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Summary

In this briefing we focus on government preparedness for responding to the Covid-19 pandemic at its outset -from March to June 2020- during which the ECEC sector was forced to operate in 'crisis mode'. This required it to be agile and respond to crisis conditions in order to provide childcare to critical workers, who were required to continue working throughout the pandemic in order to enable the orderly functioning of the UK economy and society. Focusing on preparedness in the ECEC sector is vital not only due to its essential nature, but also because it represents a 'high-risk' environment during a pandemic, due to exposure to bodily fluids and an inability of the workforce to socially distance from young children.

This submission presents findings from the ["Childcare During Covid-19" project](#), run by Dr Kate Hardy at the University of Leeds and brings together experts in Work and Employment Relations with practitioners and policy-makers in the Early Childhood Education and Care (ECEC) sector. Over 3000 people have participated in the research, including early years managers, early years teachers, childminders, nannies, parents and grandparents. We are submitting evidence to the Inquiry as we have one of the largest evidence bases on the government preparedness for the pandemic in the ECEC sector.

Main findings

- Early Years Childcare and Education (ECEC) is part of the 'foundational economy' and is vital in order to enable critical workers across the economy and society to attend work during a pandemic and other crises
- The preparedness for enabling the ECEC sector to switch into crisis mode in advance of the Covid-19 pandemic was generally poor. Due to:
 - The pre-existing volatility of the sector and lack of business continuity funding at the onset of the pandemic
 - Lack of clarity over 'critical worker' status for parents accessing ECEC
 - Lack of recognition of 'critical worker' status for ECEC workers themselves
 - Misrecognition of early years settings in contrast to other educational settings, specifically primary and secondary schools
 - Inability of ECEC workers to get priority access to PPE, testing and vaccines

- Inadequacy or inconsistency of guidance, particularly in relation to health and safety
- The provision of employment support, including the Coronavirus Job Retention Scheme ('Furlough') and the Self Employment Income Support Scheme (SEISS) were vital in maintaining continuity of provision for critical worker parents and maintaining settings, in the absence of wider parent demand

Recommendations

In order to increase preparedness for subsequent pandemics, we make a number of recommendations to enable ECEC to function as a foundational service in the wake of a future pandemic and to be able to switch, at speed, to crisis mode:

- Recognition of ECEC as an essential service
- Making a formal designation on the category of 'critical worker'
- Formalised and consistent recognition of ECEC staff as critical workers
- Prior definition of which workers are considered critical workers and therefore eligible for childcare in advance of future pandemics
- Priority access to PPE, testing and vaccines for ECEC staff
- Emergency budgets for ECEC settings for essential PPE
- Enhanced access to sick pay for employed and self-employed critical workers
- The development of sector-specific guidance on infection control during a pandemic
- Improvements to employment support schemes which enable them to be rolled out immediately and which reflect the complexities of the workforce in ECEC, particularly amongst self-employed providers
- Business continuity payments through a viability support fund to address short term income loss for ECEC providers

1) Early Childhood Education and Care sector is vital to enable critical workers to respond to a pandemic

The Early Childhood Education and Care sector, including nurseries, childminders and nannies is 'foundational' in that it provides services on which the remainder of the economy and society rests. Preparing a robust ECEC sector is vital in providing care and supervision for children of critical workers and enabling them to attend work and respond to the pandemic. Without ECEC settings remaining open and providing services, staff absences in critical sectors including food, health and logistics would have dramatically increased, posing risks to the pandemic response.

From March 2020, at the outset of the Covid-19 pandemic, early years settings and workers facilitated 'critical worker' parents to attend work. However, government guidance was unclear on who constituted a 'critical worker':

The lack of clarity over which children were to be offered 'key worker' places lead to significant confusion and some antagonism between parents and settings, particularly as guidance changed from providing places for children with two, then just one, key worker parent. Devolving this decision-making to settings also enabled some parents to attempt to gain claim false critical worker status: "we had loads of people trying to say they were key workers.. till we actually had to say, I'm really sorry, but you know, you're not classed as a key worker". Settings reported that when a definitive list was eventually published, it was published in the evening, following the closure of the setting, leaving little time for planning a strategy.

RECOMMENDATIONS

- **Recognition of ECEC as an essential service**
- **Making a formal designation on the category of 'critical worker'** in advance of a pandemic would provide the government with a good estimate of the scale of ECEC delivery required to enable essential services to continue to run and allow settings to anticipate the resources required for a critical worker service and put contingency plans in place.

