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Early years provision for children with SEND and living in deprived areas

Research report

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Authors: IFF Research



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Executive Summary

Introduction

This report presents findings to understand childcare and early years provision among providers caring for children aged 0-4 with Special Educational Needs and Disabilities (SEND) and/or those working in deprived areas.

The report uses data from the 2023 Survey of Childcare and Early Providers (SCEYP), and findings from 22 qualitative depth interviews with early years providers. Fieldwork for the 2023 SCEYP was conducted April to July 2023, before the April 2024 introduction of the 15 hours funded entitlement for working parents of 2-year-olds. By contrast, fieldwork for the qualitative interviews took place in May 2024 after this entitlement was introduced.

Profile of the early years sector

- Based on the 2023 SCEYP, school-based providers (SBPs) were more likely than group-based providers (GBPs) or childminders (CMs) to be operating in deprived areas (47% of SBPs were in the bottom two quintiles for deprivation compared with 35% for GBPs and 33% for CMs).
- SBPs in deprived areas were more likely to offer additional specialist services such as family support or services for children, though were less likely to offer before/ after school care for school-aged children. GBPs in the deprived areas were more likely to offer a range of care packages (e.g. sessional care), with qualitative findings indicating that providers flexed their offer to meet the needs of their locality.
- Overall, around three-fifths (58%) of early years providers were caring for at least one child with special educational needs and disabilities (SEND), with the incidence higher for providers in deprived areas (64%) than non-deprived areas (54%). The incidence of caring for at least one child with SEND was much higher for SBPs (85% of all settings) and GBPs (88%) compared with CMs (25%). CMs felt their environment would be suitable for children with SEND, being quieter and with less turnover of children and staff. However, they tended to weigh-up the number of children they could manage, the fit with other children they cared for, and the ability to care for younger siblings in due course.

Access to special educational needs co-ordinators (SENCOs)

- Reflecting the requirements of the early years foundation stage framework¹, nearly all SBPs and GBPs had access to a colleague formally designated as a SENCO (99% and 98%), with this at a high level regardless of whether the provider was operating in a deprived area or not. Access to a SENCO was lower for CMs; a third (32%) were either themselves the designated SENCO or had access to a colleague formally designated as a SENCO, and just over a third (38%) had access to an external SENCO. For CMs there was no difference in access levels to a SENCO by deprivation area.
- SCEYP data (2019 versus 2023) shows an increase in the proportion of providers looking after children with SEND, with the need to manage more complex needs echoed in the qualitative interviews. Consequently although providers typically had some access to SENCOs, they wanted more volume of access. Providers valued the additional expertise that SENCOs brought, specifically how they helped navigate the system for identifying SEND, facilitated paperwork and got appropriate support and funding in place.
- Providers recognised the importance of keeping their training up-to-date to ensure they were best equipped to provide care for children with SEND. Training provided by in-house SENCOs was viewed as being particularly beneficial as it was tailored to the setting's specific needs. More broadly, providers wanted more training support and better training support that would not affect their bottom line or impact their non-working time.

Provider finances and uptake of funded entitlements

- Nearly two-thirds (64%) of SBPs charged fees to parents for nursery or childcare provision, with this more common for SBPs in non-deprived areas (86% of SBPs in the least deprived areas, 46% in the most deprived areas).
- SBPs and GBPs were more likely than CMs to make additional charges for one or more items at their setting (83% SBPs, 85% GBs, 63% CMs); analysis of SCEYP data by London Economics calculated that these additional charges made up a very small proportion (1.3%) of providers' overall income. Qualitative findings indicated that providers were very aware of what parents can (and cannot) afford to pay and try to minimise costs.
- SBPs in the least deprived areas were more likely to charge for unarranged late pick-ups, extra one-off activities, meals, registration/administrative and extra

¹ [early-years-foundation-stage-framework](#)

regular activities. GBPs in the least deprived areas were likewise more likely to make charges for registration/ administrative, extra regular activities and other consumables, though were less likely to charge for unarranged late pick-up and meals. CMs showed no marked differences in the specific items they charged for, though cumulatively CMs in the most deprived areas (75%) were more likely to make an additional charge of one kind or another compared to CMs in the least deprived areas (60%).

- SCEYP collects data about income and cost from providers, from which London Economics have calculated an income-to-cost ratios². Providers in the most deprived areas had a lower average income to cost ratio than those in the least deprived areas (0.95 vs. 1.1). This was driven by a difference for SBPs (0.92 vs. 1.21), with no difference recorded for GBPs by deprivation areas.
- The income to cost ratio was higher for providers with at least one child with SEND (1.09) compared to those without any children with SEND (1.00). In the qualitative interviews providers talked about the need for more staff and space to look after children with SEND and challenges with both these aspects. More generally, however, many providers felt there was simply not enough money per se and that setting margins were tight.

Government funded entitlement expansion

- Signalling an openness to the entitlement expansion, significant numbers in the 2023 SCEYP were offering funded entitlements to those eligible at the time of the survey, even if the offer was not always taken-up (87% offered the 15 hours for 2-year-olds, 94% the 15 hours for 3-4-year olds, 90% the 30 hours for 3-4-year olds). Reasons for not offering the government funded hours were broadly similar between providers in deprived and non-deprived areas, albeit with a few differences driven by the eligibility for the different entitlements. Of note, however, providers not offering the 30 hours for 3-4-year-olds in deprived areas were more likely to cite difficulties recruiting staff than their counterparts in the non-deprived areas (16% vs.8%).
- In the qualitative research providers supported the funded entitlement expansion, and felt it gave disadvantaged children access to new and better experiences. Funding levels, however, were raised as a concern for the sector. There was some acknowledgement that funding rates were better now than they had been, but equally providers were still concerned that funding was too low, and reduced as the child got older. Mentions were made about using money from paying

² A ratio of greater than one signifies an income that exceeds total costs, and a ratio of less than one signifies an income that is less than the total costs

parents to help cover the funding gap for other children, something that could be less feasible after the September 2025 entitlement expansion.

- Some were also frustrated that they had children eligible for additional funding such as Disability Access Fund and Early Years Pupil Premium, yet were losing out financially as it was difficult to engage parents in the funding process. Reasons included the “stigma” attached to SEND, parents not being sufficiently proactive, and language barriers. Other barriers to funding included the time taken to get SEND needs identified, and the paperwork/time involved in applying for the funding especially without SENCO support.
- Some providers were rationing hours at their setting so that a higher number of people could access the entitlement albeit for fewer hours. There was a shared concern around the increased demand for childcare places, which the entitlement expansion had driven. In terms of their ability to expand their provision, the main barriers centred on the lack of skilled staff and limited space.
- The lack of sufficiently skilled staff was a general concern for the sector, exacerbated by the high skill needed for caring for children with SEND or disadvantaged backgrounds (including SENCOs wages and lunchtime staffing numbers).
- The lack of physical space was likewise a constraint that affected capacity in a broader way, although in the context of expanding the offer for children with SEND, there was a need to consider room layouts and calmer breakout spaces.

Conclusions

Providers are aware of a scarcity of places in the early years sector for all children, and have concerns that limited spaces will continue to be taken up by more ‘active’ parents compared with non-working or disadvantaged parents.

Alongside this, there is a growing need for providers to be able to adequately care for children with increasing complex needs. To ensure children with SEND, or from disadvantaged background, fully benefit from the entitlement expansion, providers need greater access to sufficiently trained staff, greater SENCO support (ideally shared resources across smaller providers), better funded training and the ability to expand the floorspace of their settings. Providers also want more support completing paperwork (daunting and seen as another non-paid task), shorter timeframes to identify children with SEND so that funding is received more quickly, and (more) help working with parents to ensure that any child eligible for funding receives it (including support to reduce any stigma associated with SEND).

CMs might offer good environments suitable for children with SEND, but will need additional support to capitalise on this as they currently have less experience in this field and currently less access to SENCOs.

1. Introduction

This report aims to understand childcare and early years provision among providers caring for children aged 0-4 with Special Educational Needs and Disabilities (SEND) and working in deprived areas. The report explores the capacity of providers to meet the funded childcare entitlements that are available to parents, and the challenges around meeting these entitlements in respect of children with SEND or from disadvantaged backgrounds.

The report uses data from the 2023 Survey of Childcare and Early Years Providers³ and qualitative interviews with early years providers. The 2023 SCEYP was conducted between April and July 2023 after the introduction of 15 hours of funded entitlement to working parents of 3-4 year olds (introduced in 2017), and before the further entitlement expansion from April 2024 onwards. Fieldwork for the qualitative interviews were conducted in May 2024.

Analysis of 2023 Survey of Childcare and Early Years Providers

The Survey of Childcare and Early Years Providers (SCEYP) provides snapshot information on childcare and early years provision in England. The survey is undertaken to help the Government understand the profile of the early years sectors and issues that the sector faces, and is used to inform the development of early years and childcare policy. The survey was conducted by IFF Research and London Economics on behalf of the Department for Education. Main fieldwork for the 2023 SCEYP survey took place between April 17th and 25th July 2023. The study was undertaken using a 'webfirst' design, followed by telephone fieldwork to increase response.

For this report a selection of 2023 SCEYP findings have been analysed according to deprivation status, categorised as 'most deprived', 'deprived', 'average', 'less deprived' and 'least deprived' according to the Income Deprivation Affecting Children Index (IDACI)⁴.

The SCEYP findings are based on providers who completed the core SCEYP survey, although sometimes findings are on a lower base because of variant modularisation of the questionnaire. This modularisation approach is taken to ensure reasonable interview lengths and means that that not every provider receives every question. In this report, findings are analysed based on the following categories:

³ [Survey of Childcare and Early Years Providers, 2023](#)

⁴ [English Indices of Deprivation 2019 FAQs](#)

- group-based providers (GBP): childcare providers registered with Ofsted and operating in non-domestic premises (excluding providers solely on the voluntary register)
- school-based providers (SBP): nursery provision in schools and maintained nursery schools
- childminders: Ofsted-registered childminders providing early years care and operating in domestic settings (excluding providers solely on the voluntary register)

In this report, findings for these three provider groups are analysed by those in the grouped categories of ‘deprived’ (‘most deprived’ and ‘deprived’) and ‘not deprived’ (‘less deprived’ and ‘least deprived’), and also by those in the far ends of the scale, namely the ‘most deprived’ and ‘least deprived areas’ (where sample sizes allow). Differences between these and other sub-groups are only commented on in the text if they are statistically significant at the 95% confidence level (i.e., statistically we can be 95% confident that the differences between the groups are ‘real’ differences and not a result of the fact that the findings are based on a sample of providers rather than a census of all providers).

At times percentages for single-response answers may not total to exactly 100% due to rounding to the nearest whole number.

Qualitative research

The qualitative findings presented in this report were based on fieldwork conducted between 9th May 2024 and 24th May 2024, with a focus on early years providers who were caring for children with Special Educational Needs and Disabilities (SEND), and/or based in areas of deprivation. This qualitative research was conducted by IFF Research. A total of 22 depth interviews were undertaken, all of which were held via Teams / Zoom. Interviews lasted around 45 minutes and covered the areas of experience and considerations when caring for children with SEND, availability and role of SENCO, the impact of the funded entitlements on their business and financial viability of caring for children with SEND or from disadvantaged backgrounds.

Respondents for the qualitative research were selected from 2023 SCEYP Survey respondents who opted-in to additional research, and all were offered a £50 thank you incentive for taking part in the research. Providers for the qualitative research were recruited to include a selection of different types of settings by provider type, level of deprivation and number of children with SEND (rather than being recruited to be fully representative of all providers). The achieved profile of respondents for the qualitative

research is shown in Table 1. Interviews were conducted across a range of respondent roles, and 11 people with a SENCO role were included in the study.

Table 1: Achieved sample profile for qualitative interviews

| Category | Number of completed interview |
|------------------------|--------------------------------------|
| Provider type | SBPs: 7 interviews |
| Provider type | GBPs: 9 interviews |
| Provider type | Childminders: 6 interviews |
| Level of Deprivation | Average to least: 10 interviews |
| Level of Deprivation | Deprived: 12 interviews |
| No. children with SEND | None: 5 interviews |
| No. children with SEND | 1 child: 4 interviews |
| No. children with SEND | 2-3 children: 2 interviews |
| No. children with SEND | 4-5 children: 1 interview |
| No. children with SEND | 6-10 children: 2 interviews |
| No. children with SEND | 11-20 children: 4 interviews |
| No. children with SEND | Over 20 children: 4 interviews |

2. Profile of early years sector

This chapter examines the composition of early years providers in England in relation to deprivation levels and the types of care and additional services offered by providers in deprived and lesser deprived areas.

