



# Survey of early years providers' experiences during the Covid-19

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Technical report

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## Introduction

This paper summarises the technical findings from a rapid data gathering exercise to understand the circumstances and experiences of certain early years providers that continued to operate in England during the Covid-19 lockdown. The aim of this paper is to provide new evidence that can inform the debate on the feasibility and risks of operating these settings during the pandemic, and to support the debate around the reopening of these settings more broadly.

This paper does not attempt to provide an aggregate picture across the entire early years landscape, nor is it the result of a systematic census or data collection. It is the result of a rapid exercise carried out over a period of 1 week to gather evidence that might usefully support the debate around the safety or otherwise of reopening early years settings and schools. This paper provides the underlying technical material that supports the findings mentioned in the CCO briefing paper on the issue of reopening schools.<sup>1</sup>

A specific focus of this analysis is NHS nurseries – that is, early years settings registered by NHS Trusts and attached to NHS hospitals. These were important to study because the overwhelming majority of them remained open during Covid-19, operating at significant capacity levels, caring for the children of NHS staff within a potentially high-risk environment. Their experiences, while clearly not representative of the broader early years landscape, provide extremely important insights to inform the debate about the risks of providing early years provision during Covid-19. However, we also supplement these findings with insights from a rapid online survey of wider early years providers including nurseries and childminders.

We surveyed the managers of these providers using very brief surveys (reproduced in the Appendix) that were designed to capture some information while limiting the burden imposed on these busy frontline individuals. The surveys collected information about how the ongoing Covid-19 outbreak had affected them, with a particular focus on:

- > staffing and child attendance levels
- > levels of (known) infections amongst staff and children
- > other key challenges faced by these settings and the mitigations or solutions they have used

Overall we obtained responses covering nearly 80% of open NHS nurseries, as well as a 1% sample of the much larger number of wider nurseries and childminders (493 responses).

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<sup>1</sup> <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2020/05/cco-we-dont-need-no-education.pdf>

## Executive summary

### > Levels of staffing levels and child attendance

- > On average, NHS nurseries had 79% of their pre-Covid-19 staff levels working onsite during the last week, ranging from 43% to 100%. Nearly two thirds of providers (64%) had more than three quarters of their staff working in the nursery in the last week.
- > On average, these settings also reported 45% of their pre-Covid-19 levels of child attendance in the nursery, ranging from 15% to 81%. Around half (52%) of these had less than half of their children in attendance in the last week.
- > On average, the non-NHS nursery providers had 25% of their pre-Covid-19 staff working in the last week (among childminders the figure was 67%). The non-NHS nurseries also reported 12% of their pre-Covid-19 levels of child attendance (among childminders the average was 25%).

### > Cases of Covid-19

- > We asked settings whether they knew of Covid-19 cases (suspected or confirmed) among staff, and among children. We did not focus specifically on confirmed cases because doing so would presuppose the availability and use of Covid-19 testing, which may not have been widespread at the time of the survey. Furthermore, Covid-19 symptoms would in most cases be sufficient grounds for the person and their contacts to be required to self-isolate. Only in a small number of cases were providers able to state whether a case was confirmed (as opposed to suspected)
- > Around a fifth of the nursery settings reported a suspected or confirmed case of a child with Covid-19. Table 1 demonstrates levels of suspected/confirmed cases amongst each type of setting:

**Table 1: Levels of suspected/confirmed cases, by setting type**

Suspected or confirmed Covid-19 cases	NHS nurseries	Non-NHS nurseries	Childminders
Any case	54% (22)	32% (97)	12% (22)
Among staff	48% (20)	24% (72)	5% (9)
Among children	19% (8)	16% (49)	9% (16)
Among both staff and children	12% (5)	8% (24)	2% (3)

- > Both types of nursery setting were more likely to report an infection among the staff than the children. The reverse was true for childminders, where rates of staff infection were extremely low – although we would expect to see this as most childminders operate as individuals and would not have been working if they suspected themselves to be ill with Covid-19.
- > Across all types of setting, transmission on-site was believed to be rare, though this must be

caveated with the fact that (in the absence of proper testing and tracing) the managers and childminders would not have known with certainty where an infection had originated. None of the NHS nursery managers believed that suspected/confirmed cases amongst staff or children had originated within the nursery, while small numbers of the non-NHS nurseries and childminders suspected that transmission may have occurred on-site (15% and 18% respectively of those who had suspected or confirmed Covid-19 cases).

> **Key challenges, mitigations and solutions**

- > While our survey focussed mainly on safety during Covid-19, the early years providers we spoke to were very keen to mention financial risks. Around a third mentioned finances as a challenge with income down by 50% for some and 100% for others. One nursery reported losses of more than £1,700 per week and another nursery owner had taken a second job to avoid drawing a wage from their nursery. Eight nurseries reported having to make staff redundant.
- > In some cases this was exacerbated by the costs of new safety measures. For example, whilst schools have received an additional grant to cover the cost of cleaning, the same has not been provided to nurseries or childminders.
- > Forty nurseries reported staff and parental anxiety as a challenge, often linked to financial uncertainties. Twenty nurseries said they struggled with 'knowing what to do', and with making sure they had the latest information and guidelines.
- > Nineteen childminders mentioned the difficulties that come with working from home and keeping their own families safe whilst looking after their 'mindees'.
- > Many respondents mentioned increased hygiene (122 nurseries, 119 childminders) and more cleaning (115 nurseries, 115 childminders) were the main measures taken by nurseries and childminders. Distancing children, parents and staff was another main solution (99 nurseries, 87 childminders), despite some recognising that social distancing is not conducive to children's needs and wellbeing. Distancing was enforced through the 'bubble approach' - by not letting parents enter the nursery or staggering drop off and pick up times.
- > Nurseries also mentioned doing the following to improve safety:
  - > Removing certain play items (especially 'soft play' items)
  - > Taking the temperatures of staff and children
  - > Not allowing children to bring toys from home
  - > Changing staff shift patterns.

## Part 1: NHS nurseries

### Introduction

There are 62 nurseries registered by NHS Trusts<sup>2</sup> – hereafter termed ‘NHS nurseries’ – in England, which provide childcare for staff working in hospitals. An additional reason why this research focussed on these settings was that there is not a large number of them, so a data collection could be carried out within a very short space of time that still achieves a high response rate (e.g. over 70%).

Since the national lockdown on 23<sup>rd</sup> March, nearly all of these nurseries have remained open to provide childcare for both their usual cohort of children and for children of keyworker parents whose regular nursery closed. Unlike private providers, NHS nurseries were not able to furlough staff, had access to testing once it was widely distributed to NHS staff and had access to supplies of PPE through the hospital. The children attending these settings were also more likely to be at risk of exposure to Covid-19 via their parents (if their parents were working in hospitals among patients with Covid-19) than the average child in the population. All of these factors mean that these settings are not representative of the broader early years landscape – but nevertheless an informative case study from which lessons can be learned.

