15 hours free early years education. This is broadly the same level of awareness as was seen in 2007, when 89% of respondents stated they were aware of the free entitlement.

Table E-5: Respondents' awareness of their entitlement to 15 hours free early years education

	Number of respondents	% of respondents
Yes	1,433	90%
No	51	3%
I thought the free entitlement was still 12.5 hours a week	30	2%
I wasn't sure	86	5%
Total	1,600	100%

Source: SQW Consulting and TNS Social, Survey of Parents 2008

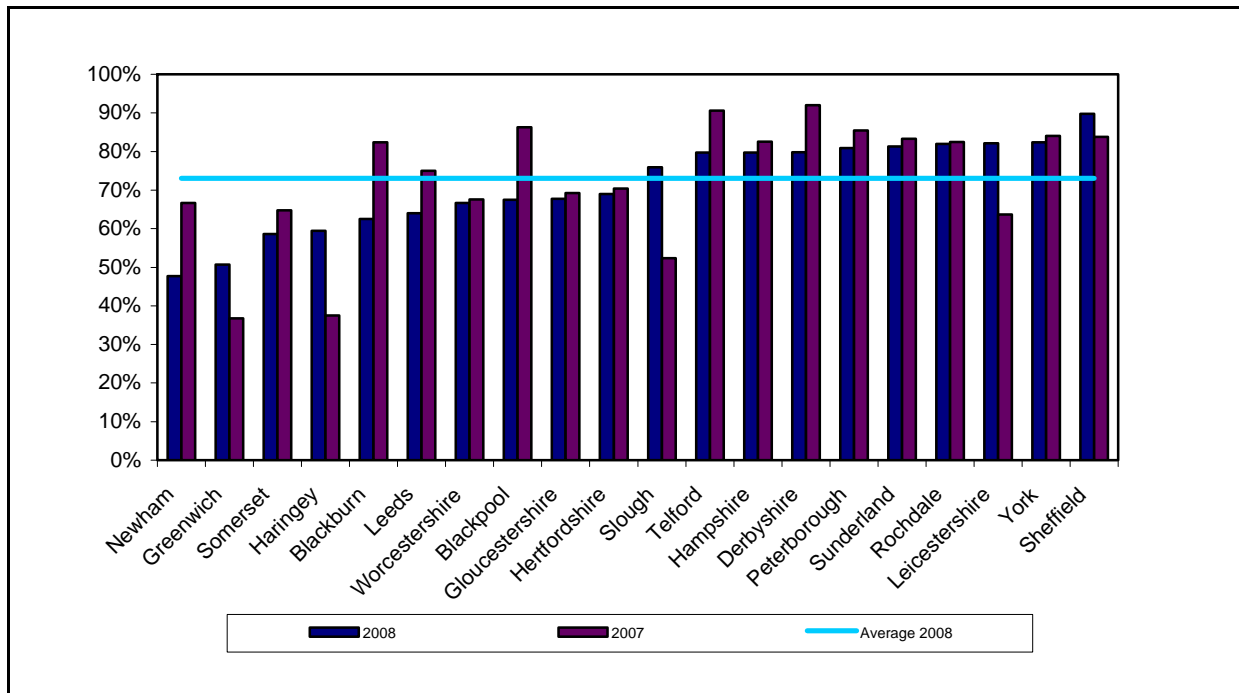
The local authority in which parents reported the highest level of awareness was Sheffield, with 97% (85 of the 88 respondents in the area) stating they were aware of the entitlement (compared to 87% last year), whilst the lowest level of awareness was seen in Newham, with just 73% (32 of 44 respondents in the area) stating they were aware, showing no change from last year. Several areas have seen significant changes in awareness since last year; in particular, Haringey has seen an increase in awareness of 24 percentage points, from 54% to 78%, whilst on the other hand Blackburn has seen a decrease of 11 percentage points, falling from 94% in 2007 to 83% in 2008.

Variation in awareness could also be seen amongst parents with different characteristics. In particular there was variation between parents from a White background and those from Black, Asian, Mixed or Other background (90% and 81% awareness respectively), and between parents from the most deprived quartile of areas in England and the least deprived quartile (86% and 94% aware respectively). The difference between awareness rates amongst those living in the most deprived and least deprived quartile areas is statistically significant and could point to a need for more targeted marketing of the entitlement. Whilst there is no statistically significant difference between response rates for those from a White background versus those from Black, Asian, Mixed or Other backgrounds, the survey findings could be suggestive of a need for additional awareness raising of the new entitlement amongst specific groups.

Similar patterns could be observed when parents were asked whether they were aware that the entitlement has increased from 12.5 to 15 hours in the last year. Overall awareness was 73%, compared to 76% last year. Again there was variation between parents from a White background and those from a Black, Asian, Mixed or Other background (74% and 62% were aware respectively) and by level of deprivation - 69% of parents living in the most deprived quartile were aware compared to 76% in the least deprived quartile. The difference in awareness related to the increase in the entitlement between parents from a White background and parents from a Black, Asian, Mixed or Other background is statistically significant.

Figure E-2 (below) shows the proportion of respondents from each local authority who said they were aware of the increase in entitlement from 12.5 to 15 hours. Once again, the highest level of awareness was seen in Sheffield (90%) and the lowest in Newham (48%). The average for the whole sample (73%) is also shown in the diagram, as are the levels of awareness seen last year. This indicates that several areas have seen fairly large changes in levels of awareness of the increase, with Slough seeing an increase of 23 percentage points and at the other end of the spectrum, Blackburn seeing a decrease of 20 percentage points. However, a decrease in awareness in the change of hours may be explained by the fact that parents that were receiving the entitlement for the first time were unaware that it had ever been for less than 15 hours.

Figure E-2: Proportion of respondents from each local authority who said that they were aware of the increase in entitlement from 12.5 to 15 hours

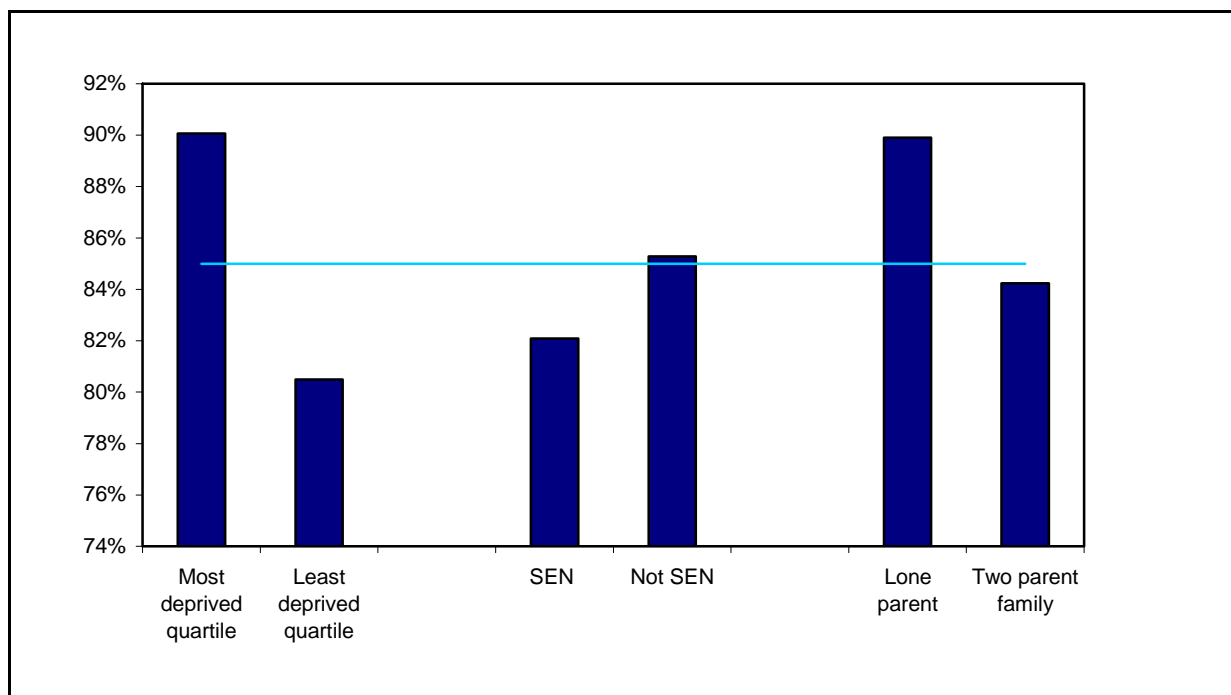


Source: SQW Consulting and TNS Social, Survey of Parents 2008

Parents' use of the 15 hours of free entitlement

The 1,433 parents who were aware that they are entitled to 15 hours free early years entitlement were asked whether they currently use the full 15 hours of the entitlement, with 85% responding that they do. However there was variation according to respondents' characteristics, as shown in Figure E-3 (below), those living in deprived areas, lone parents and those whose children do not have SEN are more likely to be using the full entitlement than their respective counterparts. The diagram also shows the average for the whole sample (85%).

Figure E-3: Proportion of respondents who use the full 15 hour entitlement



Source: SQW Consulting and TNS Social, Survey of Parents 2008

There was also variation according to the working status of the respondent, as shown in Table E-6 (below). As might be expected, those respondents who worked full-time were most likely to use the full entitlement, however unemployed parents were the group second most likely to use the full 15 hours, followed by those who worked part-time (see Table E-6)

Table E-6: Proportion of respondents who use the full 15 hour entitlement by working status

Working status	Number of respondents	% respondents
Work full-time	301	91%
Work part-time	519	86%
Unemployed	43	90%
Not working (e.g. stay at home parent)	355	80%

Source: SQW Consulting and TNS Social, Survey of Parents 2008

As Table E-7 (below) shows, variation in levels of take-up of the full 15 hours can also be seen between parents living in different local authorities, ranging from 73% in York and Gloucestershire to 94% in Blackburn, Blackpool, Rochdale and Sunderland.

Table E-7: Proportion of respondents who use the full 15 hour entitlement by Local Authority

Local Authority	Number of respondents	% respondents
York	74	73%
Gloucestershire	85	73%
Somerset	50	75%
Leicestershire	87	81%
Hertfordshire	47	81%
Worcestershire	55	83%
Telford	47	84%
Hampshire	111	85%
Total	1,218	85%
Newham	28	88%
Peterborough	72	88%
Derbyshire	88	88%
Slough	24	89%
Sheffield	76	89%
Greenwich	52	90%
Haringey	26	90%
Leeds	73	92%
Blackburn	31	94%
Blackpool	63	94%
Rochdale	64	94%
Sunderland	65	94%

Source: SQW Consulting and TNS Social, Survey of Parents 2008

Finally, variation can also be seen by type of provider, with 94% of parents that use a maintained setting using the full entitlement, compared to 89% of those that use private/independent settings and 77% of those that use a voluntary setting. There is a statistically significant difference between take-up of the full entitlement amongst those using the private, independent and maintained sectors versus those using provision in the voluntary and community sector.

Those who do not use their full entitlement (203 respondents) were asked the reasons for this. The most frequent responses given were:

- Want to spend time with child/more time with child (cited by 30 respondents - 14% of those that do not use their full entitlement).
- Do not want to use it/current hours are sufficient (cited by 26 respondents - 13%).
- No places available/on waiting list (cited by 25 respondents - 12%).
- Provider not open for 15 hours / cannot accommodate required hours (cited by 21 respondents - 10%).

Take-up of provision and demand for childcare

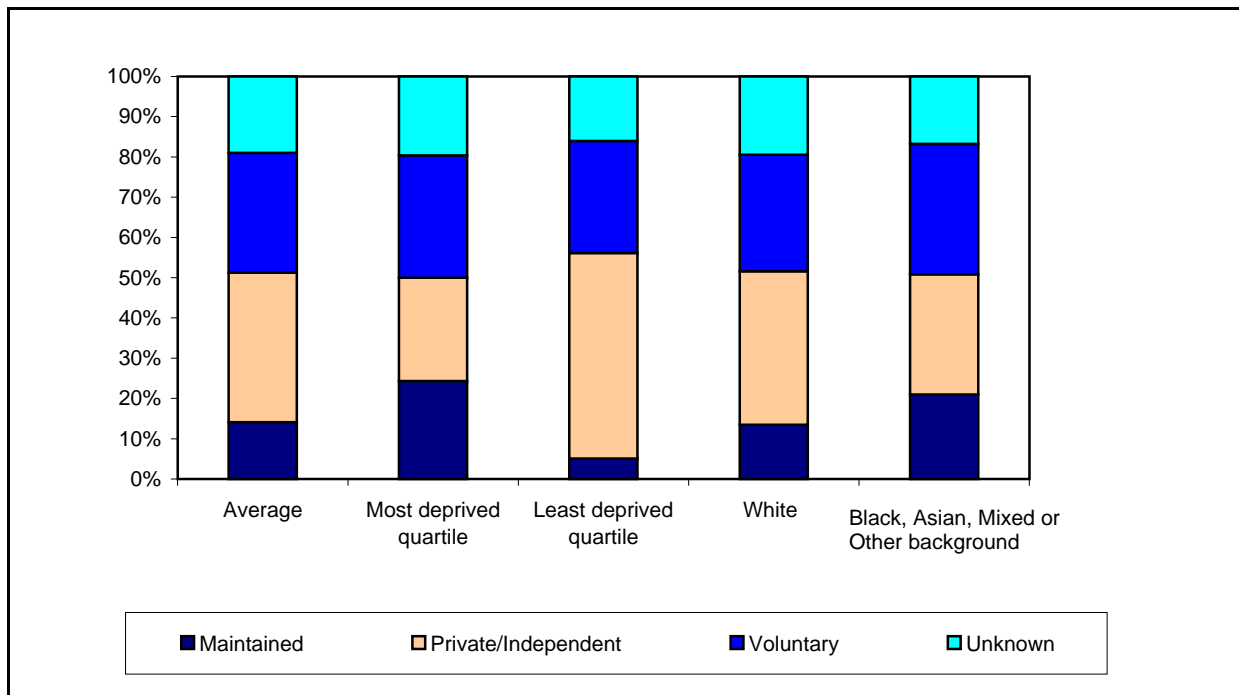
In the questionnaire we asked parents a number of questions related to their use of childcare as our experience had been that many respondents are unable to distinguish between 'childcare' and 'early years' provision. Indeed many will be accessing the free entitlement as part of their package of 'childcare' with a provider.

