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Research and analysis

Education recovery in early years providers: spring 2022

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The picture overall

In December 2021, we published a [briefing on the continued effects of the pandemic and education recovery in early years providers \(https://www.gov.uk/government/publications/education-recovery-in-early-years-providers-autumn-2021/education-recovery-in-early-years-providers-autumn\)](https://www.gov.uk/government/publications/education-recovery-in-early-years-providers-autumn-2021/education-recovery-in-early-years-providers-autumn), including childminders and nurseries. The effects of the pandemic on children were evident. Providers prioritised the prime areas of learning (communication and language, personal, social and emotional development, and physical development) to address this.

After we published our previous findings, COVID-19 restrictions were tightened for a period but early years providers remained open.

This briefing draws on inspection evidence gathered in the spring 2022 term and discussions with early years inspectors about the ongoing implications of the pandemic on children.

The pandemic has continued to affect children's communication and language development, and many providers noticed delays in their speech and language progress. Providers are making more referrals for external help than before the pandemic and are waiting longer for this specialist help. To compensate, providers were making sure that children were learning in an environment rich with language, with a focus on extending vocabulary and practising speech.

The negative impact on children's personal, social and emotional development has also continued, with many children lacking confidence in group activities. Some older children, who would not normally have been upset when being dropped off by their parents, were still unsettled after a period of attending settings regularly. Consequently, providers were focusing on helping children to express how they feel and had made more opportunities for children to socialise in larger groups as restrictions lifted.

Some providers continue to notice delays in babies' physical development. Several have increased the amount of time children spend on physical activities, both indoors and outdoors, to develop their gross motor skills.

All providers have made changes to their procedures since the start of the pandemic, and some of these remain. For example, most no longer expect parents to enter the premises when dropping off or collecting children. While this can mean children develop independence in tasks such as hanging up their coats, it can also mean parents and providers miss opportunities to share in-depth information.

Providers have adapted the ways they keep parents informed and involved in their child's progress throughout the pandemic. For example, some have used digital methods, such as video calls and secure messaging platforms, and telephone calls to contact parents. A few providers have also sent parents photographs of their child learning.

Providers reported difficulties retaining high-quality staff. This has left some providers with fewer skilled practitioners. These difficulties have affected the quality of teaching and the implementation of catch-up strategies. To compensate, many providers have encouraged staff to complete online training and, in some cases, specialist training, such as in techniques to support speech and language development.

Some providers are concerned about their long-term sustainability given the fluctuations in the number of children on roll. However, not all providers are equally affected by this.

Methodological note

In this briefing, we use evidence from routine inspections and focus groups with early years inspectors to show:

- how the pandemic continues to impact on children's learning and development
- how early years providers are helping children to catch up
- how COVID-19 measures in place during the spring term (before the change in government guidance) affected children
- how sustainability, including staffing, has been affected by the pandemic

The briefing is based on evidence collected during inspections of 70 early years providers between 17 January and 4 February 2022. This included 38 childminders and 32 nurseries. This is around 10% of all early years inspections carried out during this time.

We looked at a sample of inspections, so we cannot assume the findings to be representative. However, overall they illustrate the impact on learning and the approaches that providers were taking.

This briefing also draws on 4 focus groups and 1 interview with early years inspectors, involving 21 inspectors. This number is small, meaning that findings are not conclusive. However, they help to triangulate and enrich findings from the inspection evidence.

The current state of children's education

Levels of staff absence

Between January and mid-February 2022, around 4% of early years inspections were deferred for COVID-related reasons. Information from deferral requests shows how the pandemic continues to affect early years providers in different ways.

During this time, some childminders needed to close temporarily due to testing positive for COVID-19. Some nurseries were closing or merging rooms, stopping certain elements (such as sessional provision for children) or closing completely due to COVID-related staff absence. Nursery staff, including management teams, were moved around to cover rooms in nurseries to ensure that ratio requirements were met, with some providers relying on a large proportion of bank staff to remain open. Staff members also temporarily took on additional duties, such as cooking, due to other staff members testing positive.

Impact on children

Many providers reported that there are still delays in babies' and children's speech and language development. For example, some have noticed that children have limited vocabulary or lack the confidence to speak. Also, some babies have struggled to respond to basic facial expressions, which may be due to reduced contact and interaction with others during the pandemic.

Children have missed out on hearing stories, singing and having conversations. One provider commented that children appear to have spent more time on screens and have started to speak in accents and voices that resemble the material they have watched.