2) ECEC staff are critical workers

The vital nature of this work, on which many other infrastructures depended, meant that early years staff should have constituted critical workers, but they were not recognised as such. This meant that ECEC staff were not able to access a variety of vital resources which reduced staff absences and made the sector able to function. This included:

- Places in educational settings (largely schools) for their own children
- Not being priority queueing places for supermarket
- Testing (see below in Section 3 'Health and Safety')
- Priority vaccination (see below in Section 3 'Health and Safety')

All of these compromised their ability to deliver ECEC, either by not having care available for their own dependents, not being able to be released from isolation or be able to work relatively more safely in a high-risk environment. There were some cases in which the de-prioritisation of ECEC workers for supermarket queues meant that they were not able to access food to provide for children (childminders).

It was widely felt in the research that assigning critical worker status to early educators would enable these measures and reduce infections and associated absences. In addition, the provision of priority testing and vaccination would reduce the heightened anxiety about lack of protections experienced whilst working with children and families.

RECOMMENDATIONS

- **Formalised and consistent recognition of ECEC staff as critical workers:** ECEC workers to be granted critical worker status, to access support for their own

children, to gain priority access to PPE, testing and vaccines, and access to other essential goods and services.

3) Health and safety

The work of ECEC requires direct contact with bodily fluids, including saliva, urine, faeces and ECEC staff are unable to distance from young children under their supervision. This heightens risk for ECEC staff during a pandemic of a communicable virus. Early assumptions that COVID did not affect children¹ meant that ECEC staff were exposed to COVID-19 infection through work and were made less safe through the failure to prioritise safety measures that would protect either children or staff.

For 71.6% of the childminders we surveyed, their principal concern was their personal safety, or the safety of families or children. Workers from across the ECEC sector reported that children were being sent into settings when they had symptoms or had come into close contact with someone who had tested positive for Covid19, including when their parents had tested positive. Agencies providing staff to the sector advised workers that the sector was low risk in terms of Covid and this echoed wider public messaging prior to February 2021.

PPE: Close physical contact is a daily part of ECEC work, meaning infection control measures such as distancing, required to limit airborne transmission, as well as low contact, required for waterborne transmission, are not possible or appropriate. This places greater emphasis on the need for Personal Protective Equipment (PPE) for minimising risk of infection among staff and children in ECEC settings. During the COVID-19 pandemic, ECEC settings required PPE including gloves, cleaning products, hand sanitizer, aprons, fogging machines, face masks, and signage in order to provide a safe working and caring environment. Many ECEC practitioners reported difficulty accessing these items and nursery staff in some settings were instructed by their employer to provide their own masks. Further, the costs of PPE were a burden on the budgets of many providers who are operating on tight margins, especially as the price of PPE became inflated.

RECOMMENDATION

- **Priority access to PPE, testing and vaccines for ECEC staff:** As an essential service, ECEC settings should have priority access to supplies of PPE; drawn from a government stock which protects against price inflation;
- **Emergency budgets for ECEC settings for essential PPE** which is funded in line with the education sector and, additionally, there should be consistency of provision within ECEC sector (i.e. MNS, PVI and child-minding settings)

Testing: When staff had access to testing facilities or kits, there was widespread use of them, the ability to test reassured them and they felt safer at work. Testing was also

¹ There was insufficient data to [confirm] the behaviour of the virus in children as parents and sector workers reported that many parents preferred to isolate their children rather than have them undergo invasive testing.

important in facilitating ECEC staff to continue working and reducing contact-related absences. This was dependent upon a number of factors:

- Availability of tests: Nursery managers reported periods when staff could not get tests (for example in Sept/Oct 2020). When tests first became available, school settings and maintained nursery schools (MNS) were provided with lateral flow tests onsite for staff, whereas private, voluntary and independent (PVI) settings and childminders had to source them having to source them independently and, in some cases, buy them. There was also significant variation in the availability to testing in different areas -- London was well-resourced with testing facilities and those in rural areas, especially Wales, were more likely to report lack of availability.
- Ease of access: The proximity of testing facilities to staff home or places of work was important for facilitating testing and minimising time spent away from work for testing. Families and staff in our study reported travelling up to 40 miles, or for two hours, to be tested.
- Speed of return of results was key to reducing temporary closure of settings, enabling staff returns to work and ensuring continuity of ECEC provision. At some periods during the COVID-19 pandemic, ECEC staff and families reported waiting 5-7 days for results.

RECOMMENDATIONS

As an essential service, ECEC settings should have:

- Priority access to any testing, vaccination or medication which becomes available to monitor and manage disease.
- Access to rapid testing and results for ECEC staff on the basis of their critical worker status.
- Vaccine priority based on occupation.