We designed a short survey – provided in [Appendix A](#) – to capture the experience of these nurseries since 1st March 2020.

This survey collected responses between 12th May 2020 and 21st May 2020 with interim results published on 16th May 2020<sup>3</sup>. We present final analysis below including responses from an additional 5 providers who had not responded in time for the publication of our interim results.

### Data collection

The survey used both quantitative and qualitative questions to capture the range of experiences. It was purposefully brief and designed to take no longer than 5-10 minutes to complete via a telephone conversation with the relevant nursery manager. We were conscious of the additional burden this survey may impose on frontline staff, who were extremely busy and not generally used to responding to data requests; this therefore limited the amount of detail that the survey questions could go into. We also gave managers the opportunity to respond via email if this was more feasible or convenient.

We attempted to contact all 62 NHS nurseries, of which:

- > 2 were closed
- > 12 declined to participate, were unable to participate or did not respond
- > 48 (80% of all open providers) agreed to participate. These 48 settings were operated by 44 managers, because eight of the settings were run by four managers as a combined operation (each manager running two settings jointly). This mostly occurred where multiple services were run on the same site, for example an out of school scheme and a nursery for younger children.

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<sup>2</sup> <https://www.gov.uk/government/statistics/childcare-providers-and-inspections-as-at-31-december-2019>

<sup>3</sup> <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2020/05/cco-we-dont-need-no-education.pdf>

- > To reduce respondent burden and avoid duplicate responses, these managers were asked to provide a response covering both of their settings. Our final sample size for this analysis is therefore the 44 managers. Assuming no further duplicates in the 12 providers who declined to respond, this covers 79% of potential providers.

## Sample characteristics

Overall the 44 responding providers were broadly representative of the national profile of all 60 open NHS nurseries. We have assessed this based on the following factors:

- > Region
- > Local deprivation levels
- > Cumulative Covid-19 cases in the local authority (LA).

## Regional distribution of responding providers

Responding providers were broadly in line with the regional distribution of all providers with the possible exception of an under-representation of those in Yorkshire and the Humber (Table 2). This is likely simply the result of a small number of providers in the area.

**Table 2: Regional distribution of responding providers compared to all providers**

Region	% of respondents	% of open providers
East Midlands	2% (1)	5% (3)
East of England	2% (1)	2% (1)
London	25% (11)	25% (15)
North East	5% (2)	3% (2)
North West	7% (3)	5% (3)
South East	45% (20)	40% (24)
South West	9% (4)	7% (4)
West Midlands	2% (1)	2% (1)
Yorkshire and The Humber	2% (1)	12% (7)

### Distribution of respondents based on deprivation

Responding providers were also broadly in line with the national distribution of open providers based on their deprivation levels, as measured by their Income Deprivation Affecting Children (IDACI) quintile<sup>4</sup> (Table 3).

**Table 3: Distribution of responding providers by IDACI quintile compared to all providers**

Deprivation Quintile	% of respondents	% of open providers
<b>Most deprived</b>	9% (4)	13% (8)
<b>Deprived</b>	18% (8)	20% (12)
<b>Average</b>	23% (10)	23% (14)
<b>Less deprived</b>	27% (12)	22% (13)
<b>Least deprived</b>	23% (10)	22% (13)

### Distribution of respondents by local rates of Covid-19 infections

Responding providers were also situated in local authorities (LAs) that had similar average rates of Covid-19 to all LAs containing an NHS nursery (Table 4).

**Table 4: Distribution of local authority Covid-19 infection rates containing responding providers compared to all LAs containing an NHS nursery**

Group	Mean infection rate (per 10000 people) in local authority <sup>5</sup>	Bottom quartile	Upper quartile	Number of providers
<b>All open providers</b>	247.10	170.40	323.30	60
<b>Responding providers</b>	249.80	166.30	333.90	44

<sup>4</sup> Source: Ofsted Childcare provider level data as at 31<sup>st</sup> December 2019

<sup>5</sup> Source: <https://coronavirus.data.gov.uk/> - figures obtained on 11<sup>th</sup> May



## Key findings

### Overall staffing levels and child attendance in the last week

Figure 1 shows the variation in attendance rates in terms of both children and staff across responding providers.

On average, providers had 79% of staff in the nursery in the previous week (median = 83%). As a proportion of their pre-Covid-19 staffing levels, this varied from 43% to 100% (the latter reported by 8 providers).

On average, providers had 45% of children in the nursery in the previous week (median = 47%). As a proportion of their pre-Covid-19 child attendance levels, this varied from 15% to 81%.

**Figure 1: Ratio of estimated average numbers of staff/children in each nursery in the last week to estimated average numbers prior to Covid-19 outbreak** *Note: points represent individual providers. 2 providers excluded as they reported attendance/staffing levels greater than 100% of pre-Covid levels*

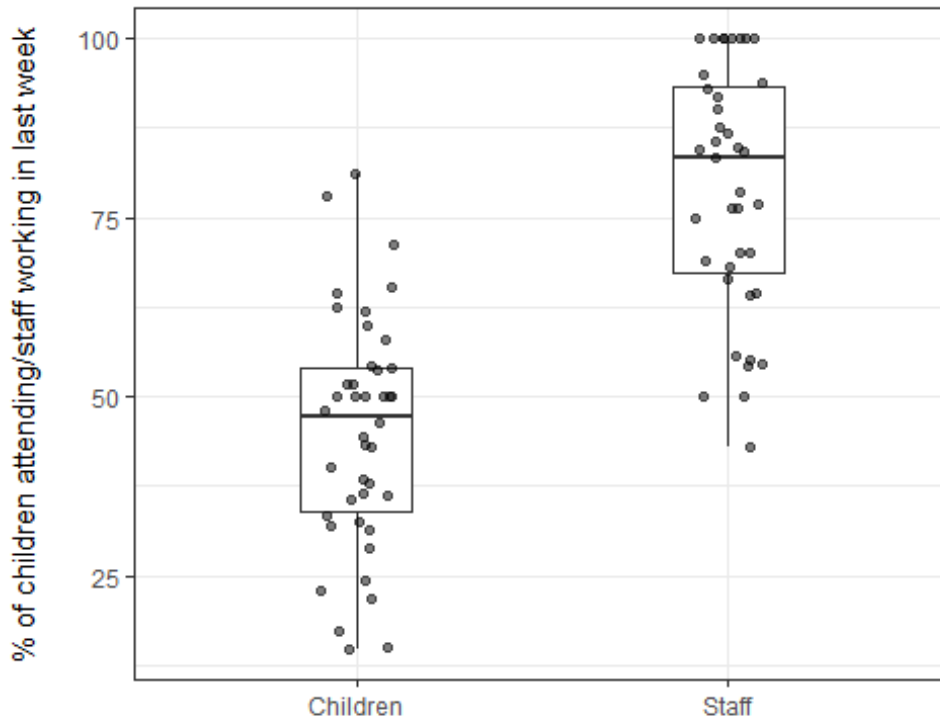


Table 5 below shows nearly all providers (with the exception of one) had at least 50% of their staff working onsite. Around half of providers (48%) had at least 50% of their children attending. Around 1 in 7 providers (14%) had less than a quarter of their children attending.