Early years sector by deprivation

Table 2 shows the profile of provider types by deprivation area, spanning from the most to least deprived areas quintiles⁵. Schools based providers (SBPs) were the most likely to be in a deprived area, with nearly half (47%) of these providers based in two most deprived quintiles. This compared with around a third of group-based providers (GBPs) (35%) and childminders (CMs) (33%).

Table 2: Level of deprivation by provider type

| Deprivation band | Total | SBP | GBP | CM |
|-------------------------|-------|-------|-------|-------|
| Unweighted base | 8,478 | 2,036 | 5,130 | 1,312 |
| Most deprived | 16% | 25%* | 16% | 14%* |
| Deprived | 20% | 22%* | 19% | 20% |
| Average | 21% | 20% | 21% | 22% |
| Less deprived | 21% | 17%* | 21% | 23%* |
| Least deprived | 21% | 16%* | 23%* | 21% |
| SUM: Deprived (net) | 37% | 47%* | 35% | 33%* |
| SUM: Not Deprived (net) | 42% | 33%* | 44%* | 44%* |

Base: all providers

* indicates where a result is significantly different compared with the total

Source: [Survey of Childcare and Early Years Providers, 2023](#)

Tables 3 shows providers in the North East, North West, London, West Midlands and Yorks and Humberside were more likely than others to be in the most deprived areas. In contrast the South East had the largest proportion of providers in the least deprived areas (31%).

⁵ Define by the Income Deprivation Affecting Children Index (IDAC).

Table 3: Level of deprivation by Region (row percentages)

| Region | Base | Most deprived | Deprived | Average | Less deprived | Least deprived |
|------------------|-------|---------------|----------|---------|---------------|----------------|
| North East | 430 | 27%* | 21% | 17% | 20% | 14% |
| North West | 1,041 | 26%* | 17%* | 17% | 17% | 23% |
| London | 1,311 | 21%* | 30%* | 21% | 17% | 12% |
| West Midlands | 841 | 21%* | 20% | 20% | 20% | 19% |
| Yorks and Humber | 796 | 19%* | 20% | 15% | 23% | 23% |
| East Midlands | 722 | 15% | 15% | 21% | 26%* | 23% |
| East of England | 1,072 | 10% | 22% | 24%* | 26%* | 19% |
| South West | 858 | 9% | 15% | 34%* | 24%* | 18% |
| South East | 1,407 | 8% | 15% | 22% | 23%* | 31%* |

Base: all providers

* indicates where a result is significantly different compared with the total

Source: [Survey of Childcare and Early Years Providers, 2023](#)

Provision of types of care

This report focuses on the early years sector and children aged 0-4 year old. SCEYP, however, collects some data on provision for a wider age range of children. As shown in Table 4, just over four-fifths (83%) of SBPs provide either before and/or after school care for school-aged children in term time, with this less likely to be the case for SBPs in deprived areas. The difference was particularly marked in respect of after school care, with 83% of SBPs in the least deprived areas offering this provision compared with 49% in the most deprived areas. Around two-thirds (65%) of SBPs in the least deprived areas were providing the afterschool care themselves.

Table 4: Provision of before/ after school care for school-aged children (SBPs)

| | Total | Net: Deprived | Net: Not deprived | Most deprived | Least Deprived |
|---|--------------|--------------------------|------------------------------|--------------------------|---------------------------|
| Base: SBP providers | 2,036 | 990 | 630 | 525 | 294 |
| Provides before and/or after school care in term times | 83% | 82% | 87%* | 79% | 89%* |
| Provides <u>before</u> school care | 82% | 81% | 84% | 78% | 85%* |
| Provides before school care and provider runs the provision | 74% | 74% | 74% | 74% | 76% |
| Provides <u>after</u> school care | 67% | 57% | 80%* | 49% | 83%* |
| Provides after school care and provider runs the provision | 53% | 46% | 62%* | 41% | 65%* |

Base: school-based providers

* indicates where a result is significantly different compared with the total

Source: [Survey of Childcare and Early Years Providers, 2023](#)

GBPs in the 2023 SCEYP survey were asked about the different packages of childcare that they offered. As shown in Table 5, GBPs in deprived areas offered a greater number of packages of care. This was the case for both fixed and flexible sessions, although there was no difference in terms of before / after school care as found for SBPs.

Table 5: Provision of different packages of care (GBPs only)

| | Total | Net: Deprived | Net: Not deprived | Most deprived | Least deprived |
|---|-------|---------------|-------------------|---------------|----------------|
| Base: GBP providers | 5,130 | 1,766 | 2,312 | 794 | 1,199 |
| Full day care for children below school age. | 75% | 79%* | 72% | 80%* | 73% |
| Fixed sessional care for children below school age (each session has a fixed start and end) | 70% | 72%* | 69% | 75%* | 71% |
| Flexible sessional care for children below school age (session times can vary by child) | 42% | 47%* | 38% | 48%* | 38% |
| Holiday activities or child-care for school children during any school holidays. | 21% | 24%* | 20% | 26%* | 19% |
| After school care for school children in term time. These would be run at least 4 | 19% | 20% | 19% | 21% | 19% |
| Before school care for school children in term time. These would be run at least 4 | 19% | 19% | 18% | 18% | 18% |

Base: group-based providers

* indicates where a result is significantly higher compared with comparator group (i.e. deprived versus not deprived). Other (<1%)

Source: [Survey of Childcare and Early Years Providers, 2023](#)

Additional services offered by provider

In addition to their early years offer, as shown by Table 6 SBP and GBP providers were asked what other services they currently offered. Recorded provision of these services was highest for providers in deprived area, with around a quarter offering each of specialist services for children and specialist family support. Fewer SBPs and GBPs offered system leadership (12% offered this service), but it remained the case that this service was more likely to be offered by providers in deprived areas compared to non-deprived areas.

Table 6: Provision of different packages of care (GBPs only)

| | Total | Net: Deprived | Net: Not deprived | Most deprived | Least deprived |
|---|--------------|----------------------|--------------------------|----------------------|-----------------------|
| Base: | 7,166 | 2,756 | 2,942 | 1,319 | 1,493 |
| Specialist services for children (e.g. for example, providing specialist support for children who have been referred by the local authority or other providers) | 23% | 28%* | 19% | 30%* | 18% |
| Specialist family support (for example, dedicated sessions with parents on their own or with their children) | 22% | 28%* | 17% | 31%* | 17% |
| System leadership (for example, providing training or CPD for other providers, support to the local authority, or leading quality improvement in an area) | 12% | 14%* | 10% | 15%* | 9% |
| None of these | 64% | 57% | 69%* | 54% | 70%* |

Base: school-based and group-based providers

* indicates where a result is significantly higher compared with comparator group (i.e. deprived versus not deprived). Other (<1%)

Source: [Survey of Childcare and Early Years Providers, 2023](#)

As shown in Table 7 the incidence of offering these additional services was higher for SBPs and GBPs in the most deprived areas compared to their counterparts in the least deprived areas.

Table 7: Additional services offered by provider type within deprivation areas (SBPs and GBPs)

| | SBP Most Deprived | SBP Least Deprived | GBP Most Deprived | GBP Least Deprived |
|----------------------------------|--------------------------|---------------------------|--------------------------|---------------------------|
| Base: | 525 | 294 | 794 | 1,199 |
| Specialist services for children | 30%* | 19% | 30%* | 18% |
| Specialist family support | 45%* | 26% | 22%* | 13% |
| System leadership | 19%* | 13% | 12%* | 8% |
| None of these | 46% | 63%* | 60% | 73%* |

Base: school-based and group-based providers

* indicates where a result is significantly higher compared with comparator group (i.e. deprived versus not deprived). Other (<1%).

Source: [Survey of Childcare and Early Years Providers, 2023](#)

3. Caring for children with SEND

All early years providers are required to have arrangements in place to identify and support children with Special Educational Needs or Disabilities (SEND). This chapter explores the incidence of caring for children with SEND by providers in deprived and lesser deprived areas, as well as access to Special Educational Needs Coordinators (SENCOs), before presenting findings from the qualitative research on the value and added benefits SENCOs bring to providers in the early years sector.

SENCOs in early years provide advice and support for children with additional or special educational needs. They support the early identification of and interventions with children with SEND, and help coordinate, manage and support staff to support children with SEND. Their role includes ensuring all practitioners in a setting understand their responsibilities to children with SEND, ensuring parents are closely involved in and contribute to any decision-making processes, and liaising with professionals and agencies beyond the setting. As part of the early years foundation stage statutory framework⁶, all SBPs must identify a member of staff (with Qualified Teacher Status, QTS) to act as their SENCO. GBPs and CMs are encouraged to identify a member of staff or an external person to act as a SENCO, though having QTS is not required.

Experience of caring for children with SEND

Over a half of providers (58%) reported having children with SEND registered for their provision. As shown in Table 8 nearly all GBPs (88%) had at least one child with SEND registered for their provision, which was higher than the 85% recorded for SBPs, and markedly higher than the 25% recorded for CMs. Three-quarters (75%) of CMs were not caring for any children with SEND.

Across the time periods of the SCEYP survey, there has been an increase in the proportion of settings reporting that they have any children with SEND.

⁶ [early-years-foundation-stage-framework](#)

Table 8: Additional services offered by provider type within deprivation areas (SBPs and GBPs)

| | 2019 | 2021 | 2022 | 2023 |
|------------------------|-------|-------|-------|-------|
| Base: SBPs | 2,242 | 2,519 | 2,337 | 1,956 |
| Any children with SEND | 80% | 77%* | 83%* | 85% |
| Base: GBPs | 3,685 | 3,349 | 3,306 | 2,832 |
| Any children with SEND | 74% | 75% | 83%* | 88%* |
| Base: CMs | 1,748 | 1,625 | 1,419 | 1,312 |
| Any children with SEND | 17% | 13%* | 19%* | 25%* |

Base: all providers.

* indicates where a result is significantly higher or lower compared with the previous year

Source: [Survey of Childcare and Early Years Providers, 2023](#)

Among SBPs, all maintained nurseries had at least one child with SEND in their setting, and a half (52%) had more than 20% of their children with SEND. The proportion of maintained nursery and reception providers (86%) and independent reception and nursery providers (65%) caring for any children with SEND was slightly lower, but still higher than the average across all providers (58%).

There were no particularly marked differences in the profile of children with SEND by region.

Providers in deprived areas (i.e. “most deprived” and “deprived”) were more likely to be caring for children with SEND and to have higher numbers of children with SEND as shown by Table 9. Comparing the most and least deprived areas shows that 67% of providers in the most deprived areas were caring for children with SEND compared to 53% in the least deprived areas. As shown by Table 10, this was seen for both SBPs and GBPs, with the pattern also suggested for CMs although it does not withstand the rigours of statistical testing.

Table 9: Profile of settings with children with SEND by deprivation area

| | Net: Deprived | Net: Not deprived | Most deprived | Least deprived |
|-------------------------------|--------------------------|------------------------------|--------------------------|---------------------------|
| Base: All providers answering | 2,329 | 2,520 | 1,112 | 1,276 |
| SUM: Any children with SEND | 64%* | 54% | 67%* | 53% |
| None | 36% | 46%* | 33% | 47%* |
| 1% to 10% | 31% | 34% | 30% | 34%* |
| 11% to 20% | 19%* | 14% | 20%* | 13% |
| 21%+ | 13%* | 6% | 17% | 6% |

Base: all providers where data provided to calculate the proportion of children with SEND

* indicates where a result is significantly higher compared with comparator group (i.e. deprived versus not deprived)

don't know and prefer not to say are not shown

Source: [Survey of Childcare and Early Years Providers, 2023](#)

Table 10: Profile of settings with children with SEND by provider type within most/least deprived areas

| | SBP Most Deprived | SBP Least Deprived | GBP Most Deprived | GBP Least Deprived | CM Most Deprived | CM Least Deprived |
|------------------------------------|----------------------------------|-----------------------------------|----------------------------------|-----------------------------------|---------------------------------|----------------------------------|
| Base: All providers | 492 | 288 | 458 | 683 | 162 | 305 |
| SUM: Any children with SEND | 92%* | 77%* | 93%* | 83%* | 26%* | 19%* |
| None | 8% | 23%* | 7% | 17%* | 74% | 81% |
| 1% to 10% | 44% | 50%* | 46% | 59%* | 6% | 7% |
| 11% to 20% | 24%* | 16% | 27%* | 18% | 10% | 8% |
| 21%+ | 24%* | 11% | 19%* | 6% | 10% | 4% |

Base: all providers where data provided to calculate the proportion of children with SEND

* indicates where a result is significantly higher compared with comparator group (i.e. deprived versus not deprived)

don't know and prefer not to say are not shown

Source: [Survey of Childcare and Early Years Providers, 2023](#)

Reflecting the time trends shown in Table 8, in the qualitative research, early years providers talked about an increase in the number of children with SEND since the COVID-19 pandemic. Some CMs reported that the children with SEND in their settings had very diverse needs. This was backed-up with the SCEYP survey finding with 14% of CMs with children with EHC plans saying they cared for children with severe SEND. Caring for children with SEND needs did present some challenges, particularly in relation to the amount of space and other resources that they had available.