Sick Pay: Adequate sick pay is essential during a pandemic. It must ensure staff working in the ECEC sector are testing for asymptomatic disease, taking sick leave from work and isolating to prevent the spread of disease. Our research highlights that sick pay policies vary across the sector, between staff in the same setting, and is often dependent upon contractual terms and length of service. Overall, the proportion of the workforce with access to contractual sick pay improved in nurseries during the pandemic from 32.9% to 44.8% — likely reflecting a recognition within the sector of the need for sick pay to contain the spread of the virus. While sickness was generally covered by some level of contractual or statutory sick pay, periods of isolation or caring for dependents with Covid were less likely to be paid. This suggests a misunderstanding of the law by ECEC employers as periods of isolation - whether isolating due to a notification of contact or because they live with someone who has symptoms - should be compensated by SSP.

In nurseries, 28.7% of the workforce only has access to Statutory Sick Pay (SSP). For staff with contractual sick pay (44.8%), this was often exhausted after 3-5 days of sickness. Thereafter staff relied on SSP, with many staff making use of holiday entitlement or toil when sick during the pandemic. Our research found widespread financial hardship, including issues with paying mortgages, for ECEC staff who were sick and paid SSP for several weeks due to Covid. More worryingly, of the 146 childminders who isolated due to work-related exposure almost two-thirds (63%) said they received no pay at all. About three

quarters (73.6%) of those who isolated due to non-work-related exposure to Covid received no income.

RECOMMENDATIONS

Enhanced access to sick pay for employed and self-employed critical workers, including:

- No minimum wage threshold for access to SSP
- Retain SSP from day one (rather than day 4) of sickness
- SSP paid in line with living wage
- Retain SSP to include periods of isolation (i.e where employee has come into contact with contagion but not necessarily developed illness) and care of dependents
- Government funds available to support employers and self-employed to provide sick pay

4) Government guidance to the sector was often inadequate and not timely

ECEC practitioners followed the guidance provided by the government and, specifically the *'Actions For Early Years'* guidance provided by the DfE, closely and were concerned and aware of the importance of updating their risk assessments to reflect the latest guidelines. Our research identified several areas where both the content of the guidance and its communication may be improved for future pandemic situations.

While ECEC practitioners widely recognised that the pandemic has been a rapidly-evolving situation and that guidance was reviewed and updated to reflect our growing understanding of the virus, they felt that the weekly, or otherwise regular, updates were too frequent, that the documents they were expected to refer to were too long, and the time for revision and implementation of risk assessments too short.

In addition, release of updates was often poorly timed – many nursery managers and childminders mentioned that they received updates on Friday nights, giving them little time to read and respond for when provision resumed on Monday morning. In Wales, official coronavirus guidance for ECEC was not published till June, which was two months after the first lockdown was put in place. Nursery managers in Wales reported having to improvise without the support of guidance.

Some ECEC practitioners interviewed for our study questioned the advice provided in the guidance suggesting that it was occasionally ambiguous, conflicting or contradictory, or that the advice provided to ECEC settings lacked an understanding of sectoral specificities. In particular, childminders often commented that the advice provided to the ECEC sector as a whole was developed for care and working conditions in nurseries and that parts of the advice were not relevant or not appropriate for care provided in the childminders' own home. Advice also differed from that given to schools, which created specific problems for nursery classes situated within schools.

The guidance was most useful where it was prescriptive and those responsible for developing risk assessments in their ECEC settings found it useful to have sample risk

assessments that they could draw on when devising their own. ECEC practitioners also relied heavily upon the advice and expertise of local authorities, and sector advocate and professional organisations (such as NDNA, PACEY) for information and clarity about the guidelines and how to implement them.

RECOMMENDATIONS

- The development of sector-specific guidance on infection control during a pandemic, which reflects the unique conditions of work in different parts of the sector should be available and should form part of basic H&S training for ECEC practitioners, to ensure that all workers in the sector have baseline knowledge.
- During pandemic situations, while it is likely that guidelines will need to be reviewed to reflect new knowledge of any novel pathogen, updates will be most effective where:
 - Practitioners are given 3-5 days of lead time to review risk assessments and implement new measures
 - Changes from previous guidelines are clearly highlighted
 - Model risk assessments are provided
- Government should work closely with sector bodies to clarify guidelines and ensure consistency of messaging, in recognition of the key role these organizations have played during the COVID-19 pandemic.

5) Employment support for providers

In 2020, the government introduced a package of support for employers and workers, which were available to providers in the ECEC sector. This included the ‘Coronavirus Job Retention Scheme’ (also referred to as ‘Furlough’) and the Self-employment Income Support Scheme (SEISS). These schemes were vital in enabling settings to switch into ‘crisis mode’ and provide continuity of care for critical workers.