A few providers felt that wearing face masks continued to have a negative impact on children's communication and language skills. Children turning 2 years old will have been surrounded by adults wearing masks for their whole lives and have therefore been unable to see lip movements or mouth shapes as regularly. Some providers have reported that delays to children's speech and language development have led to them not socialising with other children as readily as they would have expected previously.

Many providers reported an increased wait for external services for children needing additional support, such as speech and language therapists. Some providers said parents who could do so had paid for private speech and language therapists to get support immediately. Those who could not afford this have faced longer waiting times, of up to 9 months in some local authorities, before specialist help had become available.

Personal, social and emotional development continues to be affected. Children were lacking confidence and were shy in childcare settings, especially when taking part in group activities. Even older children who would have usually settled were still upset when dropped off. Providers reported that babies were particularly anxious and not used to seeing different faces. Children's social and friendship-building skills have been affected. Some providers reported that toddlers and pre-school children needed more support with sharing and turn-taking.

There continues to be an impact on children's physical development. There were delays in babies learning to crawl and walk. Some providers reported that children had regressed in independence and in self-care skills.

Impact on children eligible for funding at age 2

We found that funded places for 2-year-olds have not been used as much as before the pandemic.^{[\[footnote 1\]](#)} Throughout the pandemic, fewer parents sent their children to childcare settings, even for funded time.

This means that some children who would usually be in early years provision have stayed at home. Many of these children are already identified as being the most disadvantaged. Providers said that some of these children's parents had missed out on educational opportunities themselves, and so may have struggled to see the benefit of their children returning to early years education.

However, providers have been encouraging parents to send their children to their setting, both for early education and for wider social development, even if parents were at home more than they had been previously. For example, we heard of a provider talking to parents in a local town to explain the opportunities and spaces available for their children. If these parents do not take up funded places, their children will not start early education until they are at least 3 years old, which could affect their later learning.

Catch-up strategies

Children's communication and language skills and their personal, social and emotional development have been two of the main curriculum priorities during the pandemic.

We know that good-quality providers and staff know the children well. They have identified the gaps in children's knowledge and addressed any areas of concern effectively. Staff have liaised with parents to identify children's starting points and possible gaps that they may need to fill. We found that in some early years provision, children have caught up. However, in poorer-quality provision, children have struggled to catch up. Many of these providers cited the COVID-19 pandemic as the reason.

Communication and language

To address delays in communication and language development, staff have continued to emphasise speech and language in all planned teaching activities. They also continually introduce new words into children's vocabulary. Staff have been encouraging children to talk about what they are doing in activities and about what they can see and feel.

Many providers have continued to focus on interaction. Staff have encouraged children to use their increasing vocabulary and knowledge in role play, where children could use their imagination. Providers have extended opportunities to listen to stories and introduced singing on an ad-hoc basis, based on seeing children do this during playtime. Staff have encouraged speaking by reading and talking to the children. They have also encouraged children to talk to others. They repeated and modelled language consistently, using clear words and signs in interactions with children to support their language acquisition.

To help children catch up, some staff have received additional training on language development. A few providers had developed innovative ideas to improve children's speech and language and had partnered with parents to deliver initiatives. One provider shared learning between home and nursery through a 'chatter group' using a shared communication and activity diary. This provided consistency of strategies and opportunities between home and at the provision, to enable children to develop their communication skills.

Providers also held speech and language sessions for children who had fallen behind or who had underdeveloped communication skills. Some children had received small-group and targeted individual intervention (such as a programme for 3- to 4-year-olds with delayed language development) and their speech had improved. Many providers stated that waiting times for speech and language therapy were now very long, with consequent delays in assessing children and starting interventions.

Personal, social and emotional development

We were told that many children still lacked confidence and were shy when they attended early years provision and took part in group activities. Some older children, who would usually have settled after a short period of regular attendance, remained upset at being dropped off.

Staff encouraged children to express how they were feeling. Some providers did this, for example, with 'emotion cards'. These are cards with pictures of children on them displaying different emotions through their facial expressions, with the word to describe the emotion next to the picture. When children cannot verbalise how they are feeling, they can instead point to a card that displays their feelings. In one provider, all children were encouraged to share how they were feeling on a board. Some children were using lots of different ways to express their emotions, such as through music, dance and using props. More providers were teaching children breathing techniques to help them calm down. Some providers had bought additional resources, such as puppets and books about emotions.