One day that child could show very minimum requirements of extra support, on the next day they could [...] need a lot of support, we just have to bend and flex ourselves around [this] and try and work with the children on that day. - *Childminder, 1 child with SEND, Average to less deprived area*

Another provider (a GBP) also demonstrated the variety of needs they catered for: one child in their setting had Downs Syndrome, another was autistic with complex needs, another had brain damage, and some children in the setting had cerebral palsy. This provider mentioned how the reported increase in the number of children with SEND

meant they sometimes postponed a child starting in their setting until the appropriate support and equipment was in place.

Now I've begun to do home visits for children we suspect have SEND or who their parents have declared that they have SEND....We're not stopping them from coming in. They can still come in... they've still got a place at our setting. But I might hold off them starting until I know the resources we have are in place first. *SENCO in a GBP, 20 children with SEND, Average to less deprived area*

Some providers mentioned the importance of the staff to child ratio in settings when supporting children with SEND. One GBP reported signposting parents of children with SEND to other providers in the local area as they did not have the staffing capacity to provide the level of one-to-one support required. One SENCO reported that they always tried to work with children individually but were facing challenges due to the number of children with SEND that had come to them. This SENCO reported having to provide care on a two-to-one basis when one-to-one was more appropriate. As a result, they had had to adapt their setting and re-evaluate how they provided care.

This year we have a high amount (of children with SEND) and [...] we've had to look at how we provide care. *SENCO in a GBP, 20 children with SEND, Deprived area*

That was the biggest issue, really [...] say that a child had a meltdown, or they didn't want to go or they were really struggling with something, there wasn't enough adults to kind of just sit and be with that child and wait for them to regulate again. *SBP, more than 20 children with SEND, Average to less deprived area*

Some providers also mentioned lacking suitable facilities for children with SEND or not having the right specialised equipment or resources. Additionally, not having enough areas for quiet spaces. It was felt that this created a disruptive learning environment and made other children with SEND anxious and on edge as the surroundings of the mainstream setting did not cater to their needs.

Some providers also spoke about how some behaviours impacted peer children within the setting, especially during the process of integration. A SENCO mentioned how their setting had had issues with disruption in the past where some children with SEND could not manage the whole day in classrooms and this affected their behaviour. There were also mentions of some concerns from parents about their child/children with no identified SEND being hurt or affected by the behaviour of children with SEND at their setting, highlighting another layer of caution that needed to be considered by providers.

Experience of and support with EHC plans

An education, health and care (EHC) plan is for children and young people up to the age of 25 who need more support than is available through special educational needs support. An EHC plan is a legal document that details a child’s educational, health and social needs, the support they require and stipulates what the local authority must provide to help them succeed.

Around 3 in 10 providers (29%) had one or more children with an EHC plan. Consistent with previous findings on the incidence of children with SEND, EHC plans were more common in SBPs and GBPs, particularly the latter (33% and 49% respectively, vs. 11% of CMs). Reflecting the pattern of findings for children with SEND, providers in the most deprived areas were more likely to be caring for one or more children with an EHC plan compared to those in the least deprived areas (35% versus 25%). This held true across each of the provider types as shown in Table 11.

Table 11: Incidence of having children with an EHC plan provider type within most/least deprived areas

| | SBP Most Deprived | SBP Least Deprived | GBP Most Deprived | GBP Least Deprived | CM Most Deprived | CM Least Deprived |
|----------------------------|-------------------|--------------------|-------------------|--------------------|------------------|-------------------|
| Base: All providers | 525 | 294 | 461 | 685 | 162 | 305 |
| Any children with EHC plan | 36% | 30% | 55%* | 45% | 15%* | 5% |
| No children with EHC plan | 60% | 70%* | 44% | 54%* | 85% | 94%* |

Base: all providers

* indicates where a result is significantly higher compared with comparator group (i.e. deprived versus not deprived)

don't know and prefer not to say are not shown

Source: [Survey of Childcare and Early Years Providers, 2023](#)

Around three-quarters of SBPs (73%) and GBPs (73%) had provided support for parents to apply for an EHC plan in the previous 12 months. For CMs the figure was much lower at 15%. Again, Table 12 shows a clear pattern of difference between providers based in more deprived areas, with SBPs, GBPs and CMs in the most deprived areas recording a higher incidence of supporting parents apply for EHC plans in the past 12 months.

Table 12: Incidence of providing support to parents to apply for EHC in past 12 months by provider type within most/least deprived areas

| | SBP Most Deprived | SBP Least Deprived | GBP Most Deprived | GBP Least Deprived | CM Most Deprived | CM Least Deprived |
|------------|----------------------------------|-----------------------------------|----------------------------------|-----------------------------------|---------------------------------|----------------------------------|
| Base: | 525 | 294 | 794 | 1,199 | 162 | 305 |
| Yes | 80%* | 61% | 79%* | 67% | 18%* | 9% |
| No | 18% | 37%* | 20% | 32%* | 82% | 91%* |
| Don't know | 3% | 2% | 1% | 1% | 1% | 0% |

Base: all providers

* indicates where a result is significantly higher compared with comparator group (i.e. deprived versus not deprived)

prefer not to say not shown

Source: [Survey of Childcare and Early Years Providers, 2023](#)

Access to and the value of SENCOs

Reflective of the early years foundation stage framework, almost every SBP and GBP reported that their staff had access to a SENCO, with almost all saying they had access to a colleague formally designated as a SENCO (98% and 96%)⁷. Access levels were lower for CMs; around a third (32%) of CMs were themselves the designated SENCO or had access to a colleague formally designated as a SENCO, and just over a third (38%) had access an external SENCO.

⁷ Less than 1% of SBPs (0.3%) and 1% of GBPs (0.9%) said they did not have access to an internal/ external SENCO

Table 13: Access to SENCOs by provider type

| | Total | SBP | GBP | CM |
|--|-------|-------|------|------|
| Base: | 2,733 | 1,103 | 852 | 778 |
| No access | 17% | <1% | 1% | 37%* |
| Access to colleague formally designated as a SENCO | 68% | 99%* | 98%* | 32% |
| Access to colleague with accredited qualifications | 38% | 78%* | 55%* | 8% |
| Access to external SENCO | 32% | 14% | 34% | 38%* |
| Access to external SENCO with accredited qualification | 20% | 11% | 24%* | 20% |

Base: all providers

* indicates where a result is significantly different from the total

prefer not to say and don't know not shown

Source: [Survey of Childcare and Early Years Providers, 2023](#)

As shown by Tables 14 and 15, access to SENCO support was broadly comparable across the deprivation areas, although there were some differences in the type of SENCO support that could be accessed. Overall providers in deprived areas were more likely to have access to a SENCO with accredited qualifications⁸ than those in non-deprived areas. By provider type, GBPs in the most deprived areas were more likely than their counterparts to be able to access an external SENCO with accredited qualifications.

⁸ In the SCEYP survey, an example of 'a Level 3 EY SENCO Awards' was given as an example for accredited qualifications.

Table 14: Access to SENCO by deprivation area

| | Net: Deprived | Net: Not deprived | Most deprived | Least Deprived |
|--|--------------------------|------------------------------|--------------------------|---------------------------|
| Base: All providers | 1,072 | 1,110 | 514 | 542 |
| No access | 15% | 18% | 14% | 18% |
| Access to colleague formally designated as a SENCO | 69% | 68% | 71% | 68% |
| Access to colleague with accredited qualifications | 40%* | 35% | 44%* | 37% |
| Access to external SENCO | 35%* | 30% | 33% | 31% |
| Access to external SENCO with accredited qualification | 22%* | 17% | 22%* | 17% |

Base: all providers

* indicates where a result is significantly different from a comparator

prefer not to say and don't know are not shown

Source: [Survey of Childcare and Early Years Providers, 2023](#)

Table 15: Access to SENCO by provider type within most/least deprived areas

| | SBP Most Deprived | SBP Least Deprived | GBP Most Deprived | GBP Least Deprived | CM Most Deprived | CM Least Deprived |
|--|----------------------------------|-----------------------------------|----------------------------------|-----------------------------------|---------------------------------|----------------------------------|
| Base: All providers | 281 | 170 | 134 | 193 | 99 | 179 |
| No access | <1% | 0% | 1% | 1% | 37% | 38% |
| Access to colleague formally designated as a SENCO | 100% | 98% | 99% | 97% | 23% | 33% |
| Access to colleague with accredited qualifications | 80% | 75% | 56% | 57% | 7% | 8% |
| Access to external SENCO | 14% | 15% | 36% | 29% | 44% | 37% |
| Access to external SENCO with accredited qualification | 12% | 12% | 29%* | 19% | 23% | 17% |

Base: all providers

* indicates where a result is significantly different from a comparator

prefer not to say and don't know not shown

Source: [Survey of Childcare and Early Years Providers, 2023](#)

In the qualitative research (which included interviews with SENCOs for their setting), the value of the SENCO role was recognised, and they were seen as having a good understanding of each child and their needs especially when completing sensory checklists; knowing what they are looking for, why children were behaving in a certain way and, most importantly, knowing how to deal with this. When it came to completing paperwork, SENCOs passion and ability to understand the child and pass information to parents and other staff was seen as being very helpful.

They can make sure they're as smooth as possible ...SENCOs also can notice the signs beforehand and get in to help early doors. - *Nursery manager in GBP, 4 children with SEND, Deprived*

It's essential, couldn't do it without her. - *Head Teacher, 20 children with SEND, Deprived*

A number of qualitative respondents said they would not be able to do their job without the SENCO. As an example, one CM mentioned how they felt they were taken 'less seriously' when they sent children for a SEND referral – having a SENCO meant the process was much easier and they were confident all the right measures were taken. In

the qualitative research some childminders employed a SENCO as a member of staff, but it was more common for Local Authorities to support CMs who needed a SENCO. Many providers felt the SENCOs were the experts, and that it was important that people understood that a child was not being inherently badly behaved, but rather they were not able to deal with a situation and could not explain why they could not cope. More specifically, it was thought that SENCOs provided a lot of value during transitions from nursery to school.

Interaction with a SENCO varied depending on whether they were on-site or a shared SENCO resource; providers experiences differed mostly in terms of the frequency of interaction and visits. The main reason for this is because of how in-demand area SENCOs were, and how far they were split across several settings.

Many providers spoke about the importance of maintaining a strong relationship with the area SENCO. For a setting with a dedicated SENCO, it was also seen as important for their SENCO and the area SENCO to have a strong relationship, as they were likely to share information on children with SEND (reports, referrals, EHC plans) and communicate with parents, LA's and future providers / feeder schools.

SENCOs are so important... Having a good relationship with them is equally, if not more important. - *Nursery Manager in GBP, 4 children with SEND, Deprived*

Our SENCO and local area SENCO have a great relationship with each other [...] it's vital [...] we're here to help each other. - *Manager in GBP, 2 children with SEND and 3 in SEND assessment, Deprived*

One of the most valuable assets that SENCOs were seen to provide was their ability to navigate, organise and most importantly understand all the different paperwork that children with SEND need completed in order to receive the appropriate additional support. It was felt that these could be jargon heavy and so employees, particularly those new to the industry, could struggle with them.

A SENCO needs so many skills... One of the key skills is being very, very, very excellent at paperwork. - *Head Teacher in SBP, 1 child with SEND, Deprived*

You need to be able to decipher the documents and relay information to others around you who may not have as sound an understanding as you. - *Childminder, 2 children with SEND, Least deprived*

A number of the respondents without a dedicated on-site SENCO talked about the lack of SENCO resource. A teacher who was part of a SBP spoke desperately about the lack of SENCO support they received because of how in-demand they are. The teacher

acknowledged the fantastic work that the local SENCO did but explained how this “barely scraped the surface”.

Our SENCO works their socks off for the whole 3 hours we get them [...] We have such high needs, and she doesn't have time to look at the 54% of SEND [children] we have in the schools. - *Teacher in SBP, 10 children with SEND, Least deprived*

Unfortunately, we don't get enough funding or income to be able to be allocated SENCO just to work with SEND children. - *Nursery Manager in GBP, 11-20 children with SEND, Least deprived*

Some people had raised the importance of keeping training up to date to ensure they were best equipped to provide care for children with SEND – this included checking training schedules with local authorities, where refresher courses were available, and helping new starters into training. They also saw the value in training as they knew how stretched SENCOs were. One nursery manager spoke about the invaluable relationship they had had with a previous SENCO who had since retired, this relationship had made it easy for them to get advice and information. To fill the gap, they had decided to train someone internally.

