

November
2025

“Rising needs in the early years”

Research into what is happening, implications, and potential solutions for a more inclusive and holistic approach to supporting children in the early years

Ben Bryant and Jodie Reed – Isos Partnership

November 2025

Contents

Contents	1
Executive summary	2
Introduction	8
Part 1: “Rising needs in the early years” – trends, factors and implications	11
Chapter 1: “Rising needs in the early years”?	12
Chapter 2: What do practitioners think could be driving these changes?.....	25
Chapter 3: What have been the implications of these changes for practitioners?	39
Part 2: How the current system of additional support in the early years is working (in theory and in practice).....	44
Chapter 4: Identifying where children need additional support.....	45
Chapter 5: Ensuring access to early education and childcare	52
Chapter 6: Delivering additional support	59
Chapter 7: Managing transitions	62
Chapter 8: Resourcing	67
Part 3: Where next?	72
Chapter 9: The national ambition for early childhood.....	77
Chapter 10: Identifying where children need additional support.....	80
Chapter 11: Ensuring access to early education and childcare.....	83
Chapter 12: Delivering additional support	88
Chapter 13: Managing transitions	90
Chapter 14: Resourcing	93
List of acronyms used in this report.....	97

Executive summary

Introduction

The early years and months of life are a key time for many children, shaping their experiences in childhood and the foundations of their adult lives. This time can be all the more important for children who may need some form of additional support in their earliest years. There are, however, strong signs that outcomes for children in the early years who need additional support are worsening, not improving.

This research, commissioned by the Local Government Association (LGA), asks what can be done to improve outcomes for children who need additional support in the early years. It has also sought to explore the perception, reported by practitioners, of “rising needs in the early years”, building up a more granular understanding of what practitioners are seeing, what might be causing these trends, and the implications for settings, services and policy. We have framed our findings in terms of areas where practitioners considered that they were providing additional *support*, rather than perceptions of the additional *needs* of children. Our intention is to pinpoint what practitioners perceive to be changing within a system context, rather than to label children and frame what we are describing as “within child” issues.

The research took place between March and June 2025, and involved deep dives with providers, service leaders and parents and carers in three local areas, online surveys of early years providers and local authority (LA) early years leads, and analysis of publicly available data and wider research. We present the findings of this research, and our recommendations, in the context of recently announced plans for reform of early education and childcare, as well as anticipated reforms of education and special educational needs and disability (SEND).

Part 1: “Rising needs in the early years”?

The vast majority of participants in this research considered that they were seeing “rising needs in the early years”. Early years practitioners and LA early years leads told us that they were seeing a growth both in the volume and complexity of need. They considered that this was a long-term trend that pre-dated the pandemic – while the pandemic had affected this trend, what they saw as “rising needs in the early years” was not attributable to the effects of the pandemic. The most significant change described by practitioners was the growth in the number of children with communication and interaction needs, and the complexity of those needs, with more children presenting with very limited or no language and/or social communication needs.

“Rising needs in the early years?”

Practitioners described four broad areas where they were putting in place increased additional support:

1. support for children with little or no language;
2. support for children struggling with social interactions, and who needed greater support from adults to engage in group activities, and to share and take turns;
3. support for children who did not engage in activities beyond their own interests; and
4. support for children displaying sensory-seeking or sensory-averting behaviour.

Published data provide some support for practitioners' view of "rising needs in the early years". While the needs that are rising are not just related to SEN, the data on the identification of SEN does provide a useful starting point for looking at changes in needs in the early years. Department for Education (DfE) data show that the proportion of children under the age of 5 who access the universal early education and childcare entitlement and are identified as having SEN rose from 6.3% to 8.9% in 2024 and 2025. The proportion of children registered to access the working parent entitlement who were identified as having SEN rose from 2.8% in 2019 to 4.5% in 2024. While the number increased in 2025, the proportion shrunk due to the expansion of the working parent entitlement. DfE data also show that there has been greater growth in the number of new education, health and care plans (EHCPs) issued to children under 5 than across the rest of the EHCP cohort – the most common ages for EHCPs to be issued are now 4 and 5.

Practitioners described three broad sets of inter-related factors that they considered were driving these trends. These include factors that relate to changes in need, but also factors that relate to demand pressures on the system created by children's and families' needs not being identified and met at the right time.