Providers reported that these activities have helped children get used to being in an early years learning environment. Babies have been particularly anxious and have needed more reassurance from staff to cope with seeing different faces.

Children's social and friendship-building skills have continued to be affected. Children have had less social interaction, so their social skills are less well developed than they would have been pre-pandemic. To address this, many childminders had resumed taking children to community groups. They were providing as many experiences as possible for children to mix with others and build confidence in social situations. Some providers have introduced quiet spaces for children who were not confident mixing with others, and have then gradually introduced them into a bigger room with their peers.

Some providers had noticed that toddlers and pre-school children continued to need more support with sharing and turn-taking. For example, some children were finding it difficult to cooperate in a group and to share toys, and they were unhappy if they did not get their own way. Providers have worked hard to provide activities that involve turn-taking, sharing, listening to other people, responding appropriately and having a conversation. Some providers were continuing to do more smaller group work to address this area of need.

A temporary reduction in numbers of staff (due to COVID-related illness) and children's key workers being absent have made it difficult to manage children's behaviour in some providers. For example, children's knowledge of expectations and how to behave appropriately, such as knowing when it is acceptable to use loud voices and knowing to walk when indoors, is less good than pre-pandemic. This has hindered some children's learning.

Physical development

Some providers have continued to notice delays in babies' physical development, such as in crawling and starting to walk. Providers recognised that some children have had fewer opportunities for physical exercise and outdoor play.

As a result, providers have improved outdoor provision with more variety of activities to develop gross motor skills. They have increased the amount of time children spend outside and are recognising the wider health and well-being benefits. They have been taking children on more frequent visits to different outdoor environments, such as local parks and woods.

They have also been offering a wider range of indoor activities for children's physical development. Childminders have been taking children to soft play centres for physical development and also to give them experiences that they are likely to have missed out on during the pandemic. However, some providers have been offering different activities to reduce the chance of children infecting each other. For

example, some have used indoor soft play areas less and have substituted this with more outdoor play.

Some providers reported regression in children's independence and self-care skills. For example, more children needed help putting on their coat and blowing their nose. Providers have responded to this by building in extra opportunities to practise these skills. An increasing number of providers were concerned that fewer children have learned to use the toilet independently. This means that more children may not be ready for school by age 4. Providers are also concerned about obesity and dental health. They have focused on providing well-balanced and nutritious meals and increasing time for physical activity to tackle these problems.

Changes to practice and procedures due to COVID-19 measures

All providers made changes to practice and procedures to comply with COVID-19 guidance. Some would like to retain COVID-19 measures, which were formally lifted in February 2022, while some have started to revert to pre-pandemic practice. A few providers have started to allow parents to come in regularly but have introduced one-way systems, set a limited time for them to come in and/or asked them to wear masks.

Parents entering premises

In most early years provision, parents have not been allowed to enter buildings to drop off or pick up their children. Instead, they have dropped them off and picked them up at the door or gate. This means that parents whose children started attending after the start of the pandemic may never have been inside the premises. This has led to some parents not knowing or seeing their child's key person.

Providers say that they found it easier to settle children on arrival each day without parents on the premises. They state that children have gained independence since the new measures, for example they have been hanging up their coats and bags themselves, rather than parents doing this for them. While these benefits are noted, it is important that providers consider the impact of keeping this measure in place, on both children and parents. For example, there will be an effect on the quality and quantity of information that staff can gather, such as a child's likes and dislikes and what the child already knows or can do, when the child, parent and practitioner are not all in the same place at the same time. Opportunities for important conversations could be missed. In a few cases, where early interventions could have helped children, they have been missed because parents and staff have not had the routine conversations that they usually would.

Some parents have been eager to see their child's learning environment but have not been able to go into the provider's premises to see their child's learning in action. Parents also expressed concerns that they cannot see changes that the provider may make or notice any safeguarding issues inside the premises. Despite this, many parents have accepted that this is how it will continue as a way to minimise infection risks.

Some providers allowed parents to come in on specific occasions, for example to discuss something about the child in private or for parents' evenings.

Settling-in for new children

Providers have adapted the way they carry out settling-in sessions for new children. Parents with older children have found the settling-in process for their younger children harsh in comparison.

Most providers allowed parents to come in for shorter settling-in sessions or used outside spaces for more sessions. For example, they used the provider's garden or local park for longer settling-in sessions. Providers have also used video calls alongside, or in place of, in-person discussions to share relevant information with parents and carers. A small number of providers observed children during settling-in sessions to help identify a key person for them with whom they could build a good relationship.