We realised their importance once [SENCO] had retired [...] We need expertise, so we trained someone to level 3. - *Nursery Manager in GBP, 2 children with SEND, Least deprived*

A nursery manager mentioned how their on-site SENCO was involved in regular training and refresher courses. The SENCO was also a member of the nursery staff and made sure their training was specific to the needs of the children in their care. For example, one of the children with SEND in their setting had autism and so the SENCO placed a strong focus on autism training. The setting's SENCO had also attended a support group where they shared and acquired knowledge from other local Area SENCOs.

Our SENCO goes to a support group where they exchange knowledge... The SENCO does independent research into areas they can develop... They're [SENCO] invaluable. - *Nursery manager in GBP, 2 children with SEND, Deprived*

A number of CMs interviewed explained how they felt their experience in previous Early Years roles had equipped them with a sound foundation of knowledge and the skillset to be confident in taking on the role of a SENCO. However, one CM did mention that they had a full-time SENCO who was contracted to work 5 days a week for 10 hours. This CM felt they were very fortunate and recognised their situation to be an exception compared to other similar providers. Another CM mentioned their colleague being very passionate about getting SENCO qualifications which had been a massive bonus for them.

Whilst I am the manager, she (colleague) has the most relevant training and experience... She takes the lead with that. - *Childminder, 2 children with SEND, Least deprived*

Equally, several CMs mentioned that they were not required to have SENCO training, unlike those in schools. They all mentioned how they used their experience with children with SEND to help inform their care.

It's just down to me... No one's checking me, no one's there to come back after and say, how's that going? - *Childminder, 3 children with SEND, Deprived*

For childminders, we have to be aware of what to do... We don't need a qualification. - *Childminder, 0 children with SEND, deprived*

Despite having the experience and knowledge of caring for children with SEND, some CMs suggested there was a need for more SENCO specific help and support. They also mentioned there was little opportunity or access to specific SEND training unless they were willing to pay for it themselves and do it in their own time. One CM mentioned how their local authority sent weekly email updates with SENCO training available in the area. However, the training was often held at times when they were working and so they found it difficult to take up these opportunities. Others talked about the cost of cover to attend training, and that this was often more than their regular rates which would lead to a net loss.

There's no CPD money or time – if you want a TA to be trained you can't expect them to do it in their own time or with their own money [...] it's not the lack of wanting because our TA's are fantastic. - *Teacher in an SBP, 10 children with SEND, Least deprived*

If I had the staff to dip in and out then we'd go as it's a good way to gain experience. - *Manager in GBP, 2 children with SEND, Least deprived*

It's difficult because [if] I close the nursery for all of us to do training; and it's very expensive to get agency staff as well. - *Manager in GBP, 20 children with SEND, Deprived*

4. Provider finances

This chapter looks at the charging of fees by providers and the income to cost ratio for providers (i.e. the relationship between income received and business costs).

Charging of fees by SBPs

As shown by Table 16 around two thirds (64%) of SBPs charged fees to parent for nursery or childcare provision - this varied markedly by whether the SBP was in a deprived or non-deprived area. Just under a half (46%) of SBPs in the most deprived areas charged a fee, with this almost doubling to 86% in the least deprived areas.

Table 16: Whether school charges fees for nursery or childcare provision

| | Total | Net: Deprived | Net: Not deprived | Most deprived | Least deprived |
|-------|-------|---------------|-------------------|---------------|----------------|
| Base: | 2,036 | 990 | 630 | 525 | 294 |
| Yes | 64% | 52% | 80%* | 46% | 86%* |
| No | 36% | 47%* | 20% | 54%* | 14% |

Base: school-based providers

* indicates significantly higher compared with comparator group (i.e. deprived versus not deprived)

Source: [Survey of Childcare and Early Years Providers, 2023](#)

Items providers make additional charges for

Overall, around 4 in every 5 providers made additional charges for one or more items at their setting, although this was less common for CMs (62%) compared to SBPs and GBPs (83% and 85% respectively). Income from these additional charges made up a very small proportion (1.3%) of providers' overall income⁹.

By deprivation level and across all provider types there were a few differences in the type of items charged for, although these look to be, at least in part, driven by provider type. For example, meals were more likely to be charged for in the most deprived area, though this was driven by SBPs (54% vs. 38% GBPs and 20% of CMs) with SBPs making-up a higher than average proportion of providers in the most deprived areas. Likewise unarranged late picks-up were more likely to be charged for in the least deprived area,

⁹ This figure is based on separate analysis of the SCEYP data conducted by London Economics, and will be available in the Providers' finance report for 2023 when published.

but these are more likely to be charged for by GBPs (63% vs. 20% SBPs and 41% CMs), with GBPs making-up a higher proportion of providers in the least deprived area.

Table 17: Items with additional charges

| | Total | Net: Deprived | Net: Not deprived | Most deprived | Least deprived |
|---|-------|------------------|----------------------|------------------|-------------------|
| Base: | 5,412 | 2,144 | 2,172 | 1,049 | 1,105 |
| Unarranged late pick-ups | 46% | 45% | 47% | 45% | 47% |
| Extra one-off activities, such as special outings | 38% | 39% | 37% | 35% | 36% |
| Meals | 33% | 34% | 32% | 38%* | 30% |
| Registration or other administration charges | 18% | 16% | 20%* | 15% | 22%* |
| Snacks | 16% | 13% | 17%* | 15% | 15% |
| Extra regular activities such as music classes | 14% | 13% | 17%* | 12% | 15% |
| Other consumables such as nappies or sun cream | 9% | 9% | 11%* | 9% | 10% |
| Lunchtime care | 1% | 1% | 1% | 1% | 1% |
| Additional hours / sessions | 1% | 1% | 1% | 1% | 1% |
| Late payment fees | 1% | <1% | 1% | <1% | 1% |
| Uniform | 1% | <1% | 1% | <1% | 1% |
| Transport | 1% | 1% | 1% | 2%* | 1% |
| Before / afterschool care | <1% | <1% | <1% | <1% | <1% |
| Additional hours / Sessions | 1% | 1% | 1% | 1% | 1% |
| None (no additional charges) | 25% | 24% | 25% | 21% | 25% |

Base: all providers

* indicates significantly higher compared with comparator group (i.e. deprived versus not deprived)

Source: [Survey of Childcare and Early Years Providers, 2023](#)

Table 18 presents charges made by provider type within the most and least deprived areas. SBPs were the provider type that recorded the most differences between those based in the most and least deprived areas, with 87% of SBPs in the least deprived areas reporting that they made one or more additional charges compared to 76% in the most deprived areas. The incidence of charges being made was higher for most of the top item categories, although there was no difference recorded for snacks (9% for SBPs in the most deprived area, 11% for SBPs in the least deprived areas). Differences were recorded for GBP providers, although sometimes the additional charge was more likely to be made in the deprived areas (unarranged late pick-ups and meals) and sometimes the additional charges were more likely to be made in the least deprived areas (registration and other administrative charges, extra regular activities, other consumables). No marked differences were recorded for CMs.

Table 18: Items with additional charges (provider within deprivation areas)

| | SBP Most Deprived | SBP Least Deprived | GBP Most Deprived | GBP Least Deprived | CM Most Deprived | CM Least Deprived |
|---|--------------------------|---------------------------|--------------------------|---------------------------|-------------------------|--------------------------|
| Base: | (525) | (294) | (461) | (685) | (63) | (126) |
| Unarranged late pick-ups | 14% | 26%* | 68%* | 61% | 44% | 40% |
| Extra one-off activities, such as special outings | 50% | 62%* | 29% | 33% | 31% | 32% |
| Meals | 48% | 60%* | 46%* | 31% | 23% | 20% |
| Registration or other administration charges | 2% | 11%* | 33% | 45%* | 6% | 3% |
| Snacks | 9% | 11% | 25% | 27% | 9% | 5% |
| Extra regular activities such as music classes | 4% | 13%* | 10% | 21%* | 20% | 10% |
| Other consumables (e.g. nappies/ sun cream) | 2% | 3% | 10% | 18%* | 12% | 5% |
| Lunchtime care | 4% | 4% | <1% | <1% | 0% | 0% |
| Additional hours / sessions | 1% | 2% | 1% | 1% | 0% | 1% |
| Late payment fees | <1% | 0% | 1% | 1% | 1% | 2% |
| Uniform | <1% | 0% | 1% | 1% | 0% | 0% |
| Transport | <1% | 0% | <1% | 0% | 4% | 1% |
| Before / after-school care | 2% | 2% | 0% | <1% | 0% | 0% |
| None | 24%* | 13% | 17% | 13% | 25% | 39%* |

Base: all providers

* indicates significantly higher compared with comparator group (i.e. deprived versus not deprived)

Source: [Survey of Childcare and Early Years Providers, 2023](#)

Provider income to cost ratios

The Survey of Childcare and Early Years Providers collects data about income and costs from providers. From this data, London Economics calculated an income-to-cost ratio based on the total weekly income divided by the total weekly cost. The ratio is greater than one if total income exceeds total cost, is equal to one if total income equals total cost and is less than one if total income is less than total cost. For example, a provider with total annual income of £5,000 and total annual cost of £4,000 would have an income-to-cost ratio of 1.25, while a provider with total annual income of £3,000 and total annual cost of £4,000 would have an income-to-cost ratio of 0.75.

The ratio of total income to total cost captures a measure broadly equivalent to the rate of profit and loss for for-profit providers (independent schools, private group-based providers and childminders) or the rate of surplus or deficit for not-for-profit providers (voluntary providers and maintained school-based providers) .

Findings in this section show the mean income to cost ratio, plus a categorisation to allocate the income to ratio score for each provider to a banding of lower, breakeven or higher income to cost ratio. The breakeven banding has been defined as an income to cost ratio of 0.8 up to 1.2, with anything below or above these scores allocated to the other respective categories.

Overall, the mean income to cost ratio was 1.05, with this ranging from 0.98 for SBPs and CMs to 1.18 for GBPs. As shown in Table 19, providers in deprived areas were less likely to fall into the band of having a higher income to cost ratio (i.e. 1.2 or higher) and the resultant mean income to cost ratio providers in the most deprived areas was 0.9 compared with 1.1 for providers in the least deprived areas¹⁰.

¹⁰ Further details of the financial analysis will be available in the 2023 Providers' finance report for 2023 when published.

Table 19: Income to cost ratio by deprivation area

| | Total | Net: Deprived | Net: Not deprived | Most deprived | Least deprived |
|-----------------------------|--------------|--------------------------|------------------------------|--------------------------|---------------------------|
| Base: | 1,630 | 599 | 683 | 291 | 358 |
| Mean income to cost ratio | 1.05 | 1.02 | 1.06 | .95 | 1.1* |
| Lower income to cost ratio | 25% | 25% | 26% | 30% | 25% |
| Breakeven ratio | 53% | 56%* | 50% | 55% | 49% |
| Higher income to cost ratio | 22% | 19% | 25%* | 15% | 26%* |

Base: Providers providing both income and cost data .

* indicates where a result is significantly higher compared with comparator group (i.e. deprived versus not deprived)

Source: [Survey of Childcare and Early Years Providers, 2023](#)

As the less deprived areas have a higher proportion of GBPs compared with the less deprived areas, it is more valuable to look at the income to cost ratio within provider type as shown by Table 20¹¹. Although base sample sizes become a little lower for robust analysis, findings show that SBPs in the most deprived areas have a lower income to cost ratio than their counterparts in the least deprived area (mean scores of 0.92 and 1.21 for SBPs). There was less difference for the mean income to cost ratio for GBPs within deprivation levels, although a higher proportion of GBPs in the least deprived areas fell into the ‘higher income to cost ratio’ bracket compared with those in the most deprived areas (32% vs. 24%).

¹¹ Please note that childminders are not included in this table due to their lower sample size, and also because their income to cost ratio is calculated in a different way.

Table 20: Income to cost ratio by deprivation area provider type within deprivation areas (most and least deprived)

| | SBP Net: Deprived | SBP Net: Not Deprived | GBP Net: Deprived | GBP Net: Not Deprived | SBP Most Deprived | SBP Least Deprived | GBP Most Deprived | GBP Least Deprived |
|-----------------------------|------------------------------|--------------------------------------|------------------------------|--------------------------------------|----------------------------------|-----------------------------------|----------------------------------|-----------------------------------|
| Base: | 202 | 112 | 304 | 431 | 101 | 53 | 152 | 231 |
| Mean income to cost ratio | 0.94 | 1.10* | 1.13 | 1.19 | 0.92 | 1.21* | 1.12 | 1.19 |
| Lower income to cost ratio | 35%* | 22% | 12% | 8% | 34% | 19% | 11% | 8% |
| Breakeven ratio | 48% | 49% | 60% | 59% | 54% | 42% | 65% | 61% |
| Higher income to cost ratio | 17% | 29%* | 28% | 33% | 12% | 39%* | 24% | 32%* |

Base: Providers providing both income and cost data

* indicates where a result is significantly higher compared with comparator group (i.e. deprived versus not deprived)

Source: [Survey of Childcare and Early Years Providers, 2023](#)

As show by Table In terms of the income to cost ratio by the number of children with SEND in the setting, those with any children with SEND in their setting recorded a higher average income to cost ratio (1.09) compared with those with no children with SEND (1.0).