**Table 5: Percentages of providers split by child attendance/proportion of staff working in the last week compared to an average week pre-Covid-19** *Note: base for table is providers reporting numeric staffing/child attendance figures less than or equal to 100% (staffing – 42, child attendance – 39)*

Percentage of staff working/children attending nursery in last week	Percentage of providers based on proportion of children (n)	Percentage of providers based on proportion of staff (n)
Under 25%	14% (6)	0% (0)
25% - 49%	38% (16)	3% (1)
50% - 74%	43% (18)	33% (13)
75% +	5% (2)	64% (25)

### Covid-19 cases amongst children and staff

Overall, 22 providers reported suspected or confirmed cases amongst children or staff (54% of those responding to both questions).

8 providers (19% of responding providers) reported any suspected or confirmed cases of Covid-19 amongst children in their nursery (Table 6). Conversely three quarters of providers reported that they had not had a suspected or confirmed case of Covid-19 amongst children.

**Table 6: Percentage of responding providers with suspected or confirmed cases of Covid-19 amongst children in their nursery**

*Note: base for table excludes 2 providers who did not respond to this question*

Any confirmed/suspected cases amongst children	Number of responding providers	% of responding providers
Don't know	2	5
No	32	76
Yes	8	19

Of the 8 providers who reported a suspected or confirmed case of a child with Covid-19, only one explicitly reported it as a confirmed case. Two other providers simply responded 'yes' to this question so it is unclear whether their cases were confirmed or only suspected (the rest reported only suspected cases). Therefore, this means that at most three providers (7% of respondents) had any confirmed cases of Covid-19 amongst children.

None of the 8 providers who reported a suspected or confirmed case among children stated that they believed the infection to have occurred within the nursery. However, the majority of them (5 of the 7 providing a response to this question) answered 'don't know', demonstrating the difficulties of ascertaining where infections originated, especially in the absence of a fully implemented testing and tracing system. Of the five providers who did not know where the infection had originated, two suspected that it was likely to be from outside the nursery, but they could not be sure.

Two of the 8 providers reporting potential cases among children also indicated that significant numbers of children (in both cases 14) had displayed symptoms. This could reflect a number of things: a possible

outbreak of Covid-19 among children (although the cases were *not* confirmed), or other infections with similar symptoms such as colds and flus – which are also highly transmissible among children. One these providers stated that the 14 children had been sent home “as a precaution”. It should also be borne in mind that even if there had an outbreak of Covid-19 among children, this alone would not prove that transmission had occurred within the nursery – it could have been the result of local infections taking place in the community.

Among the 32 providers reporting no suspected or confirmed cases, five providers (16%) reported that a child had been tested but that the test result was negative.

Twenty providers (48%) reported having had any suspected or confirmed cases of Covid-19 amongst staff (Table 7). Amongst these 20, one provider explicitly mentioned having a confirmed case.

**Table 7: Percentage of responding providers with suspected or confirmed cases of Covid-19 amongst staff in their nursery**

*Note: base for table excludes 2 providers who did not respond to this question*

Any confirmed/suspected cases amongst staff	Number of responding providers	% of responding providers
Don't know	3	7
No	19	45
Yes	20	48

As with children, no providers explicitly mentioned that they believed these infections had occurred in the nursery, though the vast majority did not know. Thirteen providers (72% of the 18 providing a response to this question) answered ‘don’t know’ to the question about whether the infection arose in their nursery. Again, this underlines the importance of widespread testing and tracing in order to be able to identify the sources of these infections.

Of those reporting no suspected/confirmed cases, 7 providers (37%) reported that the staff had been tested but returned negative results.

Among the 20 providers reporting suspected cases among staff, only one explicitly stated that it was a confirmed case. The highest number of suspected or confirmed cases was six, mentioned by one provider. However this provider reiterated that none of these cases had been confirmed. Again, without testing we cannot know whether these cases were definitely Covid-19, and without tracing we cannot know whether (assuming they were Covid-19) they would have originated within the nursery or from wider transmission in the community.

We examined whether there was any correlation between any suspected or confirmed cases amongst staff and any suspected or confirmed cases amongst children (see Table 8 below). We found that 28% (5) of providers reporting suspected or confirmed cases amongst staff also reported confirmed or suspected cases amongst children. Of the providers reporting no suspected/confirmed cases amongst staff, 16% (3) reported a suspected/confirmed case among children (Table 8). Therefore infections among children were more likely to be reported in settings where an infection among staff had also

been reported. However, this difference is not statistically significant<sup>6</sup>, so it may simply be due to random chance - though testing this also is hampered by small sample sizes<sup>7</sup>.

**Table 8: Percentages of providers with suspected/confirmed cases amongst children split by whether they reported suspected/confirmed cases amongst staff**

Any suspected/confirmed cases amongst staff	% reporting no suspected/confirmed cases amongst children (n)	% reporting suspected/confirmed cases amongst children (n)
No	84 (16)	16 (3)
Yes	72 (13)	28 (5)

Note: Table excludes three providers who did not answer to both staff and child cases questions, and four others answering 'Don't know' to either question

As a result, this data provides no significant evidence of systematic co-occurrence of cases amongst staff and children in these settings. This does not prove whether transmission within nurseries is or is not occurring, both because of the small sample size and because any co-occurrence of infections may still have arisen within the local community rather than the nursery itself.

### Staff access to testing and PPE

25 providers (76% of responses) reported that staff had access to Covid-19 testing when needed. The vast majority (35 providers out of 42 providing a response to this question) of providers stated that their staff had access to PPE. This is unsurprising given that most of these nurseries use gloves as part of their normal caring routine. The 16 providers who gave more detail than a simple 'yes' answer to this question all mentioned that they were simply using their normal forms of PPE rather than extra equipment.

Perhaps more surprising are the 7 providers who answered that they were not using PPE. However, this must be viewed with some caution as two of these explicitly stated that they had interpreted the question as being about the use of face masks in the nursery, rather than any broader forms of PPE.