Figure E-4 (below) shows the type of provider used by respondents⁴³. Of those respondents for which information on the type of provider was available (70% of all respondents), 37% used a private nursery, 30% used a voluntary/community provider and 14% used a maintained provider. Note though that this may in part reflect differences in the supply market for the local authorities included in our sample, e.g. Peterborough only has a very small maintained nursery sector.

It is notable that only 5% of those living in the least deprived quartile used a maintained setting compared to 24% of those in the most deprived quartile (statistically significant), whilst 51% in the least deprived quartile used a private setting compared with 26% in the most deprived quartile (statistically significant). Variation can also be seen by ethnicity with 38% of respondents from a White background using a private provider compared to 30% of those from Black, Asian, Mixed or Other backgrounds (not statistically significant).

⁴³ This is based on the type of provider that gave the respondent the survey. Additional childcare that parents use will be analysed in the next section.

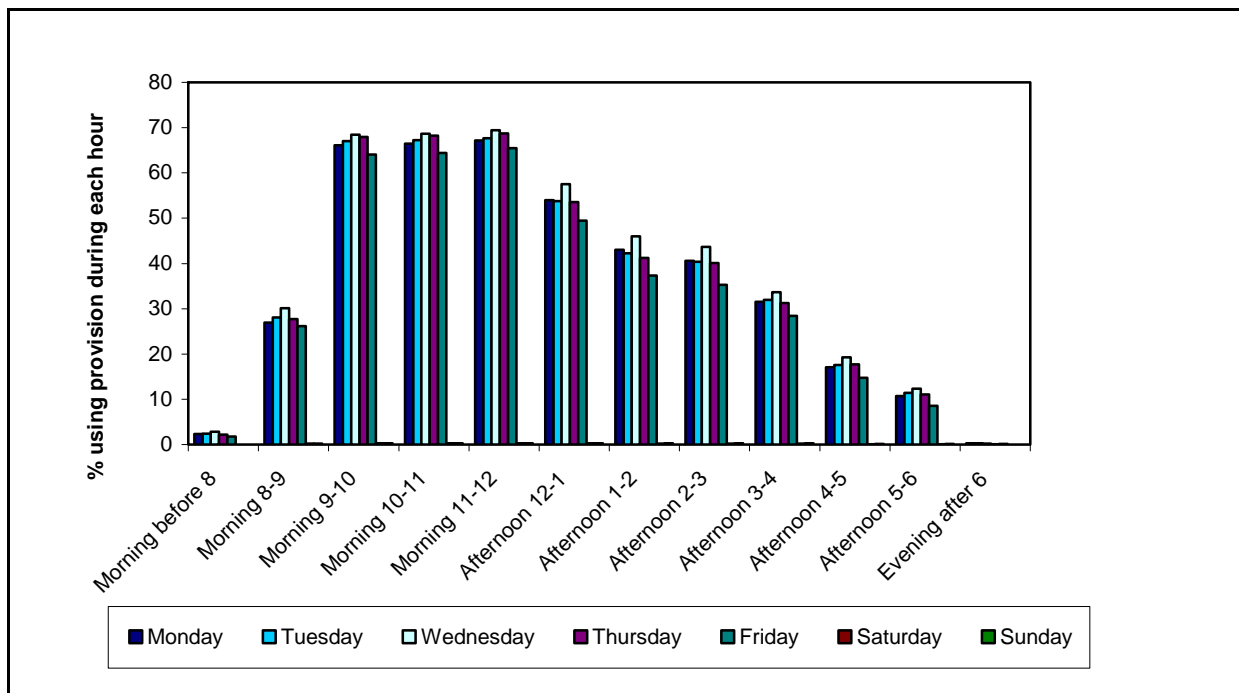
Figure E-4: The type of childcare used by parents broken down by deprivation and ethnicity



Source: SQW Consulting and TNS Social, Survey of Parents 2008

Parents were asked to describe the hours of the day and days of the week that they used the early years / childcare provider who gave them the questionnaire. Figure E-5 (below) shows that use of provision by respondents was highest in the morning between 9am and 12pm. As with results from the first wave of the survey there was little variation in usage on weekdays, although take-up was consistently lower on a Friday. Less than 1% of respondents used childcare on a Saturday or Sunday.

Figure E-5: Take-up of childcare by hour and day of the week



Source: SQW Consulting and TNS Social, Survey of Parents 2008

Seventy-seven percent of respondents had not changed the number of hours of childcare that they use per week since last term, with 15% increasing the hours that they used and only 2% decreasing their hours. Those who had changed their hours were asked why they had done so. Amongst those who had increased their hours, the primary reasons were the following:

- More hours/free hours/longer sessions available/offered - cited by 74 respondents (30% of those that had reported an increase).⁴⁴
- Because of the grant/entitlement/government funding - cited by 36 respondents (15% of those that had reported an increase).
- Child doing an extra session to prepare him/her for school - cited by 28 respondents (12% of those that had reported an increase).

Other reasons cited included a free place available from the age of three (16 respondents - 7%), child enjoys it there/likes to go there more (16 respondents -7%) and increase in my working hours (14 respondents - 6%).

Parents were asked what they thought of the opening hours of the provider that gave them the questionnaire. Sixty-four per cent said the hours offered were *flexible enough that they could choose exactly the hours that they needed*, a small increase from 60% in the first wave of the survey. Twenty-three per cent said the hours are *quite flexible but they have to adjust working hours or other commitments to fit around the hours of childcare provided*, whilst the remaining 7% stated that the *hours are not very convenient and this limits their ability to work or meet other commitments*.

Table E-8 (below) indicates that respondents whose children attended a private or independent nursery were most likely to feel the opening hours were flexible enough to meet their needs (76% of respondents), in contrast to those whose children attended a maintained setting, only 49% of whom felt this way.

Table E-8: Respondents' feelings about the opening hours of their provider, by type of provider

	The hours offered are flexible enough that I can choose exactly the hours I need		The hours offered are quite flexible, but I have to adjust working hours or other commitments to fit around the hours provided		The hours offered are not very convenient and it limits my ability to work or meet other commitments		Not stated	
	Number	% of row	Number	% of row	Number	% of row	Number	% of row
Maintained	110	49%	65	29%	26	12%	25	11%
Private / Independent	451	76%	109	18%	20	3%	15	3%
Voluntary	262	55%	116	24%	51	11%	46	10%
Total	1023	64%	361	23%	118	7%	98	6%

Source: SQW Consulting and TNS Social, Survey of Parents 2008

⁴⁴ This response was distributed relatively evenly across parents that used different types of provider with 21% using a maintained provider, 2% using a private provider, 28% using a voluntary provider and the remaining 21% using a provider whose type was unknown.

Respondents from a White background were more likely than respondents from other ethnic groups to feel the opening hours of their provider were flexible enough that they could choose exactly the hours that they need (65% compared to 59% - not statistically significant). Table E-9 (below) shows variation between local authority areas, with 41% of respondents in Haringey feeling the hours were flexible enough to meet their needs, ranging to 79% in Blackpool.

Table E-9: Respondents' feelings about the opening hours of their provider, by local authority

	The hours offered are flexible enough that I can choose exactly the hours I need		The hours offered are quite flexible, but I have to adjust working hours or other commitments to fit around the hours provided		The hours offered are not very convenient and it limits my ability to work or meet other commitments		Not stated	
	Number	% of row	Number	% of row	Number	% of row	Number	% of row
Haringey	15	41%	12	32%	5	14%	5	14%
York	55	51%	35	32%	8	7%	10	9%
Hertfordshire	37	52%	19	27%	7	10%	8	11%
Newham	25	57%	10	23%	4	9%	5	11%
Greenwich	43	57%	22	29%	6	8%	4	5%
Rochdale	43	60%	21	29%	3	4%	5	7%
Sheffield	53	60%	21	24%	8	9%	6	7%
Telford	39	61%	16	25%	3	5%	6	9%
Derbyshire	67	61%	23	21%	14	13%	5	5%
Slough	18	62%	8	28%	3	10%	0	0%
Peterborough	56	63%	18	20%	9	10%	6	7%
Somerset	55	63%	22	25%	6	7%	4	5%
Total	1023	64%	361	23%	118	7%	98	6%
Gloucestershire	82	65%	26	20%	10	8%	9	7%
Blackburn	27	68%	7	18%	1	3%	5	13%
Worcestershire	47	68%	17	25%	4	6%	1	1%
Sunderland	52	69%	13	17%	4	5%	6	8%
Hampshire	99	72%	29	21%	5	4%	5	4%
Leicestershire	83	74%	17	15%	9	8%	3	3%
Leeds	66	74%	15	17%	5	6%	3	3%
Blackpool	61	79%	10	13%	4	5%	2	3%

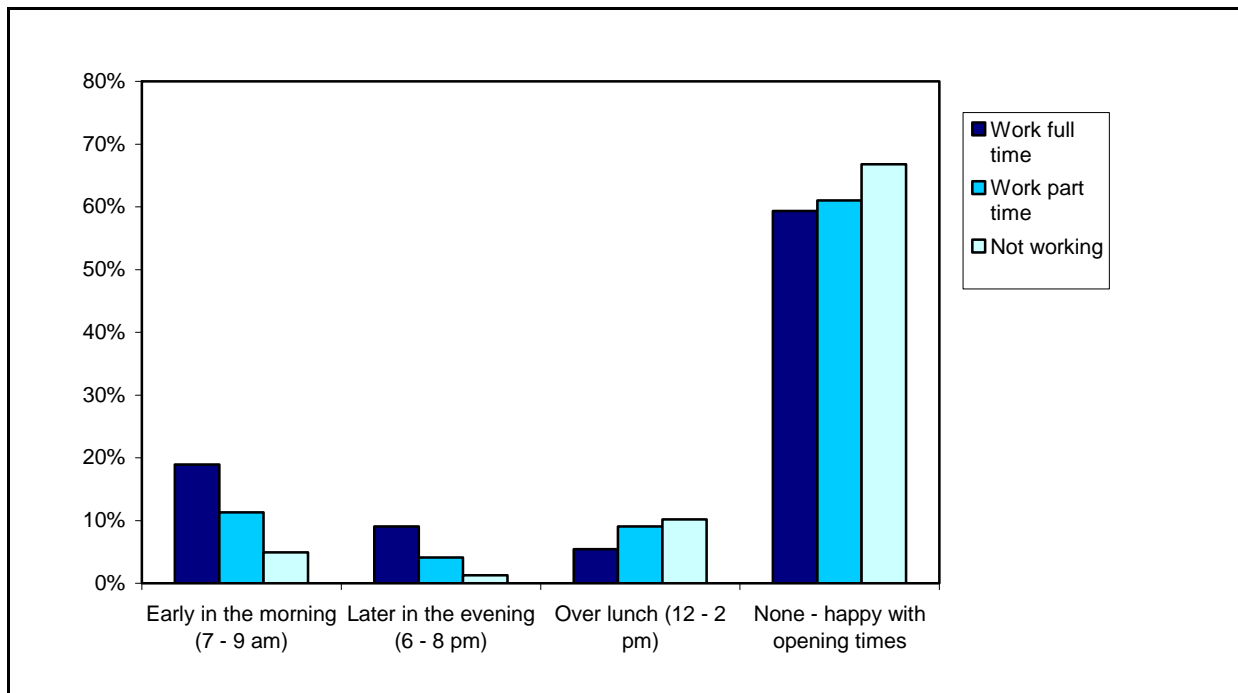
Source: SQW Consulting and TNS Social, Survey of Parents 2008

Respondents were further asked whether they would like their provider to offer extra opening hours. The most popular responses were:

- During school holidays - cited by 207 respondents (13%).
- Early in the morning (7 - 9am) - cited by 175 respondents (11%).
- Later in the afternoon (4 - 6 pm) - cited by 137 respondents (9%).
- Over lunch (12 - 2 pm) - cited by 137 respondents (9%).

There was some variation in views on extra opening hours according to parents' working status. In particular, non-working parents were more likely than those in full or part-time work to be completely satisfied, stating there were no extra opening hours they would like their provider to offer, whilst those in full-time work were more likely to than those in part-time work or not in work to want early morning (7 - 9am) and evening (6 - 8pm) provision. Those responses for which variation was observed are shown Figure E-6 (below).

Figure E-6: Whether respondents would like their provider to offer extra opening hours by working status



Source: SQW Consulting and TNS Social, Survey of Parents 2008

There was no variation in views on extra opening hours when breaking results down by deprivation, whilst several interesting differences could be seen when looking at ethnicity. The most significant differences were:

- Later in the afternoon (4 - 6 pm) - cited by 8% of respondents from a White background compared to 15% of respondents from Black, Asian, Mixed or Other backgrounds (statistically significant)
- At weekends - cited by 2% of respondents from a White background compared with 8% of respondents from Black, Asian, Mixed or Other backgrounds (statistically significant).