Table 21: Income to cost ratio by number of children with SEND

| | None | 1-5 | 6-10 | 11+ |
|-------------------------------------|------|------|------|------|
| Total - Base: | 388 | 778 | 261 | 190 |
| Total - Mean income to cost ratio | 1.00 | 1.09 | 1.08 | 1.08 |
| Total - Lower income to cost ratio | 31%* | 23% | 14% | 13% |
| Total - Breakeven ratio | 50% | 51% | 61%* | 66%* |
| Total - Higher income to cost ratio | 19% | 26%* | 25% | 21% |
| SBP - Base: | 68 | 197 | 66 | 69 |
| SBP - Mean income to cost ratio | 0.94 | 1.02 | 0.88 | 0.98 |
| GBP - Base: | 99 | 510 | 195 | 121 |
| GBP - Mean income to cost ratio | 1.21 | 1.20 | 1.14 | 1.12 |

Base: Providers providing both income and cost data .

* indicates where a result is significantly higher compared with total

Source: [Survey of Childcare and Early Years Providers, 2023](#)

In the qualitative interviews, providers did not tend to express concerns about the number of children with SEND and levels of deprivation impacting their financial situation as seen in the quantitative results, but rather they tended to talk about tangible elements that impacted on finances, such as needing more staff and space, irrespective of their provider type. Settings talked about how improvements in space and facilities would likely benefit disadvantaged children the most, but that those children were not necessarily the cause of a setting with low income to cost ratio. As an exception, however, it was mentioned by one nursery manager that providing care for children with SEND can have a negative impact on finances:

When you're working on a very thin profit margin you do that yourself.
For example, we had one child who had severe additional needs and it actually cost me personally £6000 to keep the child here. - *Nursery manager in GBP, 11–20 children with SEND, Least deprived*

Opinions tended to reflect the fact that money was tight for settings and the general reality of financial constraints. One nursery manager simply explained that because of

money being tight they had had to put a cap on recruitment. The reality of working under financial constraints was expressed by another nursery manager who felt that delivering good provision for children had to be driven by passion, networking and workload, and in effect had to compensate their lack of profit margins.

Profit margin is pretty much non-existent. I think we're very much relied on for the passion of the job to just do it. A lot of nurseries, again, we network with other settings and things like that. A lot of practitioners, managers, they do a lot of unpaid work. - *Nursery Manager in GBP, 11–20 children with SEND, Average to least deprived*

When discussing what additional funding / higher funding rates bring, settings felt that they could make a positive difference, for example by allowing settings to focus on children with SEND and hire more staff, as well as provide additional training for staff:

If I have someone looking after the children with a special needs and specially just with those children, it will take that member of the staff away from the rest of the children and it put a lot of pressure on the rest of the staff as well. And now having more money, I will be able to just get someone else to support the children, the staff. - *Manager in GBP, 2 children with SEND, Deprived*

However, although there was acknowledgement that higher funding rates helped, equally a number of providers mentioned how they would need to be much higher to make any real impact; settings weighed up the balance between funding, staff ratios and space, and generally saw difficulties with expansion.

I guess with a higher rate of pay, you could buy more specific resources that a child with SEND might need, and you could go to certain places – maybe with additional funding that that might meet the needs of that child [...] but I don't think that [they're] significant enough to make a difference for children with SEND because I'd be getting paid the same for a child that didn't have special needs, as just one that did. - *Childminder, 1 child with SEND, average to least deprived*

I'd love to get 2-year-olds in. However, it that just feels too big a stretch at the moment, and some of that is around [...] your ratios – for a 2-year-old they are smaller than for a 3-year-old, so it would require kind of significant investment in in in staffing. - *Head Teacher in SBP, 6–10 children with SEND, Deprived*

I think it [the higher funding rates] potentially could be helpful, but all I'm hearing is 'we haven't got the space' [and] mainstream nurseries are saying 'we haven't got the space, we haven't got the staff'. It will mean creating a phenomenal number of additional spaces and those can't be magicked up, can they? Sounds good in theory though. - *Deputy Head Teacher in SBP, 20+ children with SEND, Average to least deprived*

Generally, childminders were a little more positive than SBPs and GBPs about the impact of funded entitlements on their finances, despite being in deprived areas. That said, there was mention that it did not cover all their costs for 3-year-olds (this is discussed further in chapter 6).

5. Provision of funded entitlements and TFC

This chapter explores the provision and uptake of the government-funded childcare hours available to parents of children aged 2 and 3–4, and reasons why providers do not offer these entitlements. The chapter also includes the use and experience of Tax-Free Childcare (TFC) at settings in deprived and non-deprived areas.

Provision and uptake of funded entitlements

Government-funded childcare support is available to parents of early years children.

Table 22: History of Government-funded childcare entitlements

| Date | Funded entitlements offer |
|--------|--|
| 2010 | Universal offer introduced of 15 hours of funded childcare for 3 and 4-year olds with approved providers, equating to 570 hours per year. |
| 2013 | 15 hours of funded childcare was offered to parents of disadvantaged 2-year olds. |
| 2017 | Additional 15 hours entitlement was made available to eligible working parents of 3 and 4 year olds. |
| Apr-24 | Working parents entitlement was extended to provide 15 hours of childcare support to eligible working parents of 2-year-olds. |
| Sep-24 | Working parents entitlement will extend to provide 15 hours of childcare support to eligible working parents of children aged 9-months and above. |
| Sep-25 | Working parents entitlement will extend to provide 30 hours of childcare support to eligible working parents of children aged 9-months up until they start school. |

Fieldwork for 2023 Survey of Childcare and Early Years Providers (SCEYP) was conducted in April-June 2023, before the 15 hours of childcare support to working parents of 2-year olds was introduced in April 2024. In the SCEYP, providers were asked if they had children attending their setting in receipt of government funded entitlement, and whether they currently offered parents the funded entitlement. Around 9 in 10 providers caring for children in each of the respective age groups reported that they did or would offer the entitlement to eligible parents (87% for 15 hours entitlement for 2-year-olds, 94% for 15 hours for 3-4-year-olds and 90% for 30 hours for 3-4-year-olds). In the 2023 SCEYP at a provider-level, it was reported that uptake of the entitlement was much higher for the 15 hours for 3–4-year-olds (80%) and 30 hours for 3-4-year-olds (82%) than for the 15 hours for 2-year-olds (56%).

Tables 23, 24 and 25 present the provision and uptake levels for the pre-April 2024 funded entitlements by deprivation area, and shows that providers in the most deprived

areas (i.e. the lowest quintile area) were more likely to offer the 15 hours entitlement for both 2-year-olds and 3-4-year-olds than those in the least deprived area, with the reverse true for the 30 hours entitlement. This provision of the 15 hours for 2 year olds was to be expected because at the time of the 2023 SCEYP this funded childcare was targeted towards disadvantaged families (i.e. related to claiming certain income related benefits or children with an EHCP). In contrast the 30 hours of childcare for 3-4 year olds was provided for eligible working parents.

Table 23: Uptake of 15 hours for 2-year-olds by deprivation area

| | Total | Net: Deprived | Net: Not deprived | Most deprived | Least deprived |
|--|-------|---------------|-------------------|---------------|----------------|
| Base | 6,403 | 2,278 | 2,827 | 1,049 | 1,438 |
| Provider offers 15 hours entitlement for 2-year-olds | 87% | 90%* | 85% | 91%* | 84% |
| Offered, and at least one 2-year-old receives hours | 56% | 67%* | 47% | 73%* | 45% |
| Offered, but no one receives | 32% | 23% | 38%* | 19% | 40%* |

Base: all providers caring for 2-year-olds who gave an answer

* indicates where a result is significantly different from comparator (e.g. deprived versus not deprived)

Source: [Survey of Childcare and Early Years Providers, 2023](#)

Table 24: Uptake of universal 15 hours for 3-4-year-olds by deprivation area

| | Total | Net: Deprived | Net: Not deprived | Most deprived | Least deprived |
|--|-------|---------------|-------------------|---------------|----------------|
| Base | 8,152 | 3,042 | 3,429 | 1,423 | 1,734 |
| Provider offers 15 hours entitlement for 3-4-year-olds | 94% | 93% | 93% | 95%* | 93% |
| Offered, and at least one 3-4-year-old receives hours | 80% | 82%* | 79% | 84%* | 78% |
| Offered, but no one receives | 13% | 11% | 14%* | 11% | 14%* |

Base: all providers caring for 3-4-year-olds who gave an answer

* indicates where a result is significantly different from comparator (e.g. deprived versus not deprived)

Source: [Survey of Childcare and Early Years Providers, 2023](#)

Table 25: Uptake of 30 hours for 3-4-year-olds by deprivation area

| | Total | Net: Deprived | Net: Not deprived | Most deprived | Least deprived |
|--|-------|---------------|-------------------|---------------|----------------|
| Base | 8,137 | 3,037 | 3,420 | 1,420 | 1,728 |
| Provider offers 30 hours entitlement for 3-4-year-olds | 90% | 88% | 91%* | 87% | 89%* |
| Offered, and at least one 3-4-year-old receives hours | 82% | 80% | 83%* | 79% | 83%* |
| Offered, but no one receives | 8% | 8% | 7% | 8% | 6% |

Base: all providers caring for 3-4-year-olds who gave an answer

* indicates where a result is significantly different from comparator (e.g. deprived versus not deprived)

Source: [Survey of Childcare and Early Years Providers, 2023](#)

Group-based providers were more likely to offer all of the types of funded entitlements, compared to the other types of providers; 96% offered 15 hours entitlement for 2-year-olds (90% SBPs and 78% CMs); 98% offered 15 hours entitlement for 3–4-year-olds (97% SBPs and 88% CMs); and 95% offered 30 hrs of funded entitlement (82% SBPs and 88% of CMs). Tables 26, 27 and 28 show how the provision and uptake of the funded entitlements differed within provider types by those based in the most and least deprived areas.

Regarding the 15 hours of funded entitlement for 2-year-olds, settings in the most deprived areas were more likely to have at least one child who received the entitlement compared with their counterparts in the least deprived areas (as noted earlier, at the time of the survey this funding was targeted towards disadvantaged families). Nearly all SBPs and GBPs in the deprived areas (96% and 94% respectively) reported that they had at least one 2-year-old who received the funded entitlement. While the proportion was much lower for CMs, it was still over twice the proportion for CMs in the least deprived areas (37% vs. 14%). CMs recorded a high level of intention to offer the entitlement with 44% of all CMs in the most deprived areas rising to 61% of CMs in the least deprived areas reporting that they would offer the entitlement, but no child currently receives it.

The universal offer of 15 hours of funded childcare for 3-4 year-olds and the additional 15 hours for working parents were introduced some time before the 2023 SCEYP. The gap between the most and least deprived areas narrows for the provision of the 15 hours funded entitlement for 3-4-year-olds, although SBPs and GBPs are still more likely to both offer and have uptake of the entitlement in the most deprived areas compared to the least deprived areas. There was no difference for this entitlement recorded for CMs, with again a high proportion indicating a willingness to offer this entitlement.

For the 30 hours funded entitlement for 3-4-year-olds, there was no marked difference in the level of provision and uptake of the entitlement for SBPs in the most deprived areas compared to the least deprived areas, or equally for GBPs. Childminders, however, buck the trend, and show higher uptake levels in the least deprived areas compared with the most deprived areas; three-quarters (74%) of CMs in least deprived areas have children who receive the 30 hours entitlement compared to 63% in the most deprived areas, a gap of 12 percentage points.