1. **First, factors that are contributing to an increase in underlying needs** – an increase in poverty, increasing rates of identified neurodivergence, and the lasting effects of the pandemic on children.
2. **Second, factors that exacerbate underlying needs** – chief among these was the impact of passive screen time on child development and adult-child interactions, as well as changes in the context in which parents are parenting, the growth in additional and mental health needs among adults, and the reduction in capacity of preventative services.
3. **Third, factors that make children's apparent need for additional support more pronounced and visible** – increased but not always consistent understanding and identification of additional needs, wider challenges in the early years sector (workforce turnover, funding, policy change), and the pressure for children to be ready for more formal teaching and learning at school.

The implication of these trends is that, as one LA early years lead put it, ‘the walls of the classroom have changed’. Many early years providers and LA early years leads described how they were adapting their practices due to the growing number of children for whom they are providing more individualised additional support. Many providers described how they were responding proactively to these changes – the majority who responded to our survey said they had worked more with external professionals, invested in training, taken on new staff and adjusted ratios, and adjusted their curriculum. Others, however, reported reducing the hours that children who needed additional support could attend, or having to turn away children because they could not meet their needs.

Part 2: How the current system is working

When evaluating how the current offer of additional support in the early years is working, we have found it helpful to frame this in terms of five key functions.

The first function is identifying where children need additional support. Where the system works well, early years providers are acting as the lynchpin of the system for families, developing relationships, building an understanding of the family, and helping to access wider support. On the positive side, local areas have also created joined-up, partnership-based, system-wide approaches to identifying needs early and delivering additional support. While we heard positive examples, this is by no means consistent, nor a universal experience for families. Where the system works less well is where parents consider that the early signs that their child needs additional support are not recognised or are dismissed by professionals. Furthermore, since early years settings are increasingly the services that see young children the most, this raises questions about how and by whom children who need additional support are identified if those children are not attending early years and childcare settings regularly.

The second function is ensuring access to early education and childcare. Where the system works well, LAs work proactively with providers to plan provision and build capacity, often by defining consistent expectations and offering local training. Ultimately, however, the system does not work well in instances where parents of children who need additional support are not able to get a place in an early years provider. Four in 10 (41%) LAs that responded to our survey identified insufficient places for children with additional needs as a concern. Even when parents can find a place for their child, they may not be able to access their full entitlement – this was a common theme in examples of families’ experiences. One in three (37%) LAs identified as a concern children with additional needs not being able to access their full entitlement. This means that, despite examples of providers going above and beyond in their efforts to provide additional support, parents of children who need additional support can face barriers in accessing early education and childcare places and their full entitlement.

“Rising needs in the early years?”

The third function is delivering additional support, which includes providing environments in which children can thrive. Where the system is working well, LAs and partners have sought to join up and streamline access to support. That does not always translate into families' experiences, with parents reporting difficulties navigating the system and, when they find support, a discrepancy between the services offered on paper and the capacity they can offer. Practitioners highlighted the mismatch between the need for additional communication and language support and its availability.

The fourth function is managing transitions. For what is seen as a vital point in children's education, especially for children who need additional support, there is relatively little national policy guidance or support for transitions. While individual providers and local areas have developed their own approaches to planning and supporting transition, these approaches often rely on individual relationships and local discretion. Where early years providers and schools do not work well together, or where local areas have not been able to invest in funding and services during the transition to reception, families experience a "cliff edge" in support. The need to secure support when a child moves to school and the demands for children to be ready for more formal approaches to teaching and learning can add to the pressure to seek a statutory assessment at this key transition point.

The fifth function is resourcing. This works well where local areas have used existing funding to give providers swifter access to resources and enable them to take a more proactive approach to inclusion – for example, pooling resources to jointly commission support. There are, however, significant pressures on resources. Our analysis suggests that expected spend on SEN inclusion funding (SENIF) has increased by 177% over the past seven years. In addition, the practice of distributing resources through individual top-ups can be reactive and cumbersome.

Part 3: Where next?

Among participants in this research, there were areas of consensus about what was needed to build a more inclusive, holistic and proactive approach to additional support in the early years. Such an approach would recognise children and families as they are and build a system that is equipped to provide the additional support that some families will need. In this report, we have made a series of recommendations about how to create such a system.