- Later in the evening (6 - 8 pm) - cited by 4% of parents from a White background compared with 15% of respondents from Black, Asian, Mixed or Other backgrounds (statistically significant)

Use of additional childcare provision

The questionnaire asked if respondents' children attended more than one childcare provider (either formal or informal provision). A total of 427 (27%) respondents stated that they did; a decrease from the 35% seen in last years' survey. Those respondents who did use more than one provider were asked why they had chosen to do so. The most frequent responses were:

- To give my child a variety of people / environments / activities - cited by 177 respondents (42% of those that use more than one childcare provider).
- To give my child a balance of social/play and educational skills - cited by 134 respondents (31%).
- Cost/financial reasons - cited by 121 respondents (28%).

These parents were then asked what type of provider the additional setting that they use is. The results are shown in Table E-10 (below).

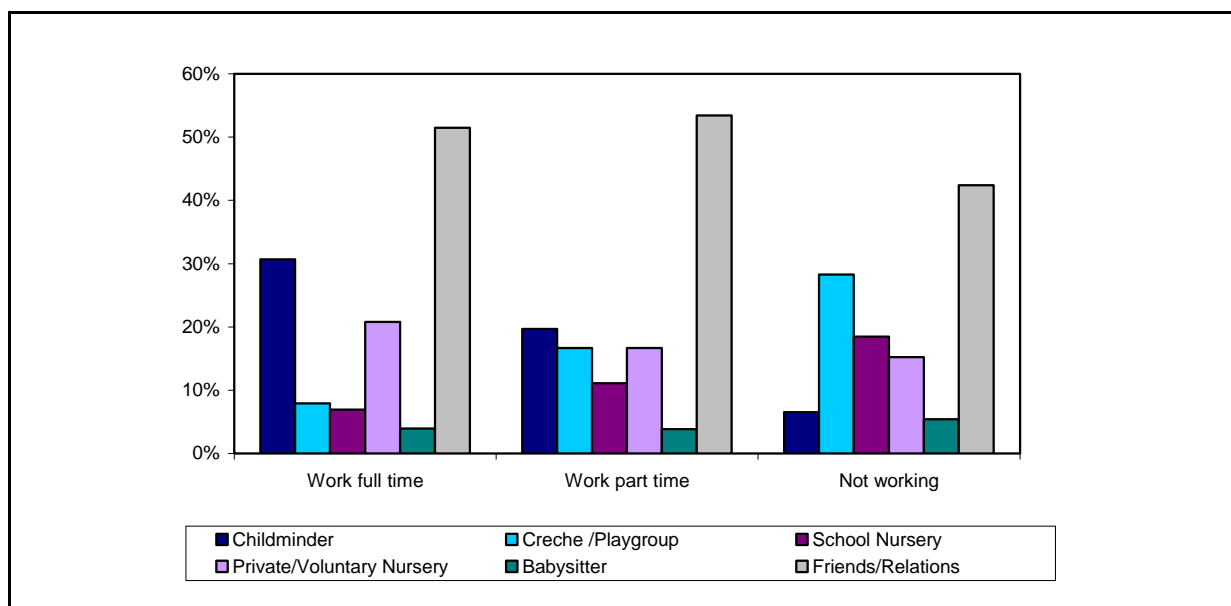
Table E-10: The type of additional childcare used by parents who use more than one provider

Type of additional provider	Number using this type of provider	Percentage of all those that use additional childcare
Friends / Relations	216	51%
Childminder	83	19%
Private/ Voluntary Nursery	74	17%
Crèche / Playgroup	73	17%
School Nursery	50	12%
Babysitter	18	4%
children's centre	10	2%
Au Pair / Nanny	8	2%
Preschool	4	1%
Toddler group	3	1%

Source: SQW Consulting and TNS Social, Survey of Parents 2008

These results are displayed broken down by parents' working status in Figure E-7. This reveals some differences. For example, those not in work were more likely to use a crèche or playgroup (28% of those who use additional childcare and are not in work) than those working full-time (8%) or part-time (17%), whilst those in either in full- or part-time work were more likely to use a childminder (31% and 20% respectively compared to 7% who were not in work). In all cases friends and relatives were the most common form of additional childcare used by respondents.

Figure E-7: The type of additional childcare used by parents broken down by working status



Source: SQW Consulting and TNS Social, Survey of Parents 2008

As Table E-11 (below) shows, there were also differences when breaking results down by levels of deprivation, with parents in the most deprived quartile more likely to use friends / relations or a school nursery than those in the least deprived quartile, who were more likely to use a crèche / playgroup or a private / voluntary nursery.

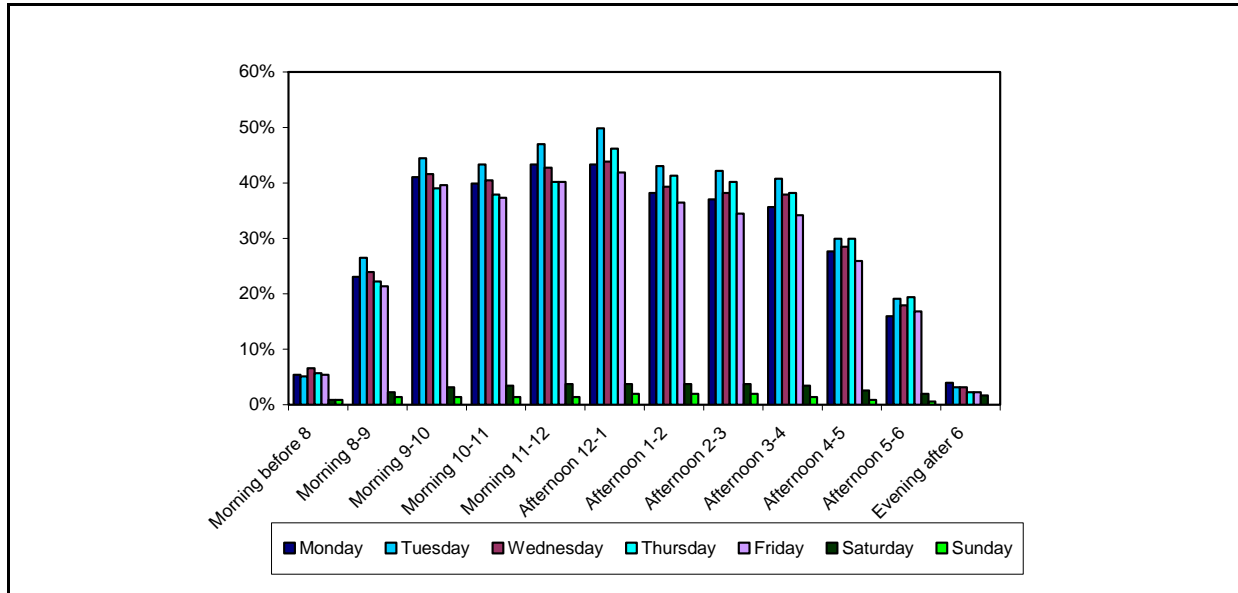
Table E-11: The type of additional childcare used by parents broken down by deprivation

	Quartile 1- Most Deprived		Quartile 2		Quartile 3		Quartile 4 - Least deprived	
	Number	% those in Q1 that use additional childcare	Number	% those in Q2 that use additional childcare	Number	% those in Q3 that use additional childcare	Number	% those in Q4 that use additional childcare
Childminder	10	14%	23	25%	25	24%	20	14%
Crèche / Playgroup	10	14%	17	18%	15	14%	30	22%
School Nursery	15	21%	14	15%	8	8%	13	9%
Private / Voluntary Nursery	7	10%	14	15%	20	19%	31	22%
Babysitter	2	3%	3	3%	7	7%	6	4%
Friends / Relations	41	57%	49	53%	55	52%	63	46%

Source: SQW Consulting and TNS Social, Survey of Parents 2008. Note that column percentages may not add to 100% as respondents may use more than one additional type of childcare

Respondents were then asked for the times of day and days of the week that they use the additional childcare identified in the previous question. They were only asked to complete this question if their use of additional childcare follows a regular pattern. A total of 351 parents answered this question. The results are shown in Figure E-8 below.

Figure E-8: Take-up of supplementary childcare by hour and day of the week



Source: SQW Consulting and TNS Social, Survey of Parents 2008

As with the 2007 survey findings, Figure E-8 (above) shows a different distribution when compared with parents' use of their main provider⁴⁵ (the one that gave them the questionnaire). In particular, it indicates that parents' use of additional childcare is higher in the afternoon - for example on an average weekday between 5pm and 6pm, 18% of those parents that access additional provision will have their child at that provision, compared with 11% who use their main provider at this time.

Those respondents who use more than one provider were also asked if they use their free entitlement across more than one provider. As shown in Table E-12 (below), and similarly to last year, 67% indicated that they do not split their entitlement between two or more providers. This most likely reflects the informal nature of much of the additional childcare used by respondents, a high proportion of which comes from friends and family.

⁴⁵ It is important to note that not all respondents will consider the provider who gave them the questionnaire to be their 'main' provider. For many this will be the case, as their nursery will have given them the questionnaire and the 'other' provider they use will be friends, relatives, or a childminder (see Table F-10). However some use two nurseries and it may be that the one they use the least gave them our questionnaire.

Table E-12: Whether respondents use their 15 hours of free entitlement across more than one provider - numbers shown are for all respondents who indicated that they use more than one provider for their childcare needs

Do parents use their entitlement across more than one provider?	Number of respondents	% of column
Yes	130	30%
No	286	67%
I'm not sure	9	2%
Not stated	2	1%
Total	427	100%

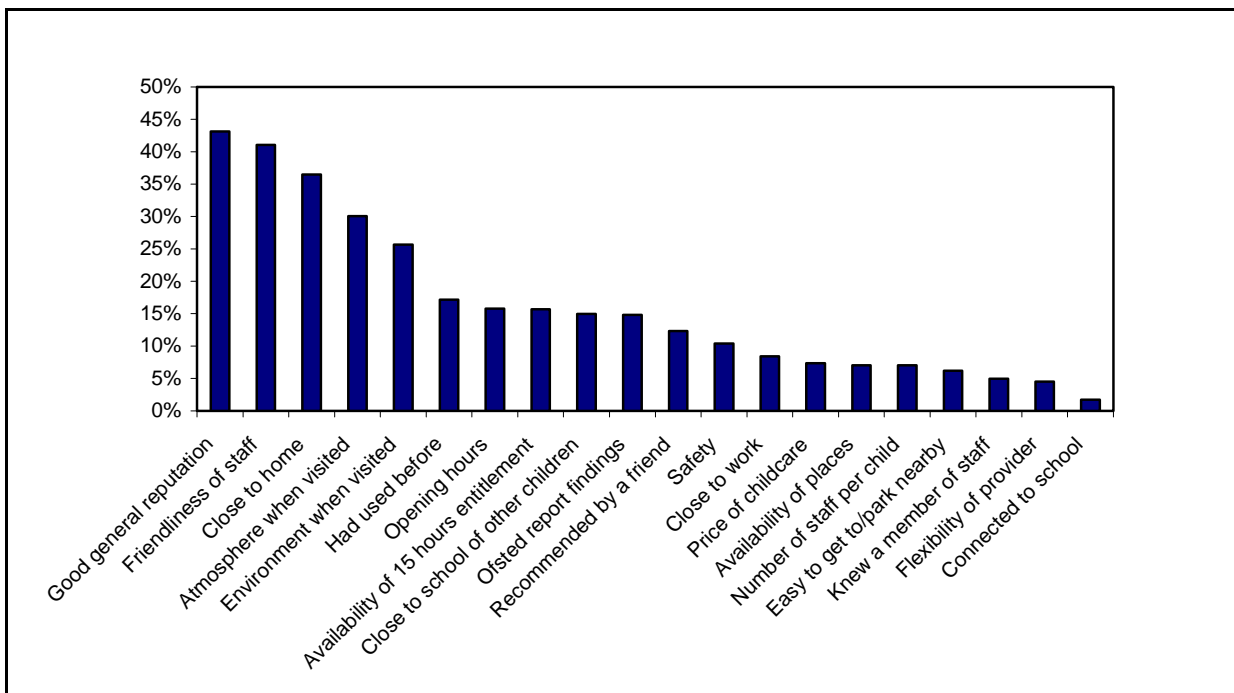
Source: SQW Consulting and TNS Social, Survey of Parents 2008

Choosing a childcare or early years provider

Respondents were asked to name the three most important factors they take into account when making a decision on which childcare or early years provider to use. Figure E-9 (below) identifies the proportion of respondents who included each factor in top three.

The findings from this question should be considered as an indication of what respondents' value in a provider rather than the minimum standard they expect for their childcare. For example parents may reasonably assume that most childcare providers are safe and as such would not use this to distinguish between providers. This may well explain why only 10% of parents stated safety as one of their three most important considerations, and does not mean that parents will accept a childcare provider that is unsafe.

Figure E-9: The most important factors for parents when choosing a childcare provider, percentage of parents who included each option in their three selections



Source: SQW Consulting and TNS Social, Survey of Parents 2008

Figure E-9 (above) shows the three factors that were most commonly identified by respondents as being important 'distinguishing factors' when making a decision on what childcare provider to use were: a good general reputation (43% of respondents); friendliness of staff (41%); and proximity to home (37%). Opening hours, the flexibility of the provider and the price of the childcare were not considered as such important factors, cited by 16%, 5% and 7% of respondents respectively.

Differences can be observed when looking at results broken down by ethnicity and deprivation. Table E-13 (below) shows the factors for which there were the most notable differences. It can be seen that atmosphere, environment and reputation were more commonly cited by respondents from a White background and those living in the least deprived quartile as important factors than respondents from Black, Asian, Mixed and Other backgrounds, and those living in the most deprived quartile. However, the differences in the reported importance of these factors between the two ethnic groupings are not statistically significant. In contrast, the differences between the most and least deprived quartiles in relation to atmosphere, environment and good general reputation are all statistically significant.