Table 26: Uptake of 15 hours for 2-year-olds within deprivation areas

| | SBP Most Deprived | SBP Least Deprived | GBP Most Deprived | GBP Least Deprived | CM Least Deprived | CM Least Deprived |
|---|----------------------------------|-----------------------------------|----------------------------------|-----------------------------------|----------------------------------|----------------------------------|
| Base | 166 | 84 | 767 | 1,102 | 116 | 252 |
| Provider offers 15 hours for 2-year-olds | 98%* | 75% | 97%* | 94% | 82% | 76% |
| Offered, and at least one 2-year-old receives hours | 96%* | 57% | 94%* | 74% | 37%* | 14% |
| Offered, but no one receives | 2% | 19%* | 3% | 21%* | 44% | 61%* |

Base: all providers caring for 2-year-olds who gave an answer

* indicates where a result is significantly different from comparator (e.g. deprived versus not deprived)

Source: [Survey of Childcare and Early Years Providers, 2023](#)

Table 27: Uptake of universal 15 hours for 3-4-year-olds within deprivation areas

| | SBP Most Deprived | SBP Least Deprived | GBP Most Deprived | GBP Least Deprived | CM Least Deprived | CM Least Deprived |
|---|--------------------------|---------------------------|--------------------------|---------------------------|--------------------------|--------------------------|
| Base | 514 | 290 | 786 | 1,184 | 123 | 260 |
| Provider offers 15 hours for 3–4-year-olds | 97%* | 94% | 99%* | 97% | 87% | 87% |
| Offered, and at least one 3–4-year-old receives hours | 95%* | 90% | 98%* | 95% | 56% | 57% |
| Offered, but no one receives | 3% | 4% | 1% | 2% | 31% | 30% |

Base: all providers caring for 3-4-year-olds who gave an answer

* indicates where a result is significantly different from comparator (e.g. deprived versus not deprived)

Source: [Survey of Childcare and Early Years Providers, 2023](#)

Table 28: Uptake of 30 hours for 3-4-year-olds within deprivation areas

| | SBP Most Deprived | SBP Least Deprived | GBP Most Deprived | GBP Least Deprived | CM Least Deprived | CM Least Deprived |
|---|--------------------------|---------------------------|--------------------------|---------------------------|--------------------------|--------------------------|
| Base | 509 | 288 | 788 | 1,179 | 123 | 261 |
| Provider offers 30 hours for 3–4-year-olds | 80% | 79% | 95% | 95% | 84% | 87% |
| Offered, and at least one 3–4-year-old receives hours | 77% | 77% | 92% | 93% | 63% | 74%* |
| Offered, but no one receives | 3% | 2% | 3% | 1% | 21% | 13% |

Base: all providers caring for 3-4-year-olds who gave an answer

* indicates where a result is significantly different from comparator (e.g. deprived versus not deprived)

Source: [Survey of Childcare and Early Years Providers, 2023](#)

Barriers to provision of funded entitlement (2023)

Providers who did not offer each of the government-funded hours under the funded entitlement were asked what was stopping them from doing this. As shown in Table 29, Table 30 and Table 31, the main barriers centred on a perceived lack of demand for entitlement places, funding rates not being sufficient, difficulties with the paperwork and staff recruitment. As noted earlier, this data is based on the position in 2023, before the

April 2024 entitlement expansion of 15 hours to working parents of 2-year-olds (chapter 6 focuses on this further roll-out of entitlement expansion to working parents, based on the qualitative research).

For the 15 hours of entitlement for 2-year-olds, reasons for not offering the government-funded hours in 2023 were similar by deprivation area, with just the exception that those in non-deprived areas were more likely to cite the lack of demand for entitlement places (51% vs 31%), and those in the deprived areas to say they were not eligible to offer the places (9% vs. 3% non-deprived area).

More generally the top mentioned barriers to offering the 15 hours entitlement for 2-year-olds were a lack of local demand for places and an insufficient funding rate (44% and 43%, respectively). Childminders were particularly likely to mention the lack of demand for entitlement places (nearly a half of those not providing the funded entitlement). They were also particularly likely to mention difficulties managing the paperwork, often due to a lack of time and resources. In comparison, SBPs and GBPs were more likely than CMs to mention difficulties recruiting staff (24% and 22% respectively). Difficulties around paperwork and staff recruitment were also mentioned in the qualitative research.

For the universal 15 hours of entitlement for 3–4-year-olds, lower sample sizes make it harder to report on differences within deprivation area. One exception, however, was that providers in non-deprived areas were more likely to mention they were not eligible to offer the entitlement (13% vs. 4% of providers in the deprived areas).

More generally, the most mentioned barriers to offering the universal 15 hours entitlement for 3-4-year-olds was the insufficient funding rate, although this was particularly driven by CMs; 50% said that funding was a barrier for them, and 28% said they could earn more if they only offered privately paid hours. A sizeable proportion of providers also mentioned a lack of local demand and difficulties with paperwork, which was particularly an issue for CMs. Nearly a fifth of SBPs and GBPs (both 17%) also reported that they were not eligible to offer the entitlement, and a quarter of GBPs (24%) said they were linked with other providers who received the entitlement instead of them.

For the 30 hours of entitlement for 3-4-year-olds (available to working parents), there was greater mention of the lack of demand for the 30 hours entitlement from providers in the deprived areas (43% of providers in the most deprived areas mentioned this as a barrier compared with 22% in the least deprived areas). Providers in the deprived areas were also more likely to report not being able to recruit the necessary staff. This was mentioned by 17% of providers in the most deprived areas, and 24% of SBPs in the most deprived areas.

More generally, the top mentioned elements that stopped providers offering the 30 hours of entitlement for 3-4-year-olds continued to be the insufficient funding rates (40%).

Again, this was driven by a high number of mentions from CMs (50%), although equally around of third of SBPs (33%) and GBPs (31%) mentioned this as a barrier for this 30-hour entitlement. Again, the issue with paperwork arose for CMs (29%), and SBPs particularly mentioned the difficulties around recruitment of the necessary staff (25%). For GBPs their barriers were around funding and a lack of demand, but also around a fifth (22%) mentioned that they had unsuitable opening times or could only secure their facility at certain times.

Table 29: Aspects stopping providers offering funded entitlements

| | Total - 15 hrs 2-year-olds | SBP- 15 hrs 2-year-olds | GBP- 15 hrs 2-year-olds | CM- 15 hrs 2-year-olds | Total – universal 15 hrs 3–4-year-olds | SBP– 15 hrs 3–4-year-olds | GBP– 15 hrs 3–4-year-olds | CM– 15 hrs 3–4-year-olds | Total – extended 30 hrs 3–4-year-olds | SBP– 30 hrs 3–4-year-olds | GBP– 30 hrs 3–4-year-olds | CM– 30 hrs 3–4-year-olds |
|---|----------------------------|-------------------------|-------------------------|------------------------|--|---------------------------|---------------------------|--------------------------|---------------------------------------|---------------------------|---------------------------|--------------------------|
| There is no local demand for entitlements places | 44% | 14% | 29% | 48%* | 25% | 9% | 27% | 27% | 29% | 28% | 25% | 31% |
| Funding rates are not sufficient | 44% | 51% | 41% | 44% | 42% | 14% | 13% | 50%* | 40% | 33% | 31% | 50%* |
| We can earn/save more if we offer private paid hours only | 32% | 39% | 20% | 33% | 25% | 16% | 14% | 28%* | 21% | 10% | 12% | 31%* |
| Difficulties with additional paperwork (e.g., lack of time) | 19% | 3% | 9% | 22%* | 24% | 8% | 9% | 29%* | 16% | 4% | 7% | 29%* |
| I/we cannot recruit the necessary staff | 6% | 24%* | 22%* | 2% | 5% | 2% | 13%* | 4% | 13% | 25%* | 13% | 6% |
| Not eligible to offer | 5% | 11% | 15%* | 3% | 8% | 17%* | 17%* | 6% | 6% | 4% | 10%* | 5% |
| Not a requirement that we have to offer / Don't want to (unspecified) | 2% | 2% | 4% | 1% | 3% | 0% | 3% | 3% | 0% | 0% | 0% | 0% |
| Entitlement claimed at other setting / relationship with others | 1% | 0% | 2% | 1% | 9% | 2% | 24%* | 7% | 5% | 3% | 8%* | 5% |
| Unsuitable opening times / facility only available set times | <1% | 2% | 2%* | 0% | 3% | 0% | 6%* | 2% | 8% | 7% | 22%* | 2% |

Base: All providers.

* indicates where a result is significantly higher compared with total column for the entitlement area. Main answers given by 3%+ of total shown.

Source: [Survey of Childcare and Early Years Providers, 2023](#)

Table 30: Aspects stopping providers offering funded entitlements by deprivation area

| | 15 hrs 2-year-olds: Net Deprived | 15 hrs 2-year-olds: Net Not Deprived | Universal 15 hrs 3–4-year-olds: Net Deprived | Universal 15 hrs 3–4-year-olds: Net Deprived | Extended30 hrs 3–4-year-olds: Net Deprived | Extended30 hrs 3–4-year-olds: Net Deprived |
|---|----------------------------------|--------------------------------------|--|--|--|--|
| There is no local demand for entitlements places | 31% | 51%* | 28% | 26% | 37%* | 26% |
| Funding rates are not sufficient | 47% | 42% | 48% | 38% | 40% | 41% |
| We can earn/save more if we offer private paid hours only | 36% | 28% | 27% | 24% | 18% | 24% |
| Difficulties with additional paperwork (e.g., lack of time) | 24% | 17% | 24% | 23% | 14% | 17% |
| I/we cannot recruit the necessary staff | 4% | 6% | 5% | 2% | 16%* | 8% |
| Not eligible to offer | 9%* | 3% | 4% | 13%* | 3% | 6% |
| Not a requirement that we have to offer / Don't want to (unspecified) | 4% | 1% | 0% | 3%* | 0% | 0% |
| Entitlement claimed at other setting/ relationship with others | 2% | 1% | 8% | 12% | 3% | 9%* |
| Unsuitable opening times / facility only available set times | 0% | 0% | 5% | 1% | 6% | 8% |

Base: All providers.

* indicates where a result is significantly higher compared with total column for the entitlement area. Main answers given by 3%+ of total shown.

Source: [Survey of Childcare and Early Years Providers, 2023](#)

Table 31: Aspects stopping providers offering funded entitlements within deprivation area

| | 15 hrs 2-year-olds: Most Deprived | 15 hrs 2-year-olds: | Universal15 hrs 3–4-year-olds: Most Deprived | Universal15 hrs 3–4-year-olds: Least Deprived | Extended30 hrs 3–4-year-olds: Most Deprived | Extended30 hrs 3–4-year-olds: Least Deprived |
|---|--|----------------------------|---|--|--|---|
| There is no local demand for entitlements places | 32% | 49% | 27% | 13% | 43%* | 22% |
| Funding rates are not sufficient | 34% | 43% | 34% | 43% | 27% | 40%* |
| We can earn/save more if we offer private paid hours only | 27% | 28% | 28% | 24% | 13% | 25%* |
| Difficulties with additional paperwork (e.g., lack of time) | 25% | 18% | 21% | 21% | 10% | 12% |
| I/we cannot recruit the necessary staff | 8% | 7% | 4% | 2% | 17%* | 6% |
| Not eligible to offer | 11% | 5% | 5% | 14% | 2% | 8%* |
| Not a requirement that we have to offer / Don't want to (unspecified) | 4% | 1% | 0% | 5%* | 0% | 0% |
| Entitlement claimed at other setting/ relationship with others | 5% | 2% | 9% | 12% | 2% | 10%* |
| Unsuitable opening times / facility only available set times | 0% | <1% | 9%* | <1% | 9% | 4% |

Base: All providers.

* indicates where a result is significantly higher compared with total column for the entitlement area. Main answers given by 3%+ of total shown.

Source: [Survey of Childcare and Early Years Providers, 2023](#)

Involvement with Tax Free Childcare payments

Tax Free Childcare (TFC) is a scheme that allows parents or carers who have children aged up to 11, or 17 if their child is disabled, to pay their childcare provider through the scheme, and receive a 20% government top-up on any money deposited.

Most providers reported that they had children in their settings from families claiming TFC (Table 5 5). This, however, was higher for providers in non-deprived areas, where over four-fifths (83%) of those providing the numbers reported that any children were having fees paid using TFC and over a third (38%) reported that more than 40% of children in their setting had fees being for using TFC payments.

Table 32: Proportion of children receiving Tax Free Childcare payments

| | Total | Net: Deprived | Net: Not deprived | Most deprived | Least deprived |
|----------|--------------|----------------------|--------------------------|----------------------|-----------------------|
| Base: | 7,153 | 2,706 | 2,983 | 1,286 | 1,479 |
| None | 25% | 34%* | 17% | 42%* | 15% |
| 1%-20% | 27% | 28%* | 25% | 27%* | 25% |
| 21%-40% | 19% | 18% | 20%* | 16% | 21% |
| 41%+ | 30% | 20% | 38%* | 14% | 39%* |
| SUM: Any | 75% | 66% | 83%* | 58% | 85%* |

Base: all providers giving numbers

* indicates where a result is significantly different from comparator (e.g. deprived versus not deprived)

Source: [Survey of Childcare and Early Years Providers, 2023](#)

Overall, GBPs and CMs were more likely than SBPs to report having children at their setting from families claiming TFC payments. Within provider type, as shown by Table 33 there was a continuation of the trend for providers in the most deprived areas to say they had no children from families claiming TFC payments.