Several providers have been flexible in their approach to settling-in sessions and were driven by the needs of the child. A few providers have been flexible with timings for when children returned after lockdown or a period of illness to help them settle back into childcare.

Children who started early years provision during the pandemic have typically taken longer to settle in than previous cohorts. For example, providers report that babies starting since the pandemic have high levels of anxiety and are having to get used to seeing different people. Also, staff can see a difference in the children who have joined during the pandemic and not had the social interactions that would normally be expected.

Partnerships with parents

Providers recognised that building strong relationships with parents and carers remains essential for children's learning and development. Although many providers suspended in-person meetings between parents and the child's key person, most replaced them with online or phone meetings. Some parents reported that, although they could not enter the provider's premises, regular communication with staff has been good.

Providers have increased the use of digital platforms and methods to send information to parents to compensate for more limited physical access to premises. They have increased the use of encrypted social media apps to share pictures with parents, as they know most parents will have these apps on their phones. Even when children have had to stay at home, providers have maintained communication with parents and children by telephone, text messages and information-sharing apps. For some providers, these apps have become the main method of communication between parents and providers.

Some providers said they were using apps to replace physical records about children that they would previously have given to parents. Apps were used to monitor progress, complete observations and upload images to share with parents. Parents received an abundance of information through digital methods and platforms from providers.

Some providers have found that, since the pandemic, parents have engaged more with opportunities to support their children's learning at home. For example, indoor library areas have been moved into outdoor areas accessible to parents, and providers have found parents have been taking more books home recently. Many providers have been giving parents ideas and advice on educational activities they can do

with children at home. Handover time at the end of the day has become important because this is when staff can update parents on what their children have been learning, but this time is limited.

There was some evidence that, without regular informal conversations with parents, providers may not be aware of what children's activities, experiences and interests are outside of early years provision.

Suitability of staff

Quality of staff and staff recruitment

Providers were still struggling to retain high-quality staff. Some well-qualified and experienced staff moved to different jobs during the pandemic and providers said they were now struggling to recruit quality staff to replace them. This resulted in a lack of skilled early years practitioners in some providers. Many providers were taking on apprentices, who required training and support, while staff were also helping children's learning and development, which was an added demand.

Staff shortages were affecting the quality of teaching and implementation of catch-up strategies. Having fewer staff on site could also result in behaviour management issues. In most providers, managers have had to step in to cover staff shortages. Newly qualified staff have had less work experience and so have more limited knowledge and skills.

Staff training

Throughout the pandemic, many providers have been encouraging staff to complete online training. This included training on safeguarding, helping children with speech and language development, and specific pedagogical approaches. Managers and staff have also recognised the need for training on children's mental health. However, it was unclear how effective online training has been in developing good practice. Staff reported that they have missed face-to-face training, and especially the opportunity to challenge their own knowledge and interpretation of what they've been taught in an online course.

Some good providers were able to put online training into practice. For example, a few providers have trained experienced staff in some speech and language therapeutic strategies. This was reported as being effective. However, there was also an acknowledgement that, as staff were not speech and language professionals, these strategies might not be implemented correctly or consistently. They may therefore have more limited benefits for children's speech and language development.

Newly qualified staff have had more limited work experience opportunities and so may not have the skill set and knowledge required to implement good-quality learning and development.

Providers' sustainability

Providers have been concerned about their businesses being viable and sustainable. Between September 2021 and February 2022, 64 childminders completed the Ofsted post-resignation survey. Of these, 23% cited COVID-19 as the reason for closing.

Number of spaces and number of children on roll

In a few providers, the number of children on roll has increased. This has had an impact on ratios for providers that have been unable to recruit more staff.

In some early years provision, the number of children on roll has decreased. Some children who were due to transition to primary school have not returned for their last few weeks or months. Some parents have reduced the hours their children attend because they are working from home more regularly during the pandemic. There has also been a decrease in parents accessing childcare and education funding, but we were told of signs that this is beginning to recover.

Providers are also concerned that they are not seeing some of the children who would usually be in early years education, such as many 2-year-olds eligible for places. There were also fewer places for younger children who would otherwise have attended because some providers with limited places were prioritising 4-year-olds.

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1. These are the local authority-funded places that are given to eligible 2-year-olds to attend childcare settings for 15 hours a week.
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