Table E-13: The most important factors for parents when choosing a childcare provider, percentage of parents who included each option in their three selections by ethnicity

	Ethnicity		Deprivation	
	White	Black, Asian, Mixed or Other background	Most deprived quartile	Least deprived quartile
Atmosphere when visited	32%	15%	23%	36%
Environment when visited	27%	16%	20%	31%
Good general reputation	44%	33%	36%	47%
Opening hours	14%	29%	19%	15%

Source: SQW Consulting and TNS Social, Survey of Parents 2008

Impact of the free entitlement on parents and children

Respondents were asked about the various aspects in which the free entitlement has impacted on their lives and the lives of their children. Table E-14 (below) presents their views on the effect that spending time in early years education and care has had on their child.

Parents were presented with four statements regarding the time their children spends in early years education and care⁴⁶. The results in Table E-14 (below) indicate high levels of agreement with each statement, indicating that parents generally believed that the time that their child spent in childcare did have a beneficial impact. This was particularly the case for social skills, with 96% of respondents either slightly or strongly agreeing that spending time in childcare has had a positive effect on this aspect of their child's life.

Table E-14: Levels of agreement amongst respondents when asked whether the time their child spends in childcare provision has improved their social skills, routine, communication skills and behaviour

	Social Skills	Communication	Routine	Behaviour
Strongly agree	78%	68%	52%	35%
Slightly agree	18%	23%	32%	37%
Slightly disagree	1%	1%	3%	8%
Strongly disagree	0%	0%	0%	2%
Has no noticeable effect	2%	6%	11%	16%
Not stated	1%	2%	2%	2%
Total	100%	100%	100%	100%

Source: SQW Consulting and TNS Social, Survey of Parents 2008

Behaviour was the aspect that saw the lowest levels of agreement -although respondents were positive and 72% strongly or slightly agreed that childcare has had a positive impact on this. Parents' feelings about the impact childcare has had on their child in terms of social skills, communication and routine did not vary significantly by different parental characteristics such as lone parent status, ethnicity or deprivation. However some variation can be observed when looking at views on behaviour. Figure E-10 (below) breaks down the results to this question according to the ethnicity of the respondent, the level of deprivation of the area in which they live and whether or not the respondent is a lone parent. This shows that respondents from Black, Asian, Mixed or Other backgrounds were more likely to either slightly or strongly agree that childcare had had a positive effect on their child's behaviour (77% felt this way compared with 71% of respondents from a White background, although not statistically significant), and that lone parents were also more likely to feel this way, with 80% reporting a positive effect compared to 70% of those in two-parent families (statistically

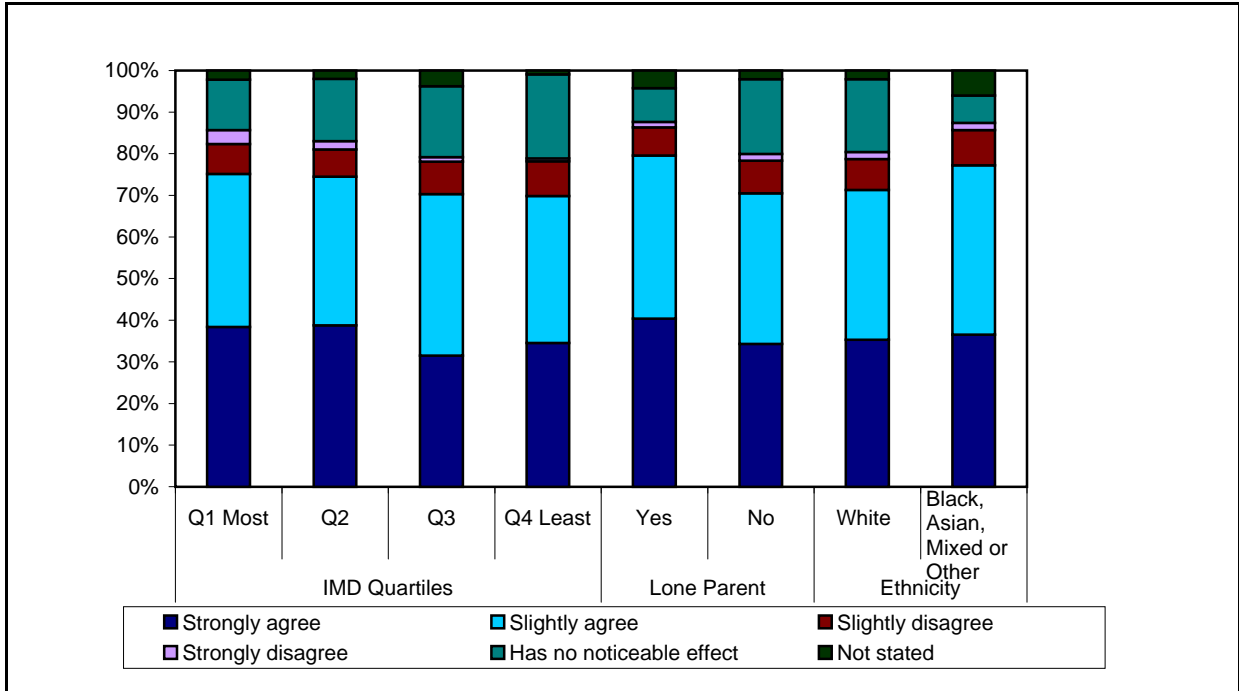
⁴⁶ The question took the format "do you agree or disagree that the time your child spends in Early Years Education / childcare has improved any of the following?"

1. Social skills
2. Routine
3. Communication skills
4. Behaviour

Parents were given four options 'strongly agree', 'slightly agree', 'slightly disagree', 'strongly disagree' or 'has no noticeable effect'

significant). A difference was also seen (although not statistically significant) when examining the results by levels of deprivation, with 75% of those respondents who live within the most deprived quartile in England reporting a positive effect compared to 70% in the least deprived quartile.

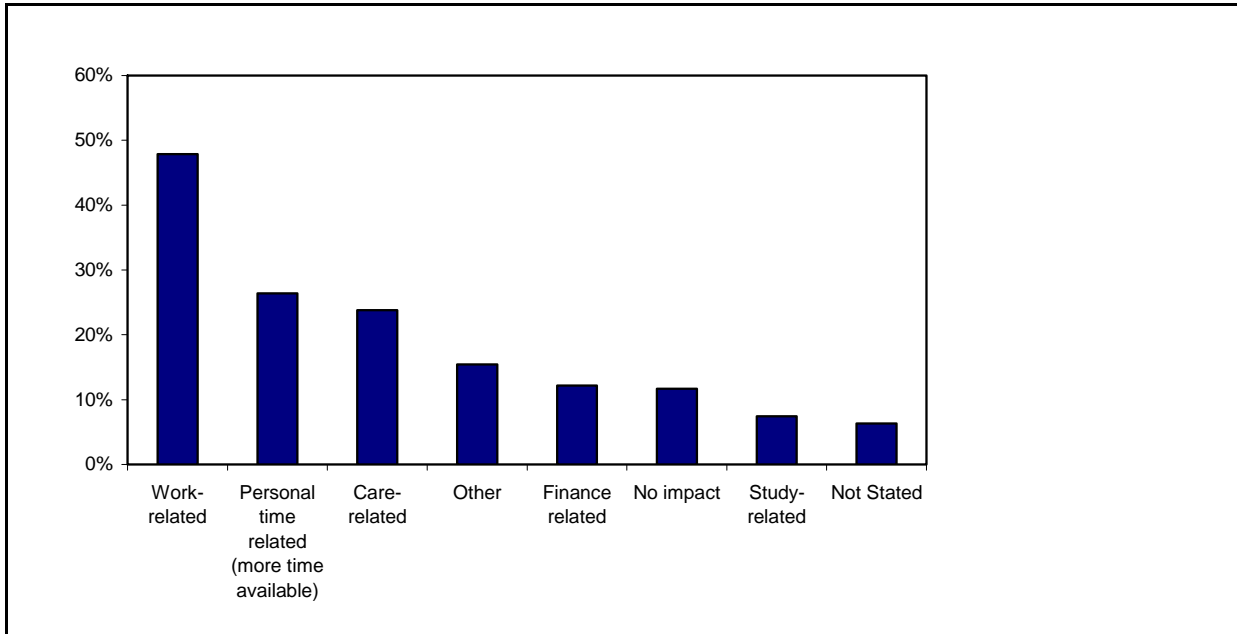
Figure E-10: Levels of agreement amongst respondents when asked whether the time their child spends in childcare provision has improved their social skills, routine, communication skills and behaviour, broken down by deprivation, lone parent status and ethnicity



Source: SQW Consulting and TNS Social, Survey of Parents 2008

Respondents were also asked about the impact the entitlement has had on their lives. Responses have been grouped according to whether they were work-related, time-related, care-related, study-related and finance-related. The proportion of respondents that selected at least one answer in each category is shown in Figure E-11 (below).

Figure E-11: Responses to the question ‘what impact does the free entitlement have on your life as a parent? Respondents were asked to tick all options that apply



Source: SQW Consulting and TNS Social, Survey of Parents 2008

Work-related impacts were most commonly cited by respondents, with 48% stating that they can now work full- or part-time, and/or that it is now more worthwhile for them to work. Twenty-six percent of respondents cited personal time-related benefits, for example that the free entitlement allowed them or their partner more time for themselves, or to pursue other interests such as volunteering or home improvements. A similar proportion (24%) cited care-related benefits, with the free entitlement allowing them to spend more time with their other children or care for other relatives. In contrast, 12% of respondents claimed that the free entitlement had no impact on their lives. These results are very similar to those seen in last year's survey.

Table E-15 (below) shows some variation in the benefits experienced by parents with different characteristics. In particular, respondents from Black, Asian, Mixed or Other backgrounds were less likely to identify work related benefits than respondents from White backgrounds (38% and 49% respectively and statistically significant) whilst lone parents were less likely to identify care-related benefits than those in two-parent families (18% compared to 25%).

Table E-15: Perceived benefit to the parent of the extended flexible entitlement, by lone parent status, ethnicity and deprivation

	Lone Parent		Ethnicity		Deprivation	
	Yes	No	White background	Black, Asian, Mixed or Other background	Most deprived quartile	Least deprived quartile
Work-related	42%	49%	49%	38%	45%	51%
Personal time related	31%	26%	27%	24%	29%	25%
Care-related	18%	25%	24%	21%	23%	24%
Finance-related	11%	13%	12%	14%	12%	13%

Source: SQW Consulting and TNS Social, Survey of Parents 2008

Summary

This section concludes by summarising the key points from each of the sections above.

Awareness of the entitlement

- Parental awareness of the early years entitlement is very high, with 90% of parents who responded to the survey stating that they were aware of the 15 hours of free entitlement. In addition, 85% of parental respondents stated they were using their full 15 hours of entitlement. This suggests that local authorities and providers have been largely successful in promoting the new entitlement. However, the parental survey results suggest a need for additional marketing and awareness raising amongst the most deprived communities.

Use of the extended entitlement

- Eighty-five percent of those respondents were aware that they are entitled to 15 hours free early years education use the full entitlement.
- Amongst those who do not use the full 15 hours, the most common reason given was because they wanted to spend time with their child.

Take-up and demand for childcare

- As in 2007, use of formal childcare was highest between 9am and 12pm, Monday to Friday. Two-thirds of respondents were happy with the opening hours of their provider, stating that the hours were flexible enough that they can choose exactly the hours that they need. This varied considerably across local authorities, ranging from 41% satisfied respondents in Haringey to 79% satisfied respondents in Blackpool.

- Thirteen per cent of respondents stated that they would prefer that their setting offered provision during the school holidays, and 11% stated they would prefer that provision were available to them early in the morning (between 7 and 9am).

Use of additional childcare

- Twenty-seven percent of respondents stated that their child used more than one childcare or early years provider. The most frequent reason given for this was to give their child a variety of exposure to different people, environments and activities.
- Friends and relatives were by far the most common form of additional childcare used, cited by 51% of those that used additional childcare. Variation was seen by working status of respondents; for example 31% of those who use additional childcare and are in full-time work use a childminder compared to 7% of those who were not in work.

Choosing a childcare or early years provider

- The most important or distinguishing factors that respondents took into account when choosing a childcare provider were a good general reputation, friendliness of staff and proximity to home. Opening hours, the flexibility of the provider and the price of childcare did not feature highly in most respondents' priorities.

Impact on parent and child

- Respondents generally believe that the time their child spends in childcare or early years education had a beneficial impact, with 96% slightly or strongly agreeing that this had improved their child's social skills. Positive effects were also identified by the majority of parents when considering their child's communication skills and routine. Fewer were positive about the behavioural effects of being in childcare, although views were still largely positive, with 72% stating there had been some positive impact.
- The entitlement has had a significant impact on parents, with 48% stating that they could now work full or part-time and / or it is now more worthwhile for them to work, and 26% identifying personal time-related benefits, for example more time for themselves and more time to pursue other interests, including volunteering.

Annex F: Parental telephone interview findings

The purpose of the qualitative telephone interviews with parents was to supplement the findings of parental self-completion survey which was largely quantitative, with additional qualitative research to strengthen our understanding of the following:

- Parents' awareness and understanding of the new extended flexible entitlement.
- Views on the flexibility of the new arrangements.
- The perceived benefits of the new arrangements and how these have impacted on parents' ability to engage in the labour market and training opportunities.
- Demand for provision, and the patterns of provision that best meet the needs of parents and children.
- Parents' views on the impacts of provision on their child.
- How parents define and understand quality in the context of early years settings.
- The external forces that influence parents' decisions in choosing particular types of provision, e.g. shift patterns, family support with childcare, proximity to good public transport links.