**Table 33: Proportion of children receiving Tax Free Childcare payments
by provider type within deprivation areas**

| | SBP Most Deprived | SBP Least Deprived | GBP Most Deprived | GBP Least Deprived | CM Most Deprived | CM Least Deprived |
|----------|--------------------------|---------------------------|--------------------------|---------------------------|-------------------------|--------------------------|
| Base: | 435 | 225 | 690 | 951 | 161 | 303 |
| None | 78%* | 49% | 25%* | 12% | 36%* | 10% |
| 1%-20% | 20% | 33%* | 50% | 40% | 13% | 12% |
| 21%-40% | 2% | 13%* | 15% | 17% | 26% | 25% |
| 41%+ | 1% | 5%* | 10% | 30%* | 25% | 54% |
| SUM: Any | 22% | 51%* | 75% | 88% | 64% | 90%* |

Base: all providers giving numbers

* indicates where a result is significantly different from comparator (e.g. deprived versus not deprived)

Source: [Survey of Childcare and Early Years Providers, 2023](#)

6. Government funded entitlement expansion

This chapter explores findings from the qualitative research in terms of funding support provided in the early years sector and the capacity for expansion. Although the focus of the qualitative research was on disadvantaged children and children with Special Educational Needs and Disabilities (SEND), providers tended to talk about difficulties in the early years sector as a whole, and not specifically to disadvantaged children, or to children with SEND. Providers also saw a high degree of intersectionality between disadvantaged children and children with SEND. Reflecting this, this chapter first presents more general views about concerns in the early years sector before reporting on how providers felt the increased funding and entitlement expansion has / would impact on disadvantaged children and children with SEND.

Views on funding support provided in early years sector

Most providers interviewed as part of the qualitative research had both funded and non-funded children on the roll. Providers generally felt that the funded childcare entitlement expansion was a positive initiative. In fact, a few providers acknowledged that they might have had to close their setting if it had not been for the entitlement expansion. One SBP reported that numbers in their nursery had been low over recent years, but the expansion had led to them acquiring an additional room. A GBP in a deprived area equally mentioned that many paying parents had disappeared in recent years, but numbers had recovered following the funded entitlement expansion.

There was general support for the principles behind the entitlement expansion, with providers recognising the benefits in terms of parents being able to benefit financially by working, as well as providing the opportunity for disadvantaged children to be able to socialise. Mentions were made of children being able to participate in activities such as going to the library, benefiting from some of the great outdoor spaces at settings, and having access to food and warmth important for health and wellbeing.

A few providers mentioned that they had actively encouraged parents to take up the funded hours they were entitled to, or that they had adapted the offer so that parents and children could fit it to their individual circumstances (e.g. either just choose term time hours or hours across the full year).

It's nice to see that parents do get a little. You know, some support with their childcare to allow them to go back to work. - *Childminder, 2–3 Children with SEND, Deprived*

One setting explained the direct benefit that they had witnessed from the entitlement expansion. They had had a child whose parent had a reduction in their work hours and

could no longer afford childcare. Three months later when the child was 2, they were able to get back because of the funded entitlement and felt it had made a big difference.

The little girl, she was slightly delayed in her speech, and she's really come on since she came back to me...that working entitlement has had a big impact on that little girl because she's back with me. - *Childminder, 1 child with SEND, least deprived*

One provider mentioned that they disliked any use of the term 'free' which was sometimes used, and felt 'funded' would be more appropriate (this is the Department's preferred terminology). They felt the term gave the impression of less value and had experienced people ringing up just to see what was "free."

More generally there was a view in the qualitative research that funding levels were not sufficient (this echoed the high proportion of providers who selected this as a reasons that stopped them providing each of the funded entitlements in Table 5-3). Group-based providers mentioned having thin profit margins and a gap between the funding and what they had to charge parents. They were conscious about keeping rates affordable, but sometimes had made an active decision to have a higher rate to cover elements that were important to their nursery, for example offering a nutritional varied lunch to children. In a similar vein, a childminder talked about how they might introduce a voluntary charge to cover aspects such as food and outings, and another was charging a higher rate for a child with SEND that had been agreed at the outset. Some talked about having to put fees up in the last few years with a need to consider and balance incomings with outgoings. Some mentions were made about staff in the sector working unpaid hours of work to deliver what was required.

You have to juggle; you have to make it work. - *Manager in GBP, 2 Children with SEND, Least deprived*

It was how are we going to still survive as a business as well as giving this level of government funding for the parents that are eligible for it, and still keep that quantity and quality of staff/children ratio as well...so far it's going really well. - *Deputy Manager, 11-20 Children with SEND, Least deprived*

Think we're just relied on for the passion of the job to just do it. - *Manager in GBP, 20 Children with SEND, Least deprived*

For SBPs, there was a sense of a less direct relationship between the funding amount received at their setting, as it tended to go into a central pot. One provider, however, mentioned how they had made an active decision not to make any additional charge to the funded entitlement.

We are very socially conscious as a nursery, so we won't charge parents to take their 30 hours ... you know, some schools will do it, but you need to pay for lunch club ... we won't do it, so you can take your 30 hours entirely free. - *Head Teacher, 20+ Children with SEND, Deprived*

A few childminders mentioned that funding rates were better now than they had been, but equally they raised concerns about how the funding gets lower as the child gets older. One childminder knew of others who encouraged 3-year-olds to move on to other settings, and another childminder raised the concern that it might result in a practice of encouraging parents to switch their children to pre-schools.

Related to funding, there were some divided views on the change of the ratios from 1:4 to 1:5 (adults to children). Some felt this had helped capacity, but others were less sure. Concerns were raised about how to cover when staff were off sick (mentions were made of the manager stepping in), or where someone needed to step out of the room. It was also mentioned that with children needing more support than ever since COVID, the ratios were neither practical nor ideal for this. Some providers said they had not changed their staffing ratio.

If a child has an accident, a child sick, a safeguarding incident comes up. Where is this extra member of staff being funded from? Because you always need an extra person in the room to be on hand to be able to deal with those things, because it's ultimately if one person leaves the room to take the child to the toilet, you're then out of ratio in the room. It doesn't balance financially and realistically. - *Manager in GBP, 11-20 Children with SEND, Least deprived*

Availability of places and capacity for expansion

Although there was support for funding and expansion in the early years sector, several providers mentioned that they were rationing the availability of hours at their setting. In this respect they were restricting the number of hours available so that places could be offered to more people (i.e. restricting the number of hours to 15). Many recognised an increased demand for places at their setting, often because other settings in their local area had closed. One provider also mentioned how they were showing people around and taking bookings at a much earlier stage for children, and they felt that the funding announcement had a role to play in this.

We do that because of the demand for places and if we offered one child 30 hours, it would probably mean two or three other children get no provision at all. - *Deputy Head in SBP, 20+ Children with SEND, Least deprived*

Broadly speaking, there were shared concerns among SBPs, GBPs and CMs that every setting would be put under increased pressure because of the expanded entitlements and the expectation that this would mean for provision. In terms of their ability to expand their provision, providers generally felt this was difficult to achieve due to the lack of available staff with the right skills for the early years sector. This was the case for SBP and GBPs, while CMs were open about having limited capacity given the size of their business.

We keep it nice and simple and do 10 hours work a day... We don't offer it if we can't do it. - *Childminder, 2 Children with SEND, Least deprived*

I have concerns for when the 30 hours incentive comes in... We just don't have the room. *Childminder, 3 Children with SEND, Deprived*

A handful of people have that experience, I mean, as you know at the moment, it's lucky if you can get somebody that has a level three qualification, let alone and this industry is struggling for recruitment [...]. - *Manager in GBP, 6-10 child with SEND, Least deprived*

This lack of sufficiently skilled and experienced staff was talked about as a general issue facing the sector, although there was recognition of the high skills needed for caring for children with SEND or from disadvantaged backgrounds. Some providers talked about the need to prioritise recruitment to Level 3 (or higher) staff to ensure they were equipped to provide the care and support children with SEND required, and the consequent difficulties of finding people with this level of qualification and with the right people skills to deal with and care for children with SEND.

I've been lucky. I've had the same team for a really, long time... From a staff retention point of view, we are quite lucky. On the recruitment side of things, I am more inclined to only take on Level 3 staff now. - *Nursery Manager in GBP, 11-20 children with SEND, Least deprived*

All staff must have some level of SEND experience because of the frequency of contact. - *Manager in GBP, 2 children with SEND and 3 in SEND assessment, Deprived*

In terms of aspects causing recruitment difficulties, providers talked about the challenges of finding people with sufficient experience and with some question marks over qualifications (not going into as much depth as they used to, when the reverse was now needed due to more complex child needs), sufficient passion and that the pay was not high enough. They also felt unable to match the wages offered in supermarkets, warehouses and retail etc., with these jobs being less pressurised.

Because obviously the pay and the condition for TA is now being matched by the likes of Amazon and the supermarkets. They're offering term time contracts. We're not getting the calibre of people. *Head Teacher in SBP, 1 child with SEND, Deprived*

You know, in this industry particularly, we have to be everything...We have to be a specialist educational needs coordinator. We have to be a social worker; we have to be a qualified teacher; we must be a parent educator [...] you know, what is asked of us is huge. *Manager in GBP, 6-10 child with SEND, Least deprived*

Some providers talked more widely about the limited availability of providers in their areas and that this was putting greater demands on their practice, and the consequent need for the right staff. A couple of providers felt this could be more of a problem when the 30 funded hours entitlement kicked-in. Some mentioned that these constrictions meant that children already at the setting would be able to access the expanded funding, but that more generally the numbers of spaces would be unlikely to grow.

You know, a lot of nurseries have closed down over the funding because it has crippled them...And we have a long waiting list and spaces are required...we're not the only nursery in this situation, but it's a struggle for staff [...]. - *Manager in GBP, 6-10 Children with SEND, Least deprived*

Aside from staff availability, several providers mentioned that they had limited physical space at their setting and had insufficient rooms, toilet or changing areas for expansion. Again, this barrier applied across the board although it was mentioned specifically in the context of the ability to expand their offer for children with SEND. Here, the layout of their rooms had to be carefully considered, including the need for break-out rooms to offer quieter and calmer spaces.

I don't expect any change; we don't have the space, and we're full. - *Year 2 Teacher in, SBP, 20 children with SEND, Least deprived*

I had to go to the building regulators for SEND schools and literally do a square meterage and say we can only take X number of children. - *Deputy Head in an SBP, 20+ children with SEND, Least deprived*

LA [Local Authority] would want us to take them (in reference to children with SEND), but we don't have the space, it becomes unsafe. - *Teacher in an SBP, 10 children with SEND, Least deprived*

Every setting is struggling [...] they're not to be able to give extra ratios [...] they're not going to be able to make building adjustments. - *Manager in GBP, 6-10 Children with SEND, Least deprived*

Feedback from qualitative interviews indicated that adapting the settings meant taking into consideration the physical and mental needs of children and children with SEND, including adjusting the environment, both inside and out. One setting described setting-up a sensory room for children with SEND. This room had lower numbers of children, which meant an increased staff to child ratio and improving the availability of one-to-one support. A SENCO from a deprived area reported that their setting had converted one side of their multipurpose room to a 'quieter' room, with a multisensory circuit, because some children with SEND were becoming overwhelmed within the wider space. Examples of physical adaptations made by providers included adding a wheelchair ramp, providing disabled parking spaces, and specialised equipment. Some settings had taken the decision to separate children with SEND and children without SEND across different floors within their buildings where possible. But there was the recognition that not every provider had the resource or financial flexibility to implement all changes required to adapt to a great number of children with SEND.

You need space, you need appropriate bathroom management space [...] you need space to store equipment and not every setting can have that. - *Teacher in SBP, 6-10 children with SEND, Deprived*

Capacity for children with SEND or from disadvantaged backgrounds

Ethos of approach

Providers generally stated an ethos of being inclusive in their approach to which children they took on at their setting. Some of the providers were charity-based, council-run or school-based and they spoke strongly in terms of being inclusive. One SBP specifically had ringfenced some of the funding they received for disadvantaged children and had put it into their admissions policy that they were prioritising places offered to disadvantaged children over standard working. It must be noted that this measure was not put in place to 'favour' disadvantaged children, per se, but to help disadvantaged parents find childcare as they were concerned they would miss out.