Our recommendations are framed in the context of the Government's ambitions to give every child the best start in life and to create a more inclusive education system. We welcome these ambitions, and we recommend that a commitment to the intrinsic value of early education and childcare is placed at their heart. We recommend that, in implementing these reforms, the Government focuses on ensuring equity of

access to early education and childcare for all children, including those who require additional support.

To strengthen timely and accurate identification of children who need additional support, we recommend building on and expanding existing resources on child development to encompass a broader range of ways in which children can be supported to develop. The aim would be to shift away from seeing child development in terms of the ways supposedly “typical” children develop, and to promote greater understanding among practitioners and families of the range of ways that children, including those who need additional support, can be supported to develop. We recommend that existing resources on child development for parents and practitioners are brought together and built upon, to provide more information about and strategies for supporting the different developmental pathways of children with a range of additional needs. At local level, we recommend LAs continue to promote information about child development and use their position to work directly with families to co-develop plans to support their children’s development.

In terms of ensuring access to early education and childcare, we echo the recommendation we made in our 2024 report on the SEND system about the need for a set of national expectations of inclusive practice. We are not suggesting a parallel set of expectations, but instead underscoring the importance of national expectations of inclusive practice and ordinarily available provision, aligned with accountability and funding, for strengthening inclusion and responding to the rise in needs in the early years. National expectations are essential if parents are to be able to access places in settings and to be confident in the additional support their child should receive in an early years setting – and for non-inclusive practice to be challenged. Furthermore, national expectations must be aligned to a comprehensive workforce development strategy for early years educators, in which a focus on child development and inclusive practices should be central. Lastly, ensuring equitable access to early education and childcare requires strong local oversight of the sufficiency of places, quality of education, inclusive practice, and take-up among groups, including children with additional needs. We recommend that the LA role in early education and childcare is reframed to focus not only on securing sufficiency but also on ensuring access and inclusion, with the corresponding responsibilities of providers and wider partners clarified.

In terms of delivering additional support, we recommend that early years settings are placed at the heart of a wider, joined-up system of additional support. We recommend strengthening the expectations of local partners to work together to deliver an integrated approach to identifying need and delivering additional support to settings and families. This will require that early education and childcare workforce development is extended to the broader range of services that support babies, young

children and families. We also recommend that national policymakers consider the role to be played by specialist early years provision in a more inclusive education system. There was a strong desire for this from early years providers, but relatively little is known about such provision, how it is used, and the impact of different models.

In terms of transitions, we recommend that national policymakers set out clear expectations for settings and services around the transition to school of children who are likely to need additional support. This should also include supporting local areas to develop services and funding that span the transition between nursery and reception. We recommend that the implementation of the curriculum review and future education reforms encourage and support schools to design their curricula and approaches to teaching and learning flexibly, reflecting the range of children’s starting points in reception and providing a graduated transition into Year 1.

In terms of resourcing, we recommend an overhaul of the existing (often) deficit-based and reactive approach to distributing funding for additional needs. In a more inclusive education system in which providers need to provide increased additional support, there should be a rebalancing of the funding that is distributed directly to providers (to match expectations of and accountability for inclusive practice) and that allocated to LAs to distribute locally. While children who need highly bespoke support will continue to need individual top-up funding, we recommend that LAs are given greater flexibility to test and develop approaches to distributing funding for emerging needs other than through individual SENIF top-ups.

Building on *Best start in life*, the long-term plan for the NHS, and reform of the SEND system, these recommendations could form the foundation of a more inclusive, holistic and proactive approach to early education and childcare.