It should be noted that parents have not always distinguished the free entitlement as being an entitlement for early years provision. It is commonly regarded as being a free childcare entitlement, particularly by those with children in full day care and those not using provision in the maintained sector. Furthermore, for some parents it is the availability of 'childcare' that influences their working status, rather than the benefits of early years provision for their children. For that reason there are a number of references to childcare in this annex.

Methodology

As part of the self-completion survey parents were asked if they were willing to be contacted to take part in a 30-40 minute telephone consultation, with an incentive £10 voucher being offered to those that took part.

A pilot telephone survey was conducted in early December 2007 to 'test' the research tool. The tool worked well and the remaining first wave fieldwork was completed over the course of December 2007. A second wave of telephone interviews with 50 different parents was conducted between July and August 2008, and we present our findings in this annex. The parents included in the telephone survey sample were randomly selected from those that responded to the postal questionnaire. However, the sample of 50 parents was broadly representative of the overall sample of postal questionnaire respondents. The employment characteristics of respondents that completed the telephone interviews in 2008 are outlined in Table F-1 (below)

Table F-1: Employment characteristics of telephone survey respondents (2008)

Employment status	Working hours unchanged	Working hours increased	Working hours decreased	Total
Employed FT	2	2	0	4
Employed PT <30 hours	6	7	5	18
Self employed FT	1	1	1	3
Self employed PT	0	1	0	1
Stay at home parent/guardian ⁴⁷	11	0	5	16
Retired	1	0	0	1
Maternity leave	2	0	4	6
In training	1	0	0	1
Total	24	11	15	50

Source: SQW Consulting and TNS Social, Survey of Parents 2008

The remainder of this annex outlines the findings of the most recent telephone consultations, under the following themes:

- Awareness and take-up of the extended flexible entitlement.
- Flexibility of provision.
- Impact of entitlement on parents.
- Impact of entitlement on children.
- Factors influencing choice of provider.

Awareness and take-up of the extended flexible entitlement

Awareness of the new entitlement

As in 2007, the majority of parents were aware of their entitlement to 15 hours of free early years provision. Only two parents were unaware of the 15 free hours of entitlement. One parent knew that she would be entitled to 15 hours of free entitlement but was not sure when the entitlement would start and how it would be delivered by providers; this parent originally thought the entitlement would start once her child attended preschool until she was told otherwise by a friend. The other parent thought she was entitled to 12 hours a week of nursery and general childcare and was not sure whether she could use the entitlement across more than one provider.

⁴⁷ In the 2007 parental survey, this category was not available as an option to respondents and parents who were "stay at home parent/guardian" last year would have had to choose the category "unemployed and not looking for work".

We asked parents how they found out about their 15 hours of free entitlement. Parents were generally aware of the existence of some degree of free entitlement so we sought to understand how they became aware of the *level* of entitlement (i.e. how many free hours they are entitled to). The majority of parents were made aware by their providers either through a visit at the setting for those new to the setting, verbal contact and/or a letter/leaflet sent by the provider to inform them of the extra 2.5 hours of free entitlement.

A total of 16 parents indicated that they first found out about the level of free entitlement through another source, although many of those also indicated that once they had found out about the free entitlement, their provider explained to them how it worked in practice. These sources included: word of mouth from a friend, family member, childminder, health visitor or other parents using the same setting; booklet sent by the local authority or leaflet at the local library or through the Children's Information Service or membership of a committee of the preschool/nursery.

Understanding of the flexibility element of the new entitlement

As per the 2007 findings, the majority of parents indicated that their provider explained how they could use their entitlement *flexibly*. Typically, providers offered them a range of options for using the free 15 hours of entitlement over the course of the week. The options on offer included using a mixture of morning and afternoon sessions; using full days, and sharing the free 15 hours across more than one provider. Some parents using full-day sessions also indicated that the value of the 15 hours of free entitlement was simply deducted from their overall bill by their provider.

Seven parents indicated that their provider had made them aware that they could use the free 15 hours of entitlement across more than one provider. A few parents also indicated that they either had not been made aware of the *flexible* element of the free 15 hours entitlement by their provider or that the *flexible* element was not offered by their provider due to restrictions in opening hours and/or availability of premises.

Availability of information on the new entitlement

Similarly to the 2007 findings, the majority of parents found it very easy to understand how the extended flexible entitlement works but five of the parents we interviewed found it difficult to understand how they could use their 15 hours of free entitlement. The reasons cited by these parents varied and included the following:

- Parent A was not aware that she could use her 15 hours of free entitlement over full days or flexibly.
- Parent B was confused because provider staff were unsure about how the extended flexible entitlement works and not everyone there knew about the pilot. She also stated that the provider had originally sent her a bill for the 15 hours of free entitlement.
- Parent C was confused about whether lunchtime provision was included as part of the free 15 hours of the extended flexible entitlement. The local authority advised her that it should be included and that she should not have to pay for lunchtime provision within the extended flexible entitlement. This parent also wanted to know the exact amount that would be deducted from her bill by the provider, this information was not disclosed by her provider so she contacted the local authority which advised how much funding they pay the provider per hour and how much should be deducted from her bill per week.

- Parent D was using her free hours of extended flexible entitlement over two providers. There was confusion about hours and sessions because the two preschools were using different terminology and she did not know what she was entitled to.
- Parent E- found it generally confusing to understand even though staff had tried to explain to her how the extended flexible entitlement worked.

Eight parents stated that they would have liked more information on the extended flexible entitlement. These parents had different views about who should provide this additional information. Some felt that the local authority should send a leaflet to all parents of eligible children to explain the following: the different ways in which they can use their free hours entitlement including the flexible element; the amount of funding paid to providers; and how much should be deducted from parents' bills. One parent felt it was the role of the Children's Information Service to supply both providers and parents with more detailed information about the extended flexible entitlement, while another said she would have liked more information from her provider, perhaps through a simple factsheet to be distributed to parents.

Flexibility of provision

Parents' views on the flexibility of existing provision

In the self-completion questionnaire parents were asked to select one of the following three statements describing how they feel about the flexibility offered by their provider:

- *The hours offered are flexible enough that I can choose exactly the hours I need.*
- *The hours are quite flexible, but I have to adjust working hours or other commitments to fit around the hours offered by the provider.*
- *The hours offered are not very convenient and it limits my ability to work or meet other commitments.*

Table F-2: Parents' views on the flexibility of their provision

Views on flexibility	Number of parents
<i>the hours offered are flexible enough that I can choose exactly the hours I need</i>	37
<i>the hours are quite flexible, but I have to adjust working hours or other commitments to fit around the hours offered by the provider</i>	11
<i>the hours offered are not very convenient and it limits my ability to work or meet other commitments</i>	2
Total	50

Source: SQW Consulting and TNS Social, Survey of Parents 2008

The characteristics of each of these respondent groups are considered in turn, in order to understand the factors which may have influenced their responses.

The hours offered are flexible enough that I can choose exactly the hours I need

An overwhelming majority of parents (37) agreed with this statement. Most said that they found it easy to find a provider that suited their needs, and that their provider was their first choice. However, five of these parents explicitly said that flexibility was not an issue for them, with four being stay at home parents/guardians and the other employed part-time. The stay at home parents/guardians said that flexibility was not an issue for them because they were able to look after their children at any time during the day. The parent working part-time said that because she worked in the evenings, the flexibility on offer during the day did not matter to her because she could take care of her child during the day.

Whilst the majority of these parents were generally happy with the flexibility offered by their provider, seven parents said that they would like to be able to access additional provision at other times of the day or week (at the provider who gave them the questionnaire) which are currently not available to them. This suggests that even though parents might claim that the hours the provider offers are flexible enough, there is still some outstanding demand to access provision on particular days or at particular times of the day. Of those parents, the majority (five) were either in full- or part-time employment. They said that they would like to be able to access provision at the following times:

- Parent A would like total flexibility in order to be able to drop her child in at different times as and when she needed to.
- Parent B would like longer opening hours in the afternoons because the provider currently closed at the same time as she finished her shift so she needed to arrange for someone else to pick up her child.
- Parent C would like longer opening hours in the morning and afternoon to fit around her need to work, because the provider was currently open from 8am to 6pm but this was not long enough to cover her full working day.
- Parent D had been unable to put her child in full day care because the provider was at full capacity; she was on the waiting list but would only be able to get back to work once her child got a full day place.

- Parent E would like to be able to access additional provision on Thursdays because he worked night shifts full-time and this would make it easier to manage childcare and work.
- Parent F would like to be able to access additional provision at the weekend because it is more financially advantageous for her to work at the weekend when she gets double pay than during the week.
- Parent G would like to be able to access five afternoon sessions at her current provider because it would give her more free time to get other things done when she finishes work.

Seven⁴⁸ of the 37 parents who agreed that their childcare provider was flexible enough for them to choose exactly the hours they need also mentioned that although the provider they chose was their first choice and/or suited their needs, they still had to make some compromises. The following were mentioned: the provider is not the closest one to their home; the opening and closing times are not ideal so they need to arrange for someone to drop off and pick up the child; and the provider of choice has a long waiting list. One parent actually put off going back to work and putting her child elsewhere until a place became available at her preferred provider.

The hours are quite flexible, but I have to adjust working hours or other commitments to fit around the hours offered by the provider

Eleven parents we consulted agreed with this statement. We asked them about the ways in which they had to adjust work or other commitments to fit around the hours offered by their provider, and if there were any ways in which their provider could be more flexible. The type of adjustments and ways in which parents felt their provider could be more flexible in the hours they offer included the following: seven parents who agreed that they had to adjust working hours or other commitments to fit around the hours offered by their provider said they would like longer opening hours to fit in better with their hours of work. One had to pay extra in order to be able to drop her child off before the start of the session and for her to get to work on time; two said that their choice of work was (or would be) constrained by the opening hours of their provider, or that they had had to arrange meetings during the opening times of their provider; others mentioned that they would like provision to be offered during school holidays. Another parent who also wanted to be able to access provision during the school holidays felt that the entitlement should be made available over 52 weeks rather than 38 weeks a year.

The hours offered are not very convenient and it limits my ability to work or meet other commitments

Only two parents agreed with this statement. Both had to compromise, but chose to do so either because their provider is much cheaper than others in their area or because they want their child to attend the provider attached to the local school so that their children were prepared for school entry.

⁴⁸ These included parent B and parent F in the above paragraph.

Impact of extended flexible entitlement on parents

In the self-completion questionnaire, parents were asked whether the hours they work had changed in the last six months. During the telephone interviews, we sought to establish whether there were any links between access to the 15 hours entitlement and any changes in their working status. We also asked parents about any other impacts that had resulted from being able to access the entitlement, and any other childcare-related barriers that have prevented them from accessing the type of employment or training they would like.

Table F-3: Employment status of respondents by changes in hours of work⁴⁹

Employment status	Working hours have increased	Working hours have decreased	Working hours have stayed the same
Employed FT	1	0	3
Employed PT < 30 hours	6	3	9
Self-employed FT	2	0	1
Self-employed PT	0	0	1
Stay at home parent/guardian	1	5	10
Retired	0	0	1
In training	0	0	1
On maternity leave	0	4	2
Total	10	12	28

Source: SQW Consulting and TNS Social, Survey of Parents 2008

Employment status

Almost half (22) of the parents we interviewed had experienced a change in their working hours in the last six months. Of these, 12 had decreased their hours of work and 10 had increased them. Parents who decreased their hours of employment in the past six months described themselves as either being a stay at home parent/guardian (five), on maternity leave (four) or working part-time (four). The majority of parents (six) who had increased their hours of employment described themselves as working part-time.

Increase in hours worked

We explored with 10 respondents the factors influencing the increase in the number of hours they have working in the past six months. Their responses can be categorised as follows:

- Increase in working hours because childcare has made it more financially advantageous and easier to manage.

⁴⁹ Although we sought to achieve an equal number of responses between these three groups (working hours have stayed the same, hours of work have decreased and hours of work have increased), this was not possible due to the fact that there were only 33 parents who had decreased their hours of employment and 59 who had increased their hours of employment compared with 462 whose hours of employment had remained the same among all parents who indicated willingness to be interviewed (562). This is despite the fact that we sought to include more parents from these two groups in order to achieve a more balanced selection of parents to represent each group.

In the final sample of 119 parents, 33 had decreased their hours of employed (all of the parents in that category) and 31 had decreased their hours of employment (more than half of all parents in that category).

- Increase in working hours because parents believe their children are getting ready to go to school and because the free hours of childcare made employment more affordable and accessible.
- General increase in working hours for financial reason.
- Increase in working hours due to return from maternity leave.
- Increase in working hours due to starting own business.
- Movement into employment after completing training.

We also asked parents the extent to which the availability of the 15 hours of free entitlement has had an impact on their change in working status. Four of the parents indicated that the availability of the 15 hours of free entitlement has had an important impact on their change in working status. Most of these parents mentioned that it had made childcare affordable. One parent was able to train as a result, because it made childcare less costly and gave her time off to prepare for her course. Another parent mentioned that she wanted her child to attend lunch at the school and that in order to do that, she had to work there as a dinner lady for an hour a day.

Overall, all parents were positive about the entitlement and said that it had made childcare more affordable for them. However, it is not possible to identify the extent to which the additional 2.5 hours of provision has been the main factor in this, or whether it is the availability of any degree of free entitlement which has influenced the affordability of childcare.

Decrease in hours worked

Twelve of the parents we consulted informed us that the hours they had worked over the last six months had decreased. In some cases this included parents who had moved out of employment altogether. The reasons why parents decreased their hours of employment were varied, and fell into of the following broad categories:

- Maternity leave.
- Family commitment such as wanting to spend more time caring for their younger children or having more time to themselves.
- Workload is variable because working freelance.
- Family is moving abroad in the near future.
- Inflexible employer did not allow parent to access nursery at suitable times.