### Factors explaining variation in staffing levels and child attendance

32 out of 44 providers (73%) reported having staff that were currently shielding, self-isolating or sick. Of these, 13 gave breakdowns of why staff were not working. The most common explanation was that staff were shielding: 10 providers reported this, with responses ranging from 1 to 3 staff. Three providers reported having staff currently self-isolating.

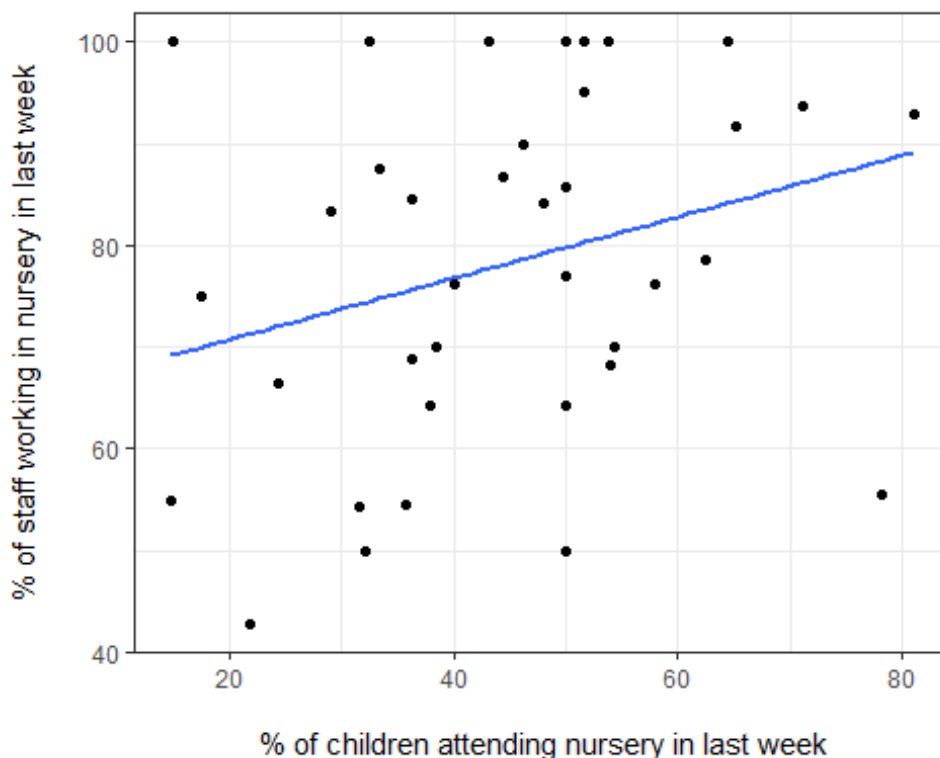
There is no clear correlation between staffing levels in the last week and child attendance, though this may be down to small sample sizes as results are on the edge of common statistical significance thresholds (Figure 2 - Spearman's rank p value = 0.05). Regardless the amount of variation explained is small (8%), suggesting that the number of children attending the nursery is not a clear driver of staffing

<sup>6</sup> Fisher's exact test, p-value = 0.45.

<sup>7</sup> Simulations based on 1000 replications suggest we would expect to get a significant result of this magnitude around 1 in 8 times based on these sample sizes

levels in these providers. This could be because some staff are needed onsite for administrative, logistical and maintenance functions (e.g. cleaning), even if very children are attending.

**Figure 2: Correlation between child attendance rates and staffing levels**



Staffing and child attendance rates also do not seem to be correlated with the presence of suspected or confirmed cases amongst staff or children in the nursery (Table 9). This may be due to the fact cases may have occurred at any time during the outbreak, although if so then it at least suggests that suspected/confirmed cases have not had a longer-term impact on attendance. If anything, average rates of both child attendance and staffing levels are slightly higher (on average) in providers where there are suspected/confirmed cases amongst staff.

**Table 9: Average staffing and child attendance levels in last week split by whether provider reports any suspected/confirmed Covid-19 cases amongst staff or children**

Type of cases	Any suspected/confirmed cases	Average staffing levels in last week (%)	Average child attendance in last week (%)
Suspected/confirmed cases amongst staff	Don't know	67.80	42.90
	No	78.70	37.80
	Yes	82.40	50.30
Suspected/confirmed cases amongst children	Don't know	73.80	39.50
	No	78.90	43.70
	Yes	83.20	45.40

## Part 2: Wider early years settings

### Introduction

As of 31st December 2019, there were 27,517 childcare providers on non-domestic facilities (hereafter 'nurseries') and 37,620 childminders registered with Ofsted, offering a combined 1,287,837 places.

Nurseries and childminders were advised to close at the same time as schools in England – on 23rd March 2020 – unless they were required to provide care to vulnerable children and the children of keyworkers. A recent survey estimated that around half of childminders continued to operate<sup>8</sup> and the Department for Education (DfE) estimates that 69% of state-funded nurseries have remained open along with 36% of early years settings.<sup>9</sup>

In general, early years settings have not received as much attention as schools in relation to the debate around re-opening facilities and readmitting larger numbers of children from 1st June onward. This element of the data collection looked beyond NHS nurseries and aimed to capture the experience of a much wider range of early years providers who have been looking after children who are not part of their household.<sup>10</sup>

### Data collection

An online questionnaire similar to the one used with NHS nurseries was created and circulated to around 14,000 members of the Early Years Alliance (EYA) through their weekly e-newsletter. The survey was sent at midday Wednesday 13<sup>th</sup> May 2020 and closed at 5pm on Friday 15<sup>th</sup> May 2020. The format of the questions was slightly different to those asked to NHS nurseries to suit an online survey compared to a phone interview. The online survey questions are provided in [Appendix B](#).

The EYA membership includes a wide range of childminders, nurseries and wrap-around care providers. As this survey was rapidly administered the EYA mailing list was chosen as the most efficient means of reaching the largest sample possible. However, it is a limitation of the analysis that the survey was not shared with non-EYA nurseries or childminders.

At the close of the survey we had received 487 unique responses excluding duplicates.<sup>11</sup> This works out to around 3.5% of the total EYA membership and 0.7% of the total number of early years providers registered with Ofsted as of 31 December 2019, excluding home childcarers<sup>12</sup>.

The 487 responses were comprised of 306 responses from nurseries (1.11% of total registered nurseries) and 181 responses from childminders (0.48% of total registered childminders).

The analysis below has been split by nurseries and childminders due to the difference in experiences between these types of provision.

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<sup>8</sup> <https://www.pacey.org.uk/news-and-views/news/pacey-survey-reveals-thousands-of-childminders-to/>

<sup>9</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/887357/Attendance\\_in\\_education\\_and\\_early\\_years\\_settings\\_during\\_the\\_coronavirus\\_COVID-19\\_outbreak\\_22\\_May.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/887357/Attendance_in_education_and_early_years_settings_during_the_coronavirus_COVID-19_outbreak_22_May.pdf)

<sup>10</sup> For this reason, carers such as live-in nannies or au pairs have not been included in this research.