* * *

Introduction

Background and aims of the research

The early years and months of life are a key time for many children, shaping their experiences in childhood and the foundations of their adult lives. This time can be all the more important for children who may need some form of additional support in their earliest years. Evidence from Sure Start and longitudinal studies of early education and childcare attest to the long-term benefits of identifying and meeting needs early.¹

There are, however, strong signs that outcomes for children in the early years who need additional support are worsening rather than improving. Analysis by the Education Policy Institute has shown that the attainment gap in reception between disadvantaged children and their peers is considerably wider now than it was before the pandemic.² The attainment gap for children identified with SEND is the widest it has been since the data series began in 2013. They estimated that, in 2024, children in reception with an EHCP were 20.1 months behind their peers, and children on SEN support were 12.6 months behind.³

As such, this research has asked what can be done to improve outcomes for children who need additional support in the early years. It also seeks to build on the Government's ambition to strengthen inclusion in England's education system. In our 2024 report on the future of the SEND system, we argued for the need to build a more inclusive approach to education, starting from the early years.⁴ If the Government's ambition is to create a more inclusive and holistic approach to education, there is a lot to be said about starting at the earliest phase of education and in a sector that lends itself to working in a child- and family-focused way. Achieving this will, however, require careful balancing with other Government ambitions in the early years, including the expansion of early education and childcare entitlements and the introduction of targets

¹ Carneiro P., Cattan S. and Ridpath N. (2004), *The short- and medium-term impacts of Sure Start on educational outcomes* (Institute of Fiscal Studies: R307, 2024); Taggart B., Sylva K., Melhuish E., Sammons P. and Siraj I., *Effective pre-school, primary and secondary education project: How pre-school influences children and young people's attainment and developmental outcomes over time* (DfE: 2015).

² Education Policy Institute (2025), *Annual Report*. After the pandemic, in 2022 the attainment gap for disadvantaged children was higher (4.8 months) than it had been in 2019 (4.2 months). While the gap narrowed in 2023 (4.6 months), it rose again in 2024 (4.8 months). It should be noted that it is not possible to make direct comparisons to early years foundation stage profile (EYFSP) assessment outcomes since a reformed EYFSP was introduced in 2021.

³ Education Policy Institute (2025), *Annual Report*. It is worth noting, however, that the attainment gaps for children on SEN support and with EHCPs at the end of Key Stage 2 and Key Stage 4 have been narrowing. This suggests that there is a growing challenge in the early years that, over time, will see the gap increase in schools, or that the approach to narrowing gaps in the early years is not working as it is in schools.

⁴ Bryant, B. and Parish, N. (2024), *Towards an effective and financially sustainable approach to SEND in England* (LGA and CCN: 2024).

for the proportion of children reaching a good level of development by the end of reception.

At the same time, during our work on the “SEND system” and on early education and childcare, practitioners have talked about seeing “rising needs in the early years”.⁵ They said that they were seeing more children with more “complex” additional needs, often identified as SEND, and described the implications of this for settings and services. Terms like “rising needs” and “complexity” are widely used, but poorly defined.

As such, as well as exploring what would improve outcomes and support for children in the early years, this research has sought to build a more granular understanding of what practitioners are seeing. This is crucial if there is to be a proactive approach that takes children as they are and builds a system that enables early identification of needs and swift access to support for children, families and settings. This is in sharp contrast to a reactive approach, where the system is premised on providing for “typical” children and in which additional support is something that must be applied for to compensate for a perceived deficit in a child.

Therefore, the aims of this research have been to:

- a. build an understanding of what sits beneath the perception of “rising needs in the early years”;
- b. explore how the current early education and childcare system in England is functioning and the experiences of families and practitioners; and
- c. outline potential national and local solutions that would foster an inclusive, holistic and proactive approach to additional support in the early years.

Our approach

The research took place between March and June 2025, and has involved gathering evidence from a range of sources, including:

- a review of existing literature and publicly available data relevant to the research;
- initial scoping interviews and subsequent workshops with national policy-makers and sector experts to test findings and recommendations;
- online surveys offered to early years providers (331 responses) and to LA early years leads (41 responses); and
- “deep dives” in three local areas (Cornwall, Lewisham and North Tyneside) that had seen an increase in the number of early years children identified as needing additional support, and had developed system-wide approaches to respond this, to explore local trends and arrangements for providing additional support – in

⁵ Reed, J. and O’Halloran, J. (2024), [The Childcare Challenge: How can the new Government delivery a real childcare guarantee?](#), (Institute of Public Policy Research and Save the Children).

each local area, we engaged early years providers; parents and carers directly and/or through the local Parent Carer Forum (PCF); the SEND Information, Advice and Support Service (SENDIASS); and LA officers and health service leaders representing a range of services working with young children, families and early years providers.