We've opted in our admissions policy that some of our two-year-old funding will be for those with disadvantaged funding, otherwise they'll miss out. - *Head Teacher in SBP, 20+ Children with SEND, Deprived*

Other providers talked about more the 'intention' of their practice. For example, explaining that places were not reserved for any one child over another, or that they wanted to support every family whatever their needs. Childminders could particularly see the benefit of their smaller sized settings for children with SEND as they offered a quieter environment and with less adults to get familiar with.

Personally, I'm a child, minder. I take whatever comes when it's available, it doesn't matter what background you come from, what you're bringing in, because, you know, as a job you've just got to fill your space to keep your business... But I think maybe in a bigger setting that they would be looking at filling them 30 hours a lot more. - *Childminder, 3 Children with SEND, Deprived*

In the past we've had children come from other nurseries where parents have just said, I'm not getting the right support, they don't think anything's going on with them. We've taken them when maybe we were probably full and shouldn't have taken them in...I think it is just case by case. - *Deputy Manager (and SENCO) in GBP, 11-20 children with SEND, Least deprived*

Several of the providers also talked about the intersectionality of children with SEND in their care and coming from a deprived background. One nursery manager mentioned that because of how deprived their area was, all children who came through the door were classed as disadvantaged, with the situation exacerbated as they are the only nursery in the area and therefore space was very tight. One GBP provider mentioned that of the 22 children with SEND, 8 were from deprived families. This provider had children with funding from both the Early Years Pupil Premium (EYPP) and Disability Access Fund (DAF) and had separate rooms for children from working parents who wanted 15-30 hrs of care, and a second room (open 9am-3pm) for children from disadvantaged backgrounds for which parents were charged about £5-£10 per day. They ran this room at a loss within their business.

Some providers talked about the need to weigh up various factors when taking on a child with SEND, and to balance delivery against cost. For childminders this was particularly in respect of the fit with their setting, the number of children they could cover, and whether it impacted on the ability to take siblings down the line.

I would only offer a place if I had the space, and if I felt that that child would fit with the group that I've got, I wouldn't want to put all the children in a difficult situation. It would totally depend on the needs of the individual child. - *Childminder, 1 Child with SEND, Least deprived*

I wouldn't feel comfortable saying to someone, I'm going to charge you £10 per hour. That's morally wrong. But also, at the end of the day. If I'm turning down a child to have a child, with SEND you know, maybe that might affect the other children I can take in, and I might not be able to have their siblings [...] - *Childminder, 0 Children with SEND, Deprived*

Some providers mentioned that they felt that other settings in their area did pick and choose who they took on due to funding, with a reference made that this was potentially influenced by the (lengthy) time taken to be identified with SEN and receive funding. In contrast, there was mentions of a concern that others might treat any funding payment as an incentive to take on children with SEND, even if they were unable to provide sufficient care.

Considerations and barriers

Funding concerns were raised in a general sense (as discussed above), and also in respect of the need for additional support for children with SEND or from disadvantaged backgrounds. Some providers felt that the funding was not sufficient to get additional staff members or to pay wages of SENCOs, and that the staff required needed to be highly skilled. As one provider said the EYPP “barely makes a dent”. There was also mention of the difficulties of looking after children with SEND at lunchtime periods because of the staffing levels required, and the additional pressures that increased demands generally put on staff.

For some reason, early years children, it's bonkers but they receive much less pupil premium than children who are statutory school age...we generally use pupil premium for extra individual support for children. It would be better if early years children could have more of that, because that's their formative years, that's where most progress is being made...they're entitled for £300 pounds a term or something like that...I can't remember, but it's much less than the provision that the premium for older children. - *Childminder, 0 Children with SEND, Deprived*

You can't just sort of drag anybody off the street to look after children with complex needs. You need skilled staff, if you've got skilled staff you need to pay for them, and my gut would be what the nurseries get in is less than what they need for the quality staff to effectively meet the needs of the children. - *Deputy Head in SBP, 20+ Children with SEND, Least deprived*

One provider more directly raised concerns about their ability to take on an increasing number of children with SEND, especially if they had physical disabilities. This provider

currently had 20% of children with SEND on their roll and was questioning whether they should raise a cut-off point with the Council, as they were not allowed to refuse a child due to the equality legislation. In this case, the EYPP funding was helping, but equally they were having to increase fees for working parents to help cover costs.

I have to maintain higher ratios to give these children what they need and the other children what they need...That has come at a cost. And this year, we have very much subsidised that cost because we're trying to do our best, it's not good business sense though. - *Manager in GBP, 10 Children with SEND, Least deprived*

Although not at a sufficiently high level, the additional funds providers received were still felt to be helpful to some extent, and there were positive mentions of the funding providing extra finance to circulate back into the settings. For example, there were mentions of how it helped for free trips and experiences that the children would not normally benefit from this, or that it had been used to provide hats and gloves for the winter.

[...] It was about giving children experiences that they may not have at home. And so there was this child that was part of a really big family. Mum didn't drive. She didn't really go anywhere. She only stayed at home. So, I organised a trip to the Science Museum for this child and basically the best part of the day was going on a bus [...] - *Manager in GBP, 6-10 Children with SEND, Least deprived*

And, as an exception to the rule, one childminder reported that the funding in their local area was of a sufficient level to make it financially viable for them to take on children with SEND, although they recognised that this was perhaps unique to the borough they were based in.

I don't think for me within my borough it impacts because the funding is quite generous. I know you won't hear that very often, but it is within our Borough. In regard to what charge, I would be financially fine and viable to be taken on children with SEND. - *Childminder, 2-3 Children with SEND, Deprived*

While the funding provided was not necessarily sufficient to cover additional staff time at the nursery setting, one SBP recognised a longer-term benefit of investing time in EHC plan applications to ensure something was in place for children by the time they go to school. Providers reported cases of parents actively seeking identification of SEND for their children to help with funding and support as they could see the "benefits that could link with it." Equally, they reported cases of parents being reluctant to engage in this

process. The latter was presented as making it harder for providers as they were losing out on additional funds that would be beneficial to their setting.

Some providers felt they had children that would meet the SEND identification requirements, but parents had been reluctant to push for this. Reasons given for this reluctance included the “stigma” attached to it, parents not being sufficiently proactive in a general sense, and language barriers. One school also felt this was the case with EYPP as parents were reluctant to complete the forms and admit to a low income. They mentioned that, previously, it had been tied-up in the same process as getting free school lunches which had facilitated the take-up numbers. There was also mention of providers feeling children would benefit from additional funding such as the Disability Access Fund, although they would not strictly meet the criteria for the fund.

The problem is getting parents to declare because of the area we're in, a lot of parents don't want to admit they have poor income support and don't fill in the forms. - *Head Teacher in SBP, 1 Child with SEND, Deprived*

Some providers talked about the need for there to be a quicker identification for children with SEND in the early years sector, which would open funding to them at an earlier point. One mentioned that it would be easier if a child's SEND needs could be identified by a paediatrician or have a health care plan before they entered nursery, and others mentioned the need to have better access to speech, language and behaviour support services. One SBP described how they had needed to take a leap of faith and employ two more staff members while waiting for funding to be approved.

If there was something similar to an EHCP for children trying to access extra support in a nursery setting. There is Inclusion funding but it's not enough and they prefer the money isn't used for one to one in our local authority. - *Head Teacher in SBP, 20+ Children with SEND, Least deprived*

We often find that waiting times is significant for a lot of those parents. I think the autism referral takes around nine months to start. - *SENCO, 22 Children with SEND, Deprived*

I think at the moment it's very slow to get a diagnosis. It's very slow to get appointments. So even if you put a referral into speech and language, you're talking sometimes up to two years, waiting for an appointment for a referral. - *Childminder, 2-3 Children with SEND, Least deprived*

As an exception, a different childminder talked about the expansion less in terms of a capacity issue, but more around skills / training in how to care for children with SEND or

disadvantaged backgrounds. A few providers also referenced how they missed the centralised training and support they used to receive from the Local Authority, and how the expertise and personal connection previously available no longer existed. Instead, they had to use external training which they felt risked a lack of consistent understanding across settings in how to support children with complex needs, and was at the mercy of what level of training different settings could afford.

They'd say you've got this many children on that program on, on that funding. How's it going? What do you need from us? What can we help you with? But there's just not enough of that available anymore. A lot of the local authorities have stepped back a lot of their support... I think I saw mine every 6 weeks and she would just come and do a home visit, sit and chat, ask if there were any concerns, anything we needed support with. - *Childminder, 1 Child with SEND, Deprived*

In a similar theme of centralised support and as covered earlier, it was mentioned that there would be benefits from having more Special Educational Needs Coordinators (SENCOs) on the ground who could move from setting to setting to provide the support, i.e. their services could be shared across providers. One provider mentioned that instead of money being given to purchase things, they would benefit from having a SENCO fund bank. For example, the child they looked after, who had a speech need, only came in twice a week so did not require a singular, dedicated staff member all the time. This theme of a greater flexibility of resourcing was also referenced by a provider who felt that the Disability Access Fund (DAF) should be paid to more than one setting.

The DAF is silly ... We share the provision of one child with another setting, but the DAF can't be split between us. It would be really useful if it was, but one of us comes up short. - *Childminder, 2 Children with SEND, Least deprived*

Some providers mentioned knowing that support and funding was available, but the process of applying for the support could be difficult due to the paperwork involved, especially if the setting did not have SENCO support. One childminder particularly talked about the extra paperwork required for the DAF, although felt the EYPP was more straightforward to apply for. They also cited not being paid for the hours to complete the paperwork.

There's a lot of extra paperwork and proving what you're going to do and how you're going to do it to access extra hours and stuff like that. And it obviously takes a lot of time out of your work hours to put that together. I have accessed it previously. I think the biggest difficulty is finding the paperwork to back that up. - *Childminder, 2-3 Children with SEND, Deprived*

Entitlement take-up for children with SEND or from disadvantaged backgrounds

Providers talked about a scarcity of places in the early years sectors for all children, not specifically just those with SEND or from disadvantaged backgrounds. Providers generally felt that families calculated what childcare was financially viable to them and solely took up the provision they needed. A number of providers talked about how they already had children with SEND from working parents and that the parents already had their children booked in for the hours they need. So, although the number of funded hours available will extend to 30 hours, they did not necessarily think the parents would take-up all of these hours.

I think a lot of parents went back [to work] part time...even before the funding came in our numbers were on the rise. - *Deputy Manager in GBP, 11-20 Children with SEND, Least deprived*

I think in terms of special educational need, we have a lot of working parents with children who have SEND... so they would tend to be booked in for whatever the parent needed...we do live in a bit of an affluent area. -- *Manager in GBP, 6-10 Children with SEND, Least deprived*

In my opinion, I can't see it having any impact at all on those children. I think maybe parents will feel more comfortable sending their children to nursery if they're being partially funded, which may see an additional rise in SEND children. But I can't see it impacting significantly on any children currently with SEND within setting. - *SENCO, 22 Children with SEND, Deprived*

Some providers mentioned that parents only used the entitlement amount and no more because this was all they could afford. However, it was also said that some parents were keen to keep their children with them as long as they can.

They rarely supplement, that's my experience at the moment anyway. I guess I've had some that I have topped up but at the moment I've got two who only use the hours that they're funded for. - *Childminder, 1 Child with SEND, Least deprived*

More generally, however, there were some concerns raised that the limited number of spaces would be taken up by more 'proactive' parents, and that working families would be more proactive in securing early years provision compared to non-working or disadvantaged families. One GBP recounted how when the entitlement expansion was announced they had had about "37 calls from parents wanting to book in their children for extra hours", and consequently felt that this would undoubtedly have an impact on disadvantaged children who may not get a place if other parents were filling up spaces. A

childminder raised concerns that children with parents who did not work could become more socially isolated and disadvantaged in learning.

They're on it when the babies are born and they're filling in an application form. And so there are places which would all be filled with those working families. - *Head Teacher, 2 Children with SEND, Least deprived*

We do have parents with SEND who'd like the extra hours, but we have to say no because they require so much extra resource. - *Head Teacher, 2 Children with SEND, Least deprived*

If places are at a premium, then children from disadvantaged backgrounds may not be able to afford childcare other than the 15 hours of funding they have. - *Manager, GBP, 6-10 children with SEND, Least deprived*

It was also mentioned that private providers may end up prioritising and offering spaces to children with funding and working parents to enhance their profits.

Every child deserves the chance to play, learn and experience the same and I fear some people pick and choose based on profit. - *Manager, GBP, 2 Children with SEND, Deprived*

Appendix A: Glossary

- CM – Childminder
- DfE – Department for Education
- EHC plan – Education, Health and Care Plan
- GBP – Group-based provider
- LA – Local Authority
- SBP – Schools-based provider
- SEN – Special educational needs (children)
- SENCO – Special Educational Needs Coordinator
- SEND – Special educational needs and disabilities (children)
- TA – Teaching assistant
- TFC – Tax-free Childcare



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