<sup>11</sup> In some cases, multiple responses were submitted on behalf of a single nursery. Duplicates were identified as those with the same provider name and phone number. Where this occurred, the most recent submission was taken as the main response. Of the 493 complete responses we received, 487 were unique.

<sup>12</sup> <https://www.gov.uk/government/statistics/childcare-providers-and-inspections-as-at-31-december-2019>

## Sample characteristics

By linking our sample to the Ofsted register of childcare providers<sup>13</sup> we can describe the characteristics of our sample by three relevant characteristics:

- > Region
- > Local deprivation level
- > Size

Table 10 below provides the results of these comparisons in order to show how representative the sample is.

The nurseries in our sample were distributed across regions in roughly the same proportions as those on the Ofsted register of childcare providers. The only discrepancy is an under-representation of nurseries in London and over-representation of nurseries elsewhere (e.g. West Midlands).

The levels of local deprivation in our sample are very similar to those in the Ofsted register with no notable biases.

The nurseries in our sample were slightly larger on average than those in the Ofsted register. This could be a sample selection effect: having a larger number of staff working at these settings may have made it easier for them to respond to the survey.

**Table 10: Nurseries in EYA sample compared to Ofsted Register**

Region	Sample in this analysis	Full Ofsted list of providers
East Midlands	9% (27)	8% (2181)
East of England	13% (39)	12% (3193)
London	8% (24)	18% (5038)
North East	2% (5)	3% (815)
North West	14% (40)	12% (3355)
South East	20% (59)	20% (5397)
South West	8% (24)	10% (2750)
West Midlands	12% (36)	9% (2553)
Yorkshire and The Humber	14% (41)	8% (2217)
<b>Deprivation Band</b>		
Least deprived	20% (58)	23% (6304)
Less deprived	24% (71)	21% (5896)
Average	23% (68)	20% (5552)
Deprived	17% (50)	19% (5246)
Most deprived	16% (48)	16% (4500)
<b>Size (number of places)</b>		
Mean	43.74	38.41
Lower quartile	28.00	21.00
Median	38.00	32.00
Upper quartile	54.00	51.00

<sup>13</sup> Appendix C explains the methodology through which we linked the data.

The sample of childminders (where matching was possible) is heavily skewed towards Yorkshire & The Humber and away from London relative to the distribution on the Ofsted register (Table 11). However, this is more likely to be a function of the linking process than a true bias in our sample.

The levels of local deprivation are slightly but not substantially lower among the childminders in our sample, compared to the full Ofsted register.

The capacity in terms of places for sample childminders is slightly larger than the population average, with the mean size higher by roughly two children per childminder.

**Table 11: Childminders in EYA sample compared to Ofsted Register**

Region	Sample in this analysis	Full Ofsted list of providers
East Midlands	10% (7)	8% (2998)
East of England	8% (6)	12% (4594)
London	1% (1)	19% (6990)
North East	3% (2)	4% (1544)
North West	10% (7)	12% (4335)
South East	11% (8)	19% (7170)
South West	8% (6)	9% (3405)
West Midlands	6% (4)	8% (2884)
Yorkshire and The Humber	42% (30)	10% (3668)
<b>Deprivation Band</b>		
Least deprived	23% (16)	22% (8265)
Less deprived	28% (20)	23% (8556)
Average	15% (11)	22% (8097)
Deprived	23% (16)	19% (7331)
Most deprived	11% (8)	14% (5337)
<b>Size (number of places)</b>		
Mean	8.30	6.14
Lower quartile	6.00	6.00
Median	6.00	6.00
Upper quartile	12.00	6.00



## Key findings

### Nurseries

The survey responses show that a total of 97 nurseries out of 306 (32%) had experienced a suspected or confirmed case of Covid-19 among staff or children (Table 12). However, nurseries were more likely to report having experienced Covid-19 cases among staff than among children: roughly 1 in 4 nurseries reported a suspected case among staff while 16% reported a suspected case among children.

**Table 12: Prevalence of Covid-19 among nurseries in nursery sample**

Suspected or confirmed Covid-19 cases	
Any case	32% (97)
Among staff	24% (72)
Among children	16% (49)
Among both staff and children	8% (24)

The lack of universal and timely testing during the coronavirus period means it is difficult to be confident about how many of those cases are in fact Covid-19. In some cases, respondents have indicated in accompanying comments that their suspected cases were closer to precautionary self-isolation than symptomatic or confirmed. However, others clarified that they did indeed have confirmed cases or serious symptoms consistent with Covid-19.

Of those nurseries that had a suspected or confirmed case, 15% (15 nurseries) indicated that they suspected that infection had occurred within their childcare setting. Since full-scale testing and tracing was not in place, it is impossible to confirm whether these infections did indeed occur there, but it does suggest some concerns about transmission.

Around a fifth (23%) of respondents reported needing testing it (Table 13). Of those, around half (37 out of 70 providers) were able to obtain it while the other half (33 of 70) were unable to.

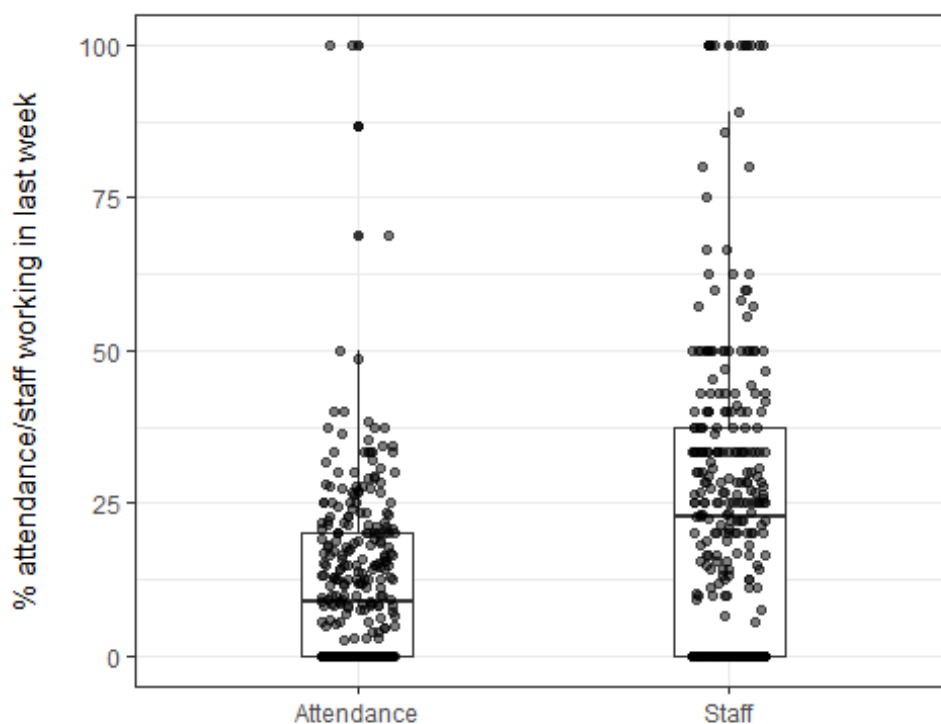
Difficulties regarding the availability of PPE were much more limited. Only 6% of nurseries reported requiring PPE but being unable to obtain it. Of those who did need PPE, 11% (17 out of 151 providers) were unable to obtain it.