Only one parent said that the extended flexible entitlement has had an impact on their change in working status: she reported that the lower childcare bill had encouraged her and her partner to have another child, and as a result reduce the hours worked.

Where parents commented on the extended flexible entitlement specifically, they were very positive and mentioned that it had made childcare more affordable for them. However, again it is difficult to disentangle the impact of any form of free entitlement from the impact of the additional 2.5 hours and flexible delivery.

Working status of parents unchanged

Although the majority of parents in our sample (28) had not changed their working status in the last six months, we still wanted to find out whether the extended flexible entitlement had had any impact on their ability to participate in education or training.

Eleven of these parents mentioned that the entitlement is very important in enabling them to access employment or training. Parents who were not in employment cited the benefits of having more free time to themselves when their child attends nursery and more time to take care of other children. All parents mentioned that the entitlement had made childcare more affordable and many parents also alluded to the benefits for their children. A total of five parents out of the 28 parents who had not changed their working status explicitly stated that they would not be able to work or access training if the extended flexible entitlement was not available because the costs of childcare would have been prohibitive.

Other childcare related barriers to accessing employment and training

A total of 18 parents reported that they faced childcare-related barriers that made it difficult for them to access the type of employment or training that they would like. The two main barriers identified by parents were the following:

- The cost of childcare provision is too high (eight parents): amongst those, six parents mentioned it would not be cost-effective for them to increase or decrease their hours of employment, enter employment or training because of the cost of childcare provision.
- The opening hours of the provider were restrictive and did not coincide with working hours or hours of training (six parents): amongst those parents, two said they were unable to access the training of their choice because the hours did not coincide; one stated she had to arrange for someone to drop off and pick up the child and another mentioned that the type of employment available in her area was mainly factory work, and it would be very difficult to find a provider with opening hours to match factory shift patterns.

Other impacts of the extended flexible entitlement on parents

We asked all whether they had experienced any other benefits as a result of being able to access the extended flexible entitlement. Only 11 parents cited no additional benefits. The types of additional benefits mentioned by the remainder (39) can be categorised as follows:

- More time to complete household chores (14 parents).
- More affordable childcare (13 parents).
- More time with their younger children (11 parents).
- Positive benefits for children (6 parents).
- More able to enter employment or training (5 parents).

Impact of the free entitlement on children

The self-completion questionnaire specifically asked parents whether they agreed or disagreed that the time their child spent in childcare had improved their children's social skills, communication skills, routine and behaviour. In the telephone interviews we aimed to gain a better understanding of the reasons why parents felt one way or another about any of these impacts. In addition, we asked parents whether there were any other positive and/or negative impacts on their children resulting from time spent in provision accessed through the entitlement.

Positive impacts on children

As in 2007, most interviewed parents were able to provide examples showing how the free entitlement benefited their children. Table F-4 (below) provides a breakdown of answers given by these parents, using the categories used in the self-completion questionnaire. None of the interviewed parents expressed a strong opinion against the positive benefits for their child in terms of social skills, routine, communication skills or behaviour. However, as we found last year, they were generally less positive about the impact on their child's behaviour compared with other benefits, but remained positive overall.

Table F-4: Parents' views on the impact of childcare on their children

	Childcare provision has improved my child's social skills	Childcare provision has improved my child's routine	Childcare provision has improved my child's overall communication skills	Childcare provision has improved my child's behaviour
Strongly agree	43	29	36	17
Slightly agree	7	15	12	23
Slightly disagree	0	2	0	2
Strongly disagree	0	0	0	0
Has no noticeable effect	0	3	2	8
No response	0	1	0	0
Total	50	50	50	50

Source: SQW Consulting and TNS Social, Survey of Parents 2008

Social skills

As the table above shows, parents in our sample were overwhelmingly positive about the impact of childcare provision on their child's social skills and all parents were able to provide examples of this. As we found last year, parents most commonly mentioned mixing with other children and learning to share and play as key benefits. Some recognised that developing these social skills prepared their children for entering school. Parents also acknowledged that their child benefited from being around other adults and that it made them better able to socialise in different settings. Some parents also said they had noticed their child had become more confident and outgoing as a result of spending time away from home with other children and adults.

Communication skills

Parents were overwhelmingly positive about how their child's communication skills have improved since attending the provision. Most mentioned that their child's vocabulary had greatly increased, and many felt that this resulted from their child being involved in different activities such as reading stories, singing phonic songs and also from the fact that their children were encouraged to talk about different topics to a variety of people. Many parents who stated that their child was shy mentioned that they had gained confidence to talk more. Two parents in families where English was not the first language spoken mentioned that their children's English language skills had improved.

Routine

Parents were generally positive about the impact of provision on their child's routine. Many referred to the stability and structure that the provision was bringing to their child. Parents referred to the set structure of provision and how their child knew when activities would take place. Many also said that their child benefited from knowing where they were going each day (or on particular days), and why they needed to get ready to go out. Several thought these benefits would help prepare their children for school.

Behaviour

Over half of the parents we interviewed felt that the provision had a positive impact on their child's behaviour. The majority said that their child had become better able to share and play with other children. Many also stressed the importance of their child being disciplined by adults outside the home and how their children had become more obedient and better-behaved as a result. Other examples of positive impact on their child's behaviour included: the child had become "less clingy" and more independent; the child had become more polite and considerate to others; the child had been taught how to behave at the table and other general hygiene rules. A minority of parents noted some less positive impacts on their child's behaviour; these included picking up bad words or habits from other children.

Other benefits

We also asked all of the parents we interviewed whether there were additional benefits for their children that had not been included in the self-completion questionnaire. The main other benefits they identified were broadly the same as the ones identified by parents in 2007, and were as follows:

- **Getting ready for school (both educationally and socially)** - many parents felt that their child was getting ready to attend school by spending time away from home in a structured environment and becoming more independent as a result. Parents also mentioned the many skills that their children were learning such as drawing, reading, painting, writing etc, would stand them in good stead. The fact that children were getting to know other children who would be attending their future school and making friends in the community was also seen as an added benefit.
- **Access to a wide range of activities** - many parents were very positive about the benefits their children gain from being exposed to a wide range of different activities, especially when these are not offered at home.
- **Cultural awareness and respect for others** - a number of parents said their child was benefiting from being around other children from different cultures and religions, and being taught about other cultures and religions.

Negative impacts on children

As in 2007, parents were overwhelmingly positive about the benefits for their children in their answers to the self-completion questionnaire. We therefore wanted to test whether parents may have been “over-positive”, perhaps for fear that their comments would be reported to their providers.

We asked parents whether they felt there were any negative impacts on their child resulting from the time they spent in early years education and care. The majority of parents (35 parents) reported no negative impacts at all. Fifteen parents did identify some negative impacts, focusing on bad language and behaviour picked up from other children. Three parents mentioned different impacts: one felt that her child was quite “hyper” when coming home from the provider; another said that her child was struggling to fit in with other children; and a third felt that her child had developed a “dependency” on playing with other children or adults all the time, creating difficulties at home.

Factors influencing the choice of provider

How parents select their provider

In the self-completion questionnaire, parents were offered a wide range of options as to which factors had influenced their choice of provider. We used the telephone interviews to probe these factors in more details, and understand the key drivers that had influenced parents’ decisions in selecting a provider.

Although the focus of this evaluation is the impact of the extended flexible entitlement, it is clear from talking to parents that “flexibility” is not a primary determining factor in their choice of provider. In fact, only a couple of parents mentioned opening hours and sessions available as a criteria for their choice. The main factors that influenced parents’ decisions were identical to the factors identified by parents in 2007. These can be grouped into the following categories:

- **General atmosphere of the setting (33 parents)** - many parents made it clear that the first impressions of the settings were important to them and that they had to feel comfortable and confident that their child would be well-cared for and looked after by the staff. On their first visit to the provider, many parents found it important to see that children were happy and staff were caring and patient with them.
- **Location (27 parents)** - this related to the settings being located within easy reach of the home or easy reach of a school so that their children were able to make friends ahead of attending school.
- **Premises (25 parents)** - parents valued the cleanliness and safety of the premises in addition to the availability of indoor and outdoor space for children to play.
- **Quality and reputation (18 parents)** - parents valued the quality and friendliness of staff as well as recommendations from friends or family and a good Ofsted report.

Parents' preferred patterns of provision

An important element of this evaluation was to establish whether there was parental demand for provision between 4pm and 6pm. In the first instance, we asked parents whether they had any general preferences about provision at different times of day, and secondly we asked whether they needed provision specifically between 4pm and 6pm.

The majority of the parents (35) expressed a preference for provision at a particular time of day. Of those parents who did express a preference, 23 specified that they preferred to access provision in the morning. This was for a variety of reasons, including because it fits in with their working hours, it coincides with start times for their other school-aged children, and their child is generally more alert and receptive in the morning. Eight of the parents who expressed a preference for a particular time of day preferred to access provision in the afternoon, again for a variety of reasons but focused on fitting around work or getting more things done in the day.

We did not identify widespread parental demand for provision between 4pm and 6pm. Just three of the 50 interviewed parents said that they were either using provision during this period or that they need to access it because of work commitments. One mentioned that she had accessed provision between 4pm and 6pm from providers on an ad hoc basis when she needed to attend meetings, and another indicated that the early evening slot would complement her shift-work patterns.

Where parents were using more than one provider we asked whether the parent had any preferences for using particular types of provider at different times of the day. There was no consensus amongst the interviewed parents about this, and the arrangements seem to be primarily determined by the availability and practicality of different options. However, three parents did mention that they preferred grandparents to care for their children during the afternoon, evening or night.

We also asked parents which type of provision they thought was best for their child. As per last year's findings, this question was particularly difficult for parents to answer because most believed that their current arrangements were the best for their child or for their particular situation. However, some parents identified benefits for their child resulting from being cared for by a range of different providers (e.g. nursery, grandparents, friends, childminders), including education and social/communication benefits when interacting with other children and play and 'quiet time' benefits when being looked after by grandparents.

How childcare needs are determined and the extent to which existing provision meets these

We asked parents which of the following statements they agreed with:

- *My current childcare arrangements for my three or four year old are determined primarily by my need to work or participate in education or training.*
- *My current childcare arrangements are determined primarily by the needs of my three or four year old child.*
- *Agree with both statements.*
- *Agree with neither statement.*

Almost half of all parents we interviewed (24) agreed with the third statement. Unsurprisingly, only seven of all parents we interviewed agreed with the first statement compared with 19 who agreed with the second statement and 24 who agreed with both statements. This shows that an overwhelming majority of parents (43) considered their child's needs to be at least as important as their need to work or participate in education or training, if not more.

Finally, the last question of the interview related to the extent to which parents felt their current arrangements were meeting their needs. Only seven of the 50 parents we interviewed felt that their needs were not completely met by their current arrangements, the following reasons were given:

- Parent A - provision was too expensive outside of term time so she had to reduce the hours and had to rely on family for some of the childcare.
- Parent B - the nursery is closed for summer and because her employer is very flexible, he / she lets her reduce her hours to fit around her childcare needs.
- Parents C and D - both had to wait for either a full-time place or an afternoon session because their current provider was at full capacity during these times at the moment.
- Parent E - the nursery had inconvenient opening hours that did not match her working hours.
- Parent F - would need access to childcare at the weekends to fit around her working hours.
- Parent G - was generally satisfied with her childcare arrangements but felt that the setting is overcrowded and her child was not getting enough one-to-one attention from staff.

As can be seen from the statements above, most of the reasons why parents were not entirely satisfied related to the fact their provider was unable to provide them with the times or days where they would like to access provision, that would fit with their working hours. However, most of these parents also made it clear that provision was meeting their child's needs very well overall.

Summary

- Parents' awareness of the extension of the new entitlement to 15 hours per week is very high and most parents have found out about it through their current provider.
- Overall, parents demonstrated a good understanding of the *flexibility* element of the new entitlement and providers had usually offered different options for take-up, although parents attending sessional providers were often only able to use the 15 free hours over five days per week.
- The majority of parents found it very easy to understand how they could use their 15 free hours of entitlement and most parents did not feel the need for more information on the new entitlement.

- The majority of parents felt that the hours offered by their providers were flexible enough for them to choose exactly the hours they need, although when probed a number identified additional days or times of the week that they would like to be able to access provision.
- Two parents felt that the hours on offer were not very convenient and limited their ability to work or meet other commitments. Of the 50 parents we consulted, 11 felt that the offer was quite flexible but that they still had to adjust their working hours or other commitments to fit around the hours of provision offered. Of these parents, seven stated that they would like longer opening hours to fit in better with their working hours.
- Nine parents explicitly reported that the extended flexible entitlement had positively impacted on their ability to work or that it had supported them in being able to increase the hours they work. Five of these parents stated they would not have been able to access employment or training without the availability of the 15 hours of free provision.
- The extended flexible entitlement also offered some benefits to parents such as allowing them to spend more time with younger siblings, more personal “free time” and improved financial situations resulting from reduced childcare costs.
- Parents were overwhelmingly positive about the impact of provision on their children. The majority agreed that their child had improved their social and communication skills as well as their routine and behaviour. Many said that the provision is beneficial because it prepares their children for school by making them more independent, providing them with useful skills and enabling them to make friends. In addition, their children gained access to activities and cultural perspectives which were not available to them at home.
- Key factors influencing parents’ choice of provider included location (close to home and/or close to the local school), the general atmosphere of the setting, the cleanliness and safety of the premises, and the quality and reputation of the provider.
- More parents specified that they preferred provision to be in the morning than at other times of the day. In addition, all of the parents in full-time employment indicated that they preferred provision on full days because of their work commitments.