The project was carried out by a small team at Isos Partnership, made up of Ben Bryant, Jodie Reed, Natalie Parish and Adam Lewis. We are grateful to all colleagues who contributed time, experience and ideas to this research. We are also grateful to Flora Wilkie at the LGA, who commissioned this research and provided advice throughout.

How this report is structured

This report is divided into three sections. **Part 1 focuses on practitioners' perceptions of "rising needs in the early years"**. It details where practitioners report that they are providing increasing additional support, the factors behind this, the implications for settings and services, and wider evidence that might corroborate these trends.

Part 2 explores how the current system is functioning. It is structured around five specific functions of a system of additional support in the early years: (i) identifying where children need additional support, (ii) ensuring access to provision, (iii) delivering additional support, (iv) supporting transition to school, and (v) resourcing these practices. There is a chapter on each of these functions that sets out how the system is meant to work and how it works in practice, both in terms of effective local practice and the challenges experienced by families and practitioners.

Part 3 sets out our recommendations, at both national and local levels. These are organised around the five key functions introduced in Part 2. During this research, we have heard a range of views, which we have sought to reflect in this report, particularly Parts 1 and 2. The recommendations in Part 3, while drawing on ideas put forward by participants, are our own and reflect what we think is necessary to build a more effective, inclusive and holistic approach to additional support in the early years.

This has been a small-scale study, drawing primarily on qualitative feedback from early years educators, LA and health service leaders and parents and carers. We are not in a position to make claims about changes in the prevalence of needs or the accuracy of assessments. This research has, however, sought to build a deeper understanding of what lies behind the perception of "rising needs in the early years", based on what practitioners are seeing and how families experience the system. The aim is that this contributes to a growing understanding of the additional support that children in the early years need, and to policy debates about reform of early education.

* * *

"Rising needs in the early years?"

Part 1: “Rising needs in the early years” – trends, factors and implications

The three chapters in Part 1 focus on:

- perceptions of “rising needs in the early years”;
- the factors that might be driving these trends; and
- the implications of these trends.

These chapters draw largely on what early years providers and LA early years leads reported to us. Where available, we use wider data and research evidence, as well as experiences from parents and carers, to add detail to these findings.

We have framed our findings in terms of areas where practitioners considered that they were providing additional *support*, rather than in terms of the additional *needs* of children. Our intention is to pinpoint what practitioners perceive to be changing and what the implications are in the context of the wider system, rather than to “medicalise” or put labels on children’s needs and frame what we are describing as “within child” issues, rather than broader systemic challenges. A fundamental prerequisite of building a better system of additional support in the early years is having a strong understanding of children, families and practitioners as they are and the support that they need.

* * *

Chapter 1: “Rising needs in the early years”?

What do practitioners think is changing?

The vast majority of participants in this research considered that they were seeing “rising needs in the early years”. One LA early years lead described the rise that their local area had first recognised several years ago as ‘astronomical, like nothing anyone had seen before’. Many early years providers and leaders of local services for young children told us that this was a trend they were seeing in their cohorts, and could cited figures reflecting these trends:

- one local educational psychology service reported a 47% increase in referrals for its early years support offer between 2018/19 and 2023/24;
- the same local area’s speech and language therapy service reported an overall increase in referrals, but with children under 5 years old making up a greater proportion of this rising caseload;
- another local area’s learning and communication service for early years reported a threefold increase in referrals in the last year;
- leaders in one primary school described how they had gone from having no children with EHCPs in the early years to having four children in both of their nursery and reception classes;
- leaders in another school told of a fourfold increase in the number of children with SEND across the school, with higher levels of needs reported in the early years and Key Stage 1; and
- leaders in one PVI (private, voluntary or independent) setting described a doubling of requests for education, health and care needs assessments (EHCNAs), and how they had gone from having one autistic child in a room to having many autistic children in each room.

Organisations representing or working with parents and carers of children with SEND reported similar trends. In the three local areas where we carried out deep dives, the PCF and SENDIASS leads to whom we spoke reported an increase in cases relating to children in the early years being brought to their attention.

‘If you asked 5 to 10 years ago, I would have said this trend [of challenges for parents in accessing support] happens at the end of primary. But we are definitely seeing more early years cases now. It is a daily or weekly conversation with parents.’ – **PCF lead**