**Table 13: Availability of testing and PPE in nursery sample**

Testing available	
No	11% (33)
Yes	12% (37)
Staff have not required a test or testing kit	77% (236)
PPE available	
No	6% (17)
Yes	44% (134)
Staff have not required PPE	48% (146)
Don't know	3% (9)

Child attendance at these settings was significantly lower compared to pre-Covid-19 levels. These settings also saw a significant, but generally not as large, reduction in staffing numbers. On average, child attendance was 12% of pre-Covid-19 levels and staffing was 25% of pre-Covid-19 levels. However, there was wide variation in both (Figure 3), with some providers having more than half of their usual number of children or staff present.

**Figure 3: Ratio of estimated average numbers of staff/children in nursery sample in the last week to estimated average numbers prior to Covid-19 outbreak**



### Childminders

Of the childminders in our sample, 22 (12%) had experienced a suspected or confirmed case of Covid-19 either among staff or children (Table 14). This includes 9 respondents (5%) who reported that their staff (or in many cases themselves) had experienced a suspected or confirmed case of Covid-19 and 16 (9%) who reported that a child had a suspected or confirmed case. This is a reversal of the relationship found in NHS and wider nurseries, where staff cases were more common than in children. Childminders often have very few (or even no) employees so this may explain why reported infections amongst staff were so low.

**Table 14: Prevalence of Covid-19 in childminder sample**

Suspected or confirmed Covid cases	
Any case	12% (22)
Among staff	5% (9)
Among children	9% (16)
Among both staff and children	2% (3)

Of those reporting any Covid-19 cases among staff or children, around a fifth (4 of 22 childminders) reported transmission within the setting.

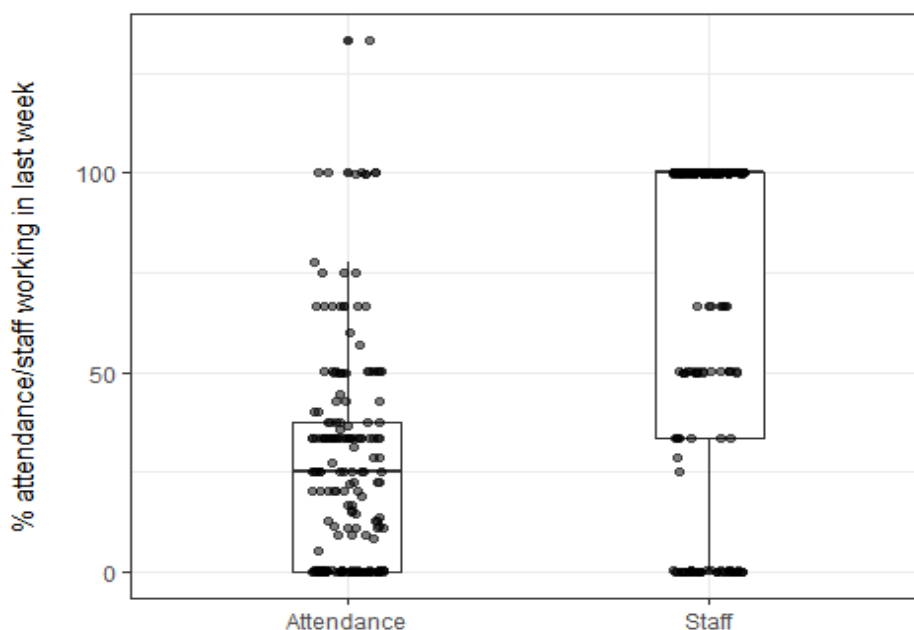
The majority of childminders (82%) reported that they had not needed testing (Table 15). However, of those who had needed testing, 75% reported being unable to get it (24 out of the 32 responding “yes” or “no” in Table 15). Similarly, 63% of childminders who reported requiring personal protective equipment were unable to obtain it. This suggests that childminders appeared to be less of a priority for testing and PPE compared to nurseries.

**Table 15: Availability of testing and PPE in childminder sample**

Testing available	
No	13% (24)
Yes	4% (8)
Staff have not required a test or testing kit	82% (149)
PPE available	
No	23% (41)
Yes	13% (24)
Staff have not required PPE	62% (112)
Don't know	2% (4)

The comparatively smaller scale of childminders (compared to nurseries) meant that they were more likely to be operating at either full or half capacity, or closed entirely. Similarly, the very small number of staff means that in many cases staffing was at “full” capacity. On average, staff levels were 67% of pre-Covid-19 levels, while child attendance averaged 27%.

**Figure 4: Ratio of estimated average numbers of staff/children in childminder sample in the last week to estimated average numbers prior to Covid-19 outbreak**



## Qualitative findings

Of the 493 overall responses to our survey (duplicates included), 311 came from nurseries and 180 from childminders. Duplicates were retained in the qualitative analysis as employees provided different responses to the same questions. Two settings could not be identified and were thus excluded from this analysis.

The survey included two qualitative, open-ended questions to provide early years settings the opportunity to share their experience in more detail. The first question asked about challenges experienced and the second about measures implemented to maintain safety. The full questionnaire is provided in Appendix B.

A rapid analysis of the free text responses is provided below. As the format was free text, respondents may not have provided exhaustive lists of all the measures they have implemented or challenges they have experienced. As a result, it is likely that the number of responses on certain themes is an undercount of the actual number.

Childminders have been analysed separately to nurseries as they provide care in domestic settings for smaller numbers of children (which provides different challenges). Analysis was undertaken by two researchers using NVIVO software and Excel. Each survey response was coded where possible. Results were compared and discussed.

### Safety measures implemented by nurseries

The survey asked, “what measures, if any, have you implemented to maintain the safety of staff, children and their families in the early years setting?” The following analysis looks at the 286 nurseries (91%) who provided a response in comments to this question.

Of those who responded to this question, the majority reported using a combination of measures which is in line with the most recent government guidance for early years settings<sup>14</sup>.

Hygiene and cleaning were the dominant measures implemented by nurseries. 122 (42%) nurseries reported increased hygiene practices such as handwashing throughout the day and 115 (40%) mentioned increased cleaning of some kind, for example frequent wipe-downs of equipment, toys and surfaces.

Distancing of children, parents and staff was mentioned by 99 nurseries (34%). Nurseries which stayed open were trying to encourage children to maintain distance from one another and follow social distancing guidelines. However, this has proven to be challenging and many reported not being able to follow social distancing in practice, particularly with children under the age of 5. In addition, around 20 nurseries also mentioned that social distancing is not always conducive to children’s emotional needs or development:

*“If a child falls, it is our natural response to pick them up, they expect the comfort.”* – Nursery operating at 15% capacity

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<sup>14</sup> <https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings>

*“It is really hard to social distance children, especially when you have small children who like cuddles or need comforting.” – Nursery operating at 18% capacity*

*“Practitioners cannot stay 2 metres away from young children, it’s unkind and will be taken in a negative way” - Nursery operating at 20% capacity*

*“How to retain good early years education that actually benefits children whilst having to remove so many resources : food / role play , food ( toy) children put in their mouths pretending to eat ! Children naturally are inquisitive and use their bodies to explore” – Nursery*

A common way of maintaining social distancing among parents was to prevent them from entering the nursery; 114 nurseries (37%) mentioned this. Some nurseries mentioned allowing only one parent in the building at one time or otherwise distancing parents (9 mentioned this). Another option, mentioned by 66 nurseries (21%), was staggered drop-off and pick-up times to reduce the number of parents interacting at the gates.

However, getting parents to agree to adhere to social distancing was not always possible. One nursery reported that it had temporarily excluded children from the nursery because their parents would not comply with social distancing measures: *“Parents would not believe the virus is any more serious than flu and this led to concerns amongst staff of potential risks for them”.*

To mitigate the challenges of social distancing young children, 39 nurseries mentioned that they had already implemented, or were planning to implement, the ‘bubble’ approach of maintaining groups of children. Group size varied from 5 to 14 depending on the size of the nursery and age of the children. Nurseries also reported dividing their space into zones, with one bubble per zone, and then each bubble rotating around the zones throughout the day, with spaces being cleaned before the next ‘bubble’ of children entered.

One nursery planning to reopen on 1st June with the ‘bubble’ system concluded that *“with robust procedures and risk assessments we can do a lot to keep children safe. Of course, social distancing isn’t one of them, between children so young but, with all the other measures we can mitigate this and do what we can that is appropriate for the age groups.”*

However, the ‘bubble’ approach posed concern for some:

*“Children are not robots, they will see friends who are in other bubbles and want to play with them, they cannot understand the concept of social distancing and should not be expected to.” – Nursery operating at 2% capacity*

Some nurseries mentioned using PPE if it was available:

*“Staff will wear PPE when going to gate to collect children from adults.” – Nursery operating at 2% capacity*

However, 28 (9%) noted concerns about accessing or affording PPE:

*“We are unable to source hand sanitiser or any more water resistant face masks. Stocks are low.” – Nursery operating at 9.5% capacity*

Other measures used by nurseries included:

- > Removing certain play items including 'malleable play' (e.g. sand, play-dough), 'messy play', and soft toys which cannot be disinfected.
- > Taking the temperature of staff and children.
- > No longer allowing children to bring toys or other items from home
- > Changing staff shift pattern.
- > Reduced opening hours.

## Challenges to nurseries of staying open

The survey also asked, "what challenges, if any, to keeping the early years setting open have you experienced?" The analysis below looks at the 259 (83%) nurseries who provided comments in response to this question.

A common theme in the responses to this question was the financial impact of the lockdown. 113 (36%) nurseries mentioned finances as a challenge. Two nurseries reported losses ranging from £800 to £1,750 per week, while others reported a 50-55% reduction in income.

*"We have lost approximately 55% of our overall income in what is our busiest term - financial gain in this term would generally cushion us throughout autumn term when numbers are low."* – Nursery operating at 12% capacity

*"We are at risk of going bust ... furloughing on 7% is not going to save us."* Nursery operating at 9.5% capacity.

*"I have as an owner been forced to take a second job in a children's care home, so I don't have to take a wage from the business."* – Nursery operating at 17.5% capacity

The impact of not being able to furlough staff and lack of access to the £10,000 business grants (offered by the government) had resulted in eight nurseries having to make staff redundant. A further two nurseries reported needing to make staff redundant but being unable to pay the redundancy costs.

Other financial concerns included:

- > Struggling to afford PPE and cleaning supplies, as the nurseries did not receive the cleaning grant which has been provided to schools.
- > Voluntary sector providers being unable to benefit from most financial help schemes put in place.

40 nurseries reported staff and parental anxiety/stress as a challenge. This was frequently linked either to the financial challenges or fear of contracting Covid-19.

20 nurseries said they struggled with 'knowing what to do', receiving the right information and guidelines, and being able to inform parents and staff of the latest safety instructions:

## Safety measures implemented by childminders

The following analysis looks at the 141 childminders who responded to the question and have been open throughout the lockdown. Of these, 119 (84%) explicitly mentioned increasing hygiene while 115 mentioned cleaning to maintain safety. Measures included frequent hand-washing, cleaning rooms and toys, children changing clothes or leaving items brought from home in another room, avoiding public places and maximising time spent outside in gardens.

*“Storing small bits of equipment, (i.e. plastic stacking bricks etc, plastic construction, small cars, people etc etc ) in plastic baskets that can be picked up at end of day and stood in bath of disinfectant for required time / rinsed and left to air dry over night.”*

87 childminders (61% of those who responded to this question) mentioned implementing social distancing between themselves and parents of children. ‘Doorstep drop off policies’ which meant that parents could not enter the childminder’s premises.

*“Only children enter the setting, abiding social distancing from parents.”*

Childminders were using technology to communicate with parents, rather than speaking face-to-face:

*“I use the family app for corresponding with parents and logging care routines and meal information.”*

### **The challenges to childminders of staying open:**

The analysis below is based on 104 responses to this question. As with nurseries, income and finances were a prominent concern: 37 childminders (35%) reported financial difficulties.