Annex G: Literature review

Lessons about Quality: A Review of the Evidence on Children's Experiences in Early Education and Childcare

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Introduction

The aim of this literature review is to address questions about variations in the quality of children's experiences in early education and childcare settings and the circumstances that influence these fluctuations. Published academic literature and official reports available in English since 1990 were reviewed and three specific review questions were posed

- What evidence is available to suggest that children's experiences in preschool provision vary across the day or with attendance patterns?
- Which features of preschool provision (distal and proximal)⁵⁰ are associated with any variations in the quality children experience depending on time of day or attendance conditions?
- What can be learned from the research literature to ensure that children's experiences in extended day preschool provision are satisfactory, regardless of time of day or the conditions of attendance?

In conducting this review we sought to avoid re-presenting the well-established body of literature that relates children's social and cognitive development to measures of the quality of provision and to focus on more specific aspects of children's experiences that give them satisfaction or dissatisfaction. However, as the review which follows will make clear there is limited evidence that focuses on children's lived experiences and the impact of particular circumstances during the day or patterns of attendance. This contrasts with the extensive literature concerned with evaluating provision with regard to policy objectives using more global, external measures of quality and quantifiable outcomes.

Observations on specific scales at setting level are the most commonly used method for assessing the quality of provision and offer advantages in terms of the ease with which the findings can be generalised, validly and reliably but they have a major disadvantage in that they cannot account for the experiences of particular children in any one setting (Melhuish, 2001). Melhuish goes on to point out that children's experiences can vary considerably. The alternative child focal approach does offer a richer contextualised picture of individual experiences. However, the difficulty of generalising from the contingent data generated by this method means that it has limited appeal for those commissioning research to evaluate policy implementation.

Another substantial influence shaping the nature of the studies typically undertaken arises from the understanding of 'effectiveness' of a setting or policy initiative as being measured in terms of the beneficial impact on children's development or later educational progress. The preference for quantitative 'impact' studies (in the USA in particular but also in the UK and Australia and New Zealand) has resulted in a plethora of reports that consider children's current or longer-term developmental or educational trajectories. This is at the expense of

⁵⁰ Distal - actions or activities undertaken at a distance from children, where children are not present or are away from the playroom and outdoor play spaces. Examples include team discussions to evaluate projects or activities, writing an account of a child's progress and deciding on next steps, e.g. sourcing appropriate software for a computer. Proximal - actions or activities undertaken directly with a child present, e.g. sitting alongside a child while they complete a puzzle, promoting exploration in the garden or suggesting an addition to a drawing.

attention to the influence of particular circumstances (such as being in centre care at different times of day) or the experiences of individuals or small groups of children. Writing about the challenges for researchers Shpancen (2002) argues that the time has come to move beyond the more global focus on quality and outcomes in order to reflect the understanding that has emerged about the ways in which features of the environment and children's differentiated needs and experiences interact. He advocates a shift to generating 'custom-made' rather than 'one size fits all' developmental predictions.

Introducing a special issue of the *Journal of Infant Behaviour and Development* van Ijzendoorn and Tavecchio (2003) argue that while initially it is difficult to see what might be added to the body of knowledge about non-maternal care being accumulated by the National Institute of Child Health and Human Development (NICHD) Early Child Care Research Network closer inspection reveals that the study pays little attention to the daily experiences of children. They go on to claim that '[the children's] feelings of well-being seem to have been neglected in favour of developmental outcome assessments'. Given the need to be accountable for public expenditure and to users for the impact that provision might have on children's development such a focus is understandable but it is not the whole story of early education and childcare. As Ijzendoorn and Tavecchio point out 'children are not raised only for the future: they also live in the present, and have the right to feel comfortable'. It is disappointing then to find so little research that begins from the children's experiences and perspectives, particularly in light of the attention paid to the views of all stakeholders, and especially young learners, elsewhere in educational research.

At first glance then there appears to be little in the literature that addresses the specific research questions posed for this review. There is a further caution to consider in any attempt to learn from the evidence currently available. It is widely recognised (e.g. Pianta et al, 2005; Belsky et al, 2007) that the effect sizes encountered in studies of the impact of provision on children's development (whether social or cognitive) are usually small, although they are typically greater for more disadvantaged children. It may be that the small effect sizes encountered in generalised, quantitative studies are a reflection of the multiplicity of and interactive nature of the influences on any one child's development. In addition, many of the studies rely heavily on correlations. Although these methods are increasingly sophisticated and can take account of background features such as family circumstances they cannot explain why particular statistical relationships occur (Belsky et al, 2007). Furthermore, the development of theoretical models accounting for the relationships found lags behind empirical work.

However, there are some indications to be gleaned from the literature available and areas for further research can be identified. In the sections that follow we consider first literature that focuses on identifying factors that can predict good quality environments and positive outcomes then turn to projects examining features of provision that are related to particular outcomes. We turn next to evidence about the influence of practitioner characteristics and then to studies looking more directly at children's experiences in early education and childcare settings. Before ending the review we look at findings from studies of children's characteristics. The review concludes by returning to the research questions and drawing together some responses (albeit indirect) from the evidence discussed.

Predicting Quality and Outcomes

One source of evidence about appropriate design and provision for early education and childcare comes from attempts to build predictive models. The work of Goelman et al (2005) in Canada is an example of this approach and was the most extensive, multi-site research on child care in Canada at the time of publication. The path analysis undertaken in their study suggests that there are five direct predictors of good quality environments for preschool children (considering both adult:child interactions and the quality of the learning environment). These are:

- Wages.
- The educational level of staff.
- Number of staff in the room concerned.
- Staff satisfaction.
- Whether the setting had free or subsidised rent or utilities.

They also identified three indirect predictors, that is, auspices under which settings operate, adult:child ratios and parent fees. Goelman et al argue that these findings have implications for policy and practice at the distal and proximal levels but warn that achieving the staff attitudes, adult:child ratios and staff numbers that create a positive and responsive environment is a challenging management task. Government regulations and funding arrangements also influence these distal features that impact on quality. Goelman et al give the example of two contrasting sets of provincial requirements for professional training which their data suggest are clearly related to high and low scores on measures of quality. The recent evaluation of the implementation of the Foundation Stage in Wales found considerable differences between public sector and private and voluntary sectors in terms of staff employment contracts and non-contact time which made important differences to the opportunities that staff had for reflection and planning (Siraj-Blatchford, 2006).

Phillips et al (2000) draw particular attention to the contribution which teacher wages and parent fees (both structural features) make to process quality. Where wages and fees were higher so was process quality. They conclude that their findings 'indicate the importance of incorporating economic and regulatory considerations' into studies of early years provision. An earlier study conducted in the USA (Phillipsen et al, 1997) had also set out to identify structural features of provision that predict process quality. That work too pointed to regulation, auspices, staff experience and education and wages as important predictive factors. Quality was found to be higher where there were more exacting state regulations, in not for profit centres and in settings where the staff had more education, a 'moderate' amount of experience and higher wages. The wider applicability of these findings receives some endorsement from a similar investigation in Hong Kong where Rao et al (2003) found significant relationships between process quality and structural features which accounted for 27 per cent of the variance they observed. Higher quality was observed in settings where 'staff qualifications, space and equipment, and staff-child ratios' went beyond the government stipulated minimum.

Impact and Outcomes Studies

Investigations of the impact of attending early education and child care settings give some indications about the ways in which these experiences may be managed in an attempt to ensure positive outcomes. There is wide agreement that children benefit from time in high quality preschool provision and that those who have disadvantaged backgrounds benefit most (e.g. Sylva et al, 2004; New Zealand Ministry of Education, 2006; Peisner-Feinberg et al, 2001). The findings from the EPPE project (Sylva et al, 2004 and Sammons et al, 2004) suggest that children's cognitive and social / behavioural development is promoted when they attend good quality preschool but that there is no additional advantage from full-time rather than part-time attendance.

A number of American studies (e.g. Burchinal et al, 1997; NICHD Early Child Research Network, 2000) have suggested that while attending early years provision is positively related to cognitive development (and language development in particular) the findings are more equivocal in terms of social and emotional development. Peisner-Feinberg et al (2001) found that setting quality was related to children's later language and academic skills but that the closeness of adult:child relationships made a difference to the development of both cognitive and social skills. Their study also pointed to the contribution of the multiple contexts that children experience at home and outside the home.

The initial NICHD study (2002) which looked at children's development from birth to 4 years 6 months found positive impacts of high quality provision on pre-academic skills and language but also that more time from birth in non-maternal care was associated with behavioural problems. Belsky et al (2007), drawing on the NICHD longitudinal data, present findings that are more negative about the impact of time in preschool provision at the point when children have reached fifth grade. They acknowledge the enduring contribution that better quality provision makes to children's vocabulary scores but point out that 'children with more experience in centre settings continued to manifest somewhat more problem behaviours through sixth grade'. The EPPE project too found some evidence of increased anti-social behaviour at age three and five when children entered group settings before they were two years old.

It is evident from the EPPE study that settings do vary in quality, variations that will impinge on everyday experiences as well as a child's longer term learning trajectory. Attention to both educational and social development leads to better all round progress, along with effective pedagogy, more highly qualified staff and warm interactions between adults and children. The evidence from New Zealand also points to the importance of staff responsiveness to children and the nature of adult:child interactions. Attending a setting with a 'print saturated' environment and opportunities for children to choose from a variety of activities was also found to make an enduring contribution to children's competencies. A study by Pianta et al (2005), looking at pre-kindergarten provision, reinforces the need to attend to staff attitudes, programme characteristics and teacher attributes, although the relationships they found were of modest proportions. Differences between states did make a significant contribution to variation in the quality of provision. However, Pianta et al argue that it was not the nature of the regulations per se that were important but the extent to which the stipulations were enforced and professional development was offered to settings to meet the standards expected.

Practitioner Characteristics

The question of practitioner qualifications is a vexed one in the area of early education and childcare provision, complicated by the variety of qualifications possible and the lack of evident comparability between even similar sounding credentials. Looking at the relationship between the quality profile for pre-kindergarten settings and teacher qualifications, one group of researchers were forced to conclude that 'the association between teacher qualifications and observed quality is not at all clear or direct' (LoCsale-Crouch et al, 2007). On the other hand, Sylva et al (2004) found a significant relationship between the qualifications of staff and ratings of setting quality. Where staff had higher qualifications (in their case a teaching qualification) children made more progress. Pianta et al (2005) found that it was not having a degree that was related to quality observed but rather having a bachelor level-degree that included specialised training in early childhood education. They concluded that it was more important to focus on professional development that looked at the learning environment, children's experiences there and teacher's expressed knowledge and skills rather than on the level or type of degree held by a practitioner.

Writing about their meta-analysis of studies of childcare settings Fukkink and Lont (2007) reported a 'significant positive effect of specialized training on the competency of caregivers in childcare'. This finding led them to advocate for vocational development to include learning about teacher-child interactions. In a study that focused on care and educational environments offered in poor communities children were found to have enhanced cognitive development when their caregivers were more sensitive and responsive and better social development was associated with practitioners who had been educated beyond high school (Loeb et al, 2004). An examination of the results from seven studies of preschool provision led Early et al (2007) to point to the limitations of thinking of practitioner quality in terms of a teaching degree. They write about the complexity of these relationships and suggest a focus on 'individual teachers skills, classroom practice and beliefs' when recruiting staff. They go on to argue for the need for a professional development system for pre- and in-service teachers to ensure that children's early experiences will have a positive effect on their development. Such findings suggest that it is important to look beyond simplistic measures of education or qualifications to understand the nature of the learning and social interactions between adults and children that influence particular types of development.

Children's experiences of and reactions to early education and childcare settings

The influence of the total number of hours of centre care (although not the pattern of attendance) was examined in a study of child care type and children's development at 54 months conducted by the NICHD Early Child Care Research Network (2004). With family selection factors (demographic and process variables) and quality of settings controlled for the researchers found that only hours in centre care from 3 to 54 months were related to outcomes for children. More specifically, the hours spent in settings were related to social behaviour problems and cognitive development. Children who had spent more hours in group settings from 3- 54 months were more likely to be reported as having externalising or aggressive, anti-social behaviour problems (although not clinically at-risk). The picture was more complex for the relationship between cognitive development and more hours in group settings. During infancy (0-17 months) being in a care and education setting was associated with poorer pre-academic skills at 54 months but more hours in the centre during the period 18-35 months was related to better language scores at 54 months.

Studies of early education and childcare quality and outcomes seldom examine the implications of differences in attendance schedules but one paper reports findings from an investigation of the experiences of children whose parents chose flexible care schedules in two day care centres (Classien De Schipper et al, 2003). Children who had more flexible arrangements were less compliant with their caregivers but there was little evidence of a relationship between children's wider social competence and their attendance schedules or the stability of the care patterns they experienced in the setting. Similarly few (and only modest) effects on peer interactions could be related to children's schedules or care packages. When staff turnover was higher the quality of care given was poorer but, more surprisingly, children with less stable daily arrangements (including the availability of familiar caregivers, peer group stability and programme stability) received more positive caregiver interactions than those in more stable care circumstances. Where there was less daily stability there was more practitioner involvement. The researchers acknowledge that this finding requires further investigation in order to know whether it was an artefact of the sample but speculate as to whether it may be the result of practitioners compensating for daily instability by more positive interactions or because where there is more stability staff know one another better and may become more orientated towards each other than the children.