The provision of the SEISS scheme enabled childminders (who are mainly self-employed) to remain open to critical workers, even when a reduction in parent demand threatened their ability to continue to provide care. There was significant take-up of the Scheme. Approximately three quarters of childminders (74.9%) used the SEISS. Among those (25%) who did not access SEISS, the majority (57.3% & 74.8% in Wave 1/2) stated that they were ineligible or did not think they were eligible. A small number stated that they did not know this was a possibility (9.8%), suggesting that the Scheme was sufficiently promoted and that there was widespread awareness of it. In Wales, 85% (wave 1) and 21.6% (wave 2) of the (respectively) 52 and 37 Wales respondents used the Childcare Providers Grant. In Wales, 50% of 37 childminders in wave 1 used the Coronavirus Childcare Assistance Scheme. Importantly, despite good take-up, of all childminders who had accessed the SEISS, three quarters (74.4%) in Wave 1 said that the income they received from this was not sufficient enough to cover their usual income. As such, while the SEISS scheme was necessary in maintaining provision of childcare in the childminding sector, future preparedness must

ensure that payments are sufficient to sustain those working in it in order for it to be fully effective.

Moreover, the nature of the childminding workforce, which is characterised by high turnover and childminders moving in and out of the labour market, meant that there were systematic barriers to accessing SEISS. As such, for those who did not access the Scheme, this included because childminders had not been registered as self-employed for a sufficient amount of time; taking maternity leave in previous years; no impact on income levels; the amount would not have been sufficiently worth the time to apply; they had been paid as a Dividend Director. Taking maternity leave in the previous year also impacted on access and eligibility for the scheme and should be considered as a specifically gendered element, which disadvantaged female self-employed people.

In nurseries, the narrow profit margins of many settings meant that the ability to make use of the furlough scheme temporarily when staff were required to isolate due to a positive contact or a burst bubble was vital in enabling them to remain flexible. Independent school and Private day nurseries both had an average proportion of one third furloughed workers. It is likely that this resulted in very low levels of redundancy in the sector (with 0.5% reporting redundancies). At the outset, however, there was some lack of clarity in relation to the relationship between receiving payment for Furlough by settings in receipt of government funding (such as 15/30 Hours free childcare). A number of nursery Managers reported that using the scheme was complicated and they were initially advised they would be unable to use it. NM50 state that "for the first four weeks, up until the 20th April, I was a little bit kind of weary with the information that was coming out with regards to furlough and government funding and all of those things. So I didn't make any decision to put anything in place until the 20th April when there was some more information released".

Overall, the various employment support systems in England and Wales were vital in ensuring that the Early Years sector was able to move swiftly into crisis mode and provide continuity of care for the children of critical workers.

RECOMMENDATIONS

- **Improvements to employment support schemes which enable them to be rolled out immediately and which reflect the complexities of the workforce in ECEC, particularly amongst self-employed providers**, taking into account:
 - Relationship with existing funding mechanisms
 - The specific nature of the self-employed workforce amongst childminders, generating a system of self-employment support which is sensitive to the particularities of this labour market
- Improved promotion and public awareness of the availability and eligibility for the schemes, potentially via employer representatives such as PACEY, Early Years Alliance and National Day Nurseries Association.

6) Maintaining provision during crisis mode

Funding provision

During March – June 2020, many early years settings remained open to provide vital childcare for the children of critical workers parents. During this time, settings experienced significant financial difficulties due to a reduction in fee income from their wider community of families who would normally attend settings.

This resulted in early years settings taking a number of remedial action actions to remain viable in the short term. Forty percent of settings went into deficit during the period June to December 2020 (n=333); Two thirds of settings had to take some action to remain operating (n=571). Forty percent were able to use financial reserves. ‘Changed staff contract conditions’, ‘Permanently cut staff’, and ‘Non-renewal of temporary staff’ were actions directly eroding staff pay or employment or conditions and one or more of these were taken by 279 settings; this is nearly half (48.9%) of the 571 settings that took some action to remain operational.

These measures have produced a sector which will have significantly less agility and flexibility to respond to future pandemics and crises. In order to ensure preparedness for early years settings to remain open (as a minimum for the children of critical workers) and resilient during periods of heightened restrictions and future pandemics, there is a pressing need for rapid financial support in the case of any lockdown measures. A system of ‘business continuity funding’ would ensure providers are not vulnerable to the sudden withdrawal of children and loss of income (either publicly funded entitlement hours or privately paid for hours), with implications across the economy and society for staff attendance and absences in other essential services.

RECOMMENDATION

- **Initiate a Business Continuity Fund** akin to the Australian business continuity payments whereby eligible childcare services received business continuity payments during extended lockdowns. Services received 25–40% of their pre-lockdown revenue (depending on service type).

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