*“I am currently open for one key worker child and as a result I am losing out on well over 2/3 of my income.”*

*“I am spending more money than what I am currently earning providing food and equipment etc.”*

19 (18%) childminders mentioned the challenge of working from home and keeping their own family safe whilst looking after their ‘mindees’:

*“Parents of children that are working on the frontline on Covid wards in hospital could impose more risk - again into my own home. Working with different children from different setting therefore putting more risk of the virus affecting me and my family in my own home.”*

*“I am very conscious of the risks of inviting families and their children into my home, hoping that they are practising social distancing and good hygiene practises while away from my setting.”*

16 (15%) childminders mentioned a lack of support or guidance from government and local authorities as a challenge:

*“Lack of support from local authority. Lack of clear guidance with childminders often overlooked therefore having to await clarifications as to where we proceed.”*

*“Finding accurate information on how we are expected to provide care while adhering to the guidelines.”*

*Most government advice has been directed to early years setting who work away from home rather than in their own home.”*

Childminders, unlike other early years settings, are often lone workers. This also created a challenge for maintaining hygiene:

*“I work alone and so the complexity of the role alongside stringent deep cleaning to minimise possible spread is exhausting.”*



## Appendix A: NHS nursery questionnaire

The survey was mostly carried out via telephone. In four cases nursery managers asked for the questions via email so that they could reply with written answers.

The survey questions were:

1. How many children were attending the nursery per day on average last week?
  - a. Prompt – If you don't know the exact number, roughly what number attended last Wednesday?
2. How many children would usually attend the nursery (per day) before the Covid-19 outbreak (i.e., in February 2020)?
3. How many staff are currently working in the nursery each day?
4. How many staff were working at the nursery before the Covid-19 outbreak (i.e., in February 2020)?
5. How many staff are currently shielding, self-isolating, or on sick leave due to Covid-19?
6. How many staff are currently furloughed?
7. Have staff who've needed testing kits been provided with them? Yes/No/Don't know
8. Have staff who've needed personal protective equipment been provided with it? Yes/No/Don't know
9. Since 1 March, have you had any confirmed or suspected cases of Covid-19 among children in your nursery? Yes/No/Don't know
  - If yes to question 8 – did the infection occur within the nursery? Yes/No/Don't know
10. Since 1 March, have you had any confirmed or suspected cases of Covid-19 among staff in your nursery? Yes/No/Don't know
  - If yes to question 9 – did the infection occur within the nursery? Yes/No/Don't know
11. What challenges to keeping the nursery open you have experienced? Open response
  - a. Prompt – For example: Social distancing of parents during drop-off and pick up? Keeping children apart? Hands-on work such as nappy changing and feeding?
  - b. If there have been any challenges: which of these has been the biggest challenge?
12. Could you tell me about any measures you have implemented to maintain safety? Open response

- a. Prompt – For example: Are there any toys or materials that you have stopped using? Do you sanitise surfaces at regular intervals? Have you maintained previous staff/child ratios or have you changed these? Altered the set-up of rooms? Prevented parents from coming inside? Have you maintained previous staff/child ratios or have you changed these?
- b. If there are measures implemented: which of these has been the most important?

## Appendix B: Wider early years settings online questionnaire

The online survey was created in Smart Survey. The survey questions were:

1. How many children were attending the early years setting per day on average last week (between the 4th and 8th of May)?
2. How many children would usually attend per day before the Covid-19 outbreak (i.e., in February 2020)?
3. How many staff are currently working in the early years setting each day?
4. How many staff were working in the early years setting before the Covid-19 outbreak (i.e., in February 2020)?
5. How many staff are currently shielding, self-isolating, or on sick leave due to Covid-19?
6. How many staff are currently furloughed?
7. Have staff who have needed a Covid-19 test or testing kit been able to receive one? (Yes/No/Staff have not required a test or testing kit)
8. Have staff who have needed personal protective equipment (PPE) been provided with it? (Yes/No/Staff have not required PPE/Don't know)
9. Since 1st March, have you had any confirmed or suspected cases of Covid-19 among children in your early years setting? (Yes/No/Don't know)
10. (If YES to 9) Did any of these infections occur within the early years setting? (Yes/No/Don't know)
11. Since 1 March, have you had any confirmed or suspected cases of Covid-19 amongst your staff? (Yes/No/Don't know)
12. (If YES to 11) Did any of these infections occur within the early years setting? (Yes/No/Don't know)
13. What challenges, if any, to keeping the early years setting open have you experienced?
14. What measures, if any, have you implemented to maintain the safety of staff, children and their families in the early years setting?
15. Thank you for taking part in our survey. We are grateful for your time and feedback. Is there anything you would like to bring to the attention of the Children's Commissioner, related to these issues, which you have not been asked about?

## Appendix C: Data linking methodology for wider early years settings

The survey provided us with three identifying characteristics per respondent: provider name; first line of address; and telephone number. For the purposes of weighting, we aimed to link each respondent to a unique reference number (URN) on the Ofsted register of childcare providers.<sup>15,16</sup> Whilst all information on childcare in non-domestic premises is available, only 25% of records for childminders are available from Ofsted as childminders must consent for their information to be published.

In the first instance, we linked respondents to the register on the basis of any unique, non-conflicting match on any of the identifying characteristics. For example, if a respondent and register entry shared a phone number, the phone number was not shared by any other respondent/register entry and the match did not conflict with a similar check based on provider name or address, the two records were linked. This simple method matched 239 of the 493 responses.

The remaining 254 required manual entry of a matching URN number where appropriate. The following steps were taken in determining these matches:

- > Resolving conflicting or multiple matches. Where different identifying characteristics were suggesting different URNs, or identifying characteristics were matching multiple URNs, we used additional details to see which match was correct.
- > Alternative spelling and formatting. By searching sub-strings of identifying characteristics in the Ofsted register, we identified and resolved small differences in input. For example, matching a Saint Andrews nursery to a St. Andrews nursery.
- > Using online search. Taking the same identifying characteristics and searching online, rather than in the Ofsted register specifically, was used to find URNs and additional identifying details from other platforms, such as local authority registers or advertisements for childcare.

A representative sample of manual and automatic matches was sense-checked based on available identifying characteristics as a whole, and data provided by the register and survey on the size and capacity of the institution.

In total, we were able to find URNs for 373 out of 487 respondents. This rate varied significantly between childminders and nurseries: 300 out of 306 nurseries were matched to a URN while only 73 out of 181 childminders were matched to a URN. This is due to the fact that only 25% of records for childminders were published – we were able to achieve a rate of over 40% primarily due to using online sources, especially local authority registers.

In addition to the cases where we failed to find a URN, there were a small number of cases where the URN we found did not match the one listed on the Ofsted register, either due to errors in the online URN listing or not-yet-published updates to the Ofsted register. This accounts for 2 childminders and 5 nurseries for which we do not have information on from the Ofsted register.

The final linking rates, taking into account missing URNs and non-matching URNs, was 71 out of 181 unique childminder respondents (39%) and 295 out of 306 unique nursery respondents (96%).

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<sup>15</sup> <https://www.gov.uk/government/statistics/childcare-providers-and-inspections-as-at-31-december-2019>

<sup>16</sup> <https://www.gov.uk/government/publications/consented-addresses-for-childminders-and-domestic-childcare>

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