A study looking at three- and four-year olds who had all-day provision in one or more preschool education and care settings found that their experiences were predominantly positive over a variety of care packages (Stephen, 2003). Evidence about the children's experiences was drawn from observations of behavioural indicators of children's affective state and children's direct responses in structured conversations with the researchers. The observations made it clear that adults were important to children's well-being but that their need for adult attention fluctuated throughout the day. What mattered to children was being able to have the kind of interactions with adults that they needed when they were ready for them, a finding that has clear and challenging implications for staff ratios and deployment decisions. An examination of the range and variation in the nature of the activities selected by the children suggests that if individuals are to find activities that satisfy them then a broad range of resources and learning opportunities must be available and that practitioners could profitably regularly review the choices being made in their settings. There was a clear tension between the practitioners concern to offer a 'balanced' curriculum or set of experiences (sometimes accounting for balance over prescribed areas in a short time frame) and allowing children to make choices that satisfy them. Children's responses made it clear that the social environment and their interactions with peers was an important factor in their satisfaction with all-day provision. Enjoying the company of others and informal play with peers made a notable contribution to children's satisfaction but needed opportunities for peer groups to develop without adult 'intrusion' and attendance patterns that supported the development of friendship groups.

The finding that children's choices exert considerable influence over the education and care environment they experience at an individual level is endorsed by a study in the USA which found that children 37 months old and older had developed distinct and varying patterns in the ways in which they spent their time in the settings (Tonyan and Howes, 2003). That study found that the patterns varied with gender, ethnicity and the quality of the provision in the setting and the authors went on to point out that some patterns of activity offered more experiences than others of activities recognised by educators as having potential to contribute to cognitive development and school readiness.

Child and Family Characteristics

The studies described in the section above illustrate the gap between research which focuses on group or setting level features of provision and outcomes and that which places greater emphasis on the everyday, lived experiences of individual children. Children's choices and their preferred ways of interacting with adults and peers will influence their learning and well-being within any setting. Other child and family characteristics have been found to exert considerable influence on the experience of early education and care provision. Several US studies have pointed out that children from disadvantaged families are more likely to attend settings where the quality of provision (both distal and proximal) is lower than that experienced by more advantaged children (e.g. Pianta et al, 2005; LoCasale-Crouch et al, 2007). Sylva et al (2004) report that preschool experiences can reduce (although not remove) the attainment gap between advantaged and disadvantaged children. The enduring and significant impact on children's development of their home and family environment is well established in the literature. For example, the NICHD Early Child Care Research Network (2001) concluded that while the quality of provision is an important contributory factor to children's cognitive and social development family characteristics such as maternal sensitivity, the home environment, and income make more difference to children's progress.

This is not to say that children's experiences with non-maternal care are not significant, but simply that the impact of those experiences often depends on other factors in a child's life. (NICHD, 2001, p 487).

The EPPE study also points to the influence of the home learning environment as an 'independent influence on cognitive attainment' (e.g. Sammons et al, 2004).

Children's temperament has been the subject of a smaller number of studies. Sussman et al (2007) have demonstrated that children's temperament interacts with characteristics of the care and education environment. They found that girls and children they describe as having 'negatively reactive temperaments' were more likely than boys and children with different dispositions to be in non-maternal care of high quality and experience more positive and sensitive adult:child interactions. Their study was unable to clarify whether this was the result of careful selection of care environments by parents or practitioner responsiveness, although some of the evidence suggested that both processes may be at work. Nevertheless, these findings make clear that the nature of the care environment may be particularly important for some children and that children's behaviour and interaction styles can elicit particular responses from sensitive adult partners.

An additional perspective on children's temperaments and their daily experiences in group settings comes from studies of the levels of cortisol (a stress-sensitive hormone) (e.g. Dettling et al, 1999; Vermeer and Ijzendoorn, 2006). The meta-analysis of nine studies conducted by Vermeer and Ijzendoorn led them to conclude that children have higher levels of cortisol in day care environments than at home and that these levels rise during the day in group care settings (the opposite of the usually daily rhythm), but only after children have been in the setting for several hours. Like Dettling et al, they found that the rise in cortisol was related to age (younger children having greater increases). Dettling et al's evidence shows that shyness in boys and poor self-control and aggression for girls and boys was related to rising cortisol levels. Vermeer and Ijzendoorn speculate that the rise in cortisol levels is the result of children experiencing stressful interactions in group settings. Whatever the explanation for the relationships found these studies do suggest that children can experience early childcare and education settings as stressful over time.

Addressing the Review Questions

What evidence is available to suggest that children's experiences in preschool provision vary across the day or with attendance patterns?

This review has found little direct evidence that children's experiences in preschool provision vary across the day or with attendance patterns as, in general, setting level considerations of quality and outcomes have been the focus of studies, rather than the reactions of individuals or within-programme fluctuations. There is some evidence that total time spent in non-maternal care early in life is associated with particular forms of behaviour difficulty at later stages and conflicting evidence about the impact of more hours in group settings on cognitive development. There is no evidence that attendance for full day or shorter sessions is clearly related to better outcomes.

One study found no evidence of changes in children's levels of satisfaction across the day and suggested that all-day provision was a predominantly positive experience under certain conditions. However, there are some findings that offer indirect suggestions that the hours in spent in a setting and varying attendance patterns can influence children. The evidence about the rise in cortisol levels across the day after several hours in group settings suggests that some children at least may experience this as stressful, although this may not be observable. Having a flexible attendance pattern is associated with less compliant behaviour towards practitioners but seems not to impact on other aspects of social behaviour. One study suggests that when children's daily experience in their setting is less stable they benefit from more positive interactions with practitioners. This surprising finding requires further investigation but could be related to either the actions of practitioners or the responses elicited by the children. The study of all-day provision found that having access to the kind of interactions with adults that individual children wanted at particular times of day

was an important contribution to their positive experiences. A number of studies have pointed to the ways in which children's temperaments, family circumstances and individual preferences interact with the care and educational environments, suggesting that setting-level judgments of quality and social/emotional climate will cover a range of daily experiences.

Which features of preschool provision (distal and proximal) are associated with any variations in the quality children experience depending on time of day or attendance conditions?

The studies reviewed suggest that to maximise the quality of children's preschool experiences when attendance is extended or flexible settings should:

- Enable practitioners to focus on the needs of individuals for positive adult:child interactions.
- Manage the relationships between children and adults and children to reduce social stress.
- Offer conditions that foster the development of a strong peer culture.
- Have a wide range of activities from which children can choose.

Across the evidence reviewed a common feature is the importance of the nature of adult:child social and pedagogical interactions for cognitive and social or behavioural development. While these are essentially proximal features of provision they do rely on more distal⁵¹ aspects of setting management to enable practitioners to work in appropriate ways and monitor the effectiveness of practice from the perspective of individual children.

What can be learned from the research literature to ensure that children's experiences in extended day preschool provision are satisfactory, regardless of time of day or the conditions of attendance?

The literature suggests a deceptively succinct response to this question - that all children should be offered high quality provision that supports their cognitive and social development (regardless of family circumstances) and that they should enjoy warm and responsive interactions with adults, tailored to their particular needs and temperaments. However, meeting this prescription for individual satisfaction and development in group care settings with staffing, financial and resource constraints is challenging. Both distal and proximal⁵² features of provision are important to children's experiences and process quality is often related to structural aspects. There is evidence that process quality is influenced by staff wages, turnover, level of fee income or other financial support, adult:child ratios, staff attitudes and professional education and the nature and implementation of government regulations.

The research literature has much to offer about the nature of high quality provision and effective preschool pedagogy and there is international evidence that provision is available that meets policy goals for developmental gains (although the extent to which good quality provision is available to all varies between countries and states or regions even within the developed world). However, there has been much less attention from policy makers, funders

⁵¹ Distal - actions or activities undertaken at a distance from children, where children are not present or are away from the playroom and outdoor play spaces. Examples include team discussions to evaluate projects or activities, writing an account of a child's progress and deciding on next steps, e.g. sourcing appropriate software for a computer.

⁵² Proximal - actions or activities undertaken directly with a child present, e.g. sitting alongside a child while they complete a puzzle, promoting exploration in the garden or suggesting an addition to a drawing.

and researchers to the implications of variations in the nature of the 'demand' for early education and care for outcomes at a societal and individual level. There is a need for more research into the outcomes of varied and flexible attendance patterns at the level of policy implementation and outcome and at the level of individual experiences of well-being and satisfaction with everyday experiences.

References

- Belsky J. et al (2007) Are there Long-Term Effects of Early Child Care? *Child Development*, 78, 2, pp 681-701.
- Burchinal M.R. et al (1997) Early intervention and mediating processes in cognitive performance of children of low-income African American families. *Child Development*, 68 pp. 684-698.
- Clasien De Schipper J., Tavecchio L. W. C., Van Ijzendoorn M. H. & Linting M. (2003) The relation of flexible child care to quality of center day care and children's socio-emotional functioning: A survey and observational study, *Infant Behaviour and Development*, 26, pp 300-325.
- Dettling A. C., Gunnar M. R. & Donzella B. (1998) Cortisol levels of young children in full-day childcare centers: relations with age and temperament, *Psychoneuroendocrinology*, 24, pp 519-536.
- Early D. M. et al (2007) Teacher's Education, Classroom Quality, and Young Children's Academic Skills: Results From Seven Studies of Preschool Programs, *Child Development*, 78, 2, pp 558-580.
- Fukkink R. G. & Lont A. (2007) Does training matter? A meta-analysis and review of caregiver training studies, *Early Childhood Research Quarterly*, 22, pp 294-311.
- Goelman H. et al (2006) Towards a predictive model of quality in Canadian child care centers, *Early Childhood Research Quarterly*, 21, pp 280-295.
- LoCasale-Crouch J. et al (2007) Observed classroom quality profiles in state-funded pre-kindergarten programs and associations with teacher, program, and classroom characteristics, *Early Childhood Research Quarterly*, 22, pp 3-17.
- Loeb S., Fuller B., Kagan S. L. & Carrol B. (2004) Child Care in Poor Communities: Early Learning Effects of Type, Quality and Stability, *Child Development*, 75, 1, pp 47-65.
- Melhuish E. C. (2001) The quest for quality in early day care and preschool experience continues, *International Journal of Behavioural Development*, 25, 1, pp 1-6.
- New Zealand Ministry of Education (2006) Growing Independence A Summary of Key Findings from the Competent Learners @ 14 Project, www.nzcer.org.nz/pdfs/14602.pdf (accessed 9.01.08).
- NICHD Early Child Care Research Network (ECCRN) (2000) The relation of child care to cognitive and language development. *Child Development*, 71 pp. 823 - 839
- NICHD Early Child Care Research Network (2001) Non-maternal care and family factors in early development: An overview of the NICHD Study of Early Child Care, *Applied Developmental Psychology*, 22, pp 457-492.
- NICHD Early Child Care Research Network (2002) Early Child Care and Children's Development Prior to School Entry: Results from the NICHD Study of Early Child Care, *American Educational Research Journal*, 42,3, pp 125-145.
- NICHD Early Child Care Research Network (2004) Type of child care and children's development at 54 months, *Early Childhood Research Quarterly*, 19, pp 203-230.

- Phillips D. et al (2000) Within and Beyond the Classroom Door: Assessing Quality in the Child Care Centers, *Early Childhood Research Quarterly*, 15, pp 475-496.
- Phillipsen L.C., Burchinal M.R., Howes C. & Cryer D. (1997) The Prediction of Process Quality from Structural Features of Child Care, *Early Childhood Research Quarterly*, 12, pp 281-303.
- Pianta R. et al (2005) Features of Pre-Kindergarten Programs, Classrooms, and Teachers: Do they Predict Observed Classroom Quality and Child-Teacher Interactions? *Applied Developmental Science*, 9, 3, pp 144-159.
- Peisener-Feinberg E. S. et al (2001) The Relation of Preschool Child-Care Quality to Children's Cognitive and Social Developmental Trajectories through Second Grade, *Child Development*, 72, 5, pp 1534-1553.
- Rao N., Koong M., Kwong M. & Wong M. (2003) Predictors of preschool process quality in a Chinese context, *Early Childhood Research Quarterly*, 18, 331-350.
- Sammons P. et al (2004) The impact of preschool on young children's cognitive attainments at entry to reception, *British Journal of Educational Research*, 30, 5, pp 691-712.
- Shpancer N. (2002) The home-daycare link: mapping children's new world order, *Early Childhood Research Quarterly*, 17, pp 374-392.
- Siraj-Blatchford I., Sylva K., Laugharne J., Milton E. & Charles F. (2006) Monitoring and Evaluation of the Effective Implementation of the Foundation Phase (MEEIFP) Project Across Wales www.learning.Wales.gov.uk/pdfs/mon-eval-project-e.pdf (accessed 9.01.08).
- Stephen C. (2003) What Makes All-Day Provision Satisfactory for Three- and four-year olds? *Early Child Development and Care*, 173, 6, pp 577-588.
- Sussman A. L. et al (2007, in press) Temperament and young children's experience of child care quality, *Early Childhood Research Quarterly*, doi: 10. 101616/j.ecresq2007.05.005. Preschool Education (EPPE) Project: Findings from Preschool to end of Key Stage 1, DfES, Research Report www.dfes.gov.uk/research/data/uploadfiles/SSU_FR_2004_01.pdf (accessed 9.01.08).
- Tonyan H. A. & Howes C. (2003) Exploring patterns in time children spend in a variety of child care activities: associations with environmental quality, ethnicity and gender, *Early Childhood Research Quarterly*, 18, pp 121-142.
- van Ijzendoorn M. H. & Tavecchio L. W. C. (2003) Infant day-care: Short-term and long-term implications for mother-child interactions and child development, *Infant Behaviour and Development*, 26, pp 283-284.
- Vermeer H. J. & van Ijzendoorn M. H. (2006) Children's elevated cortisol levels at daycare: A review and meta-analysis, *Early Childhood Research Quarterly*, 21, pp 390-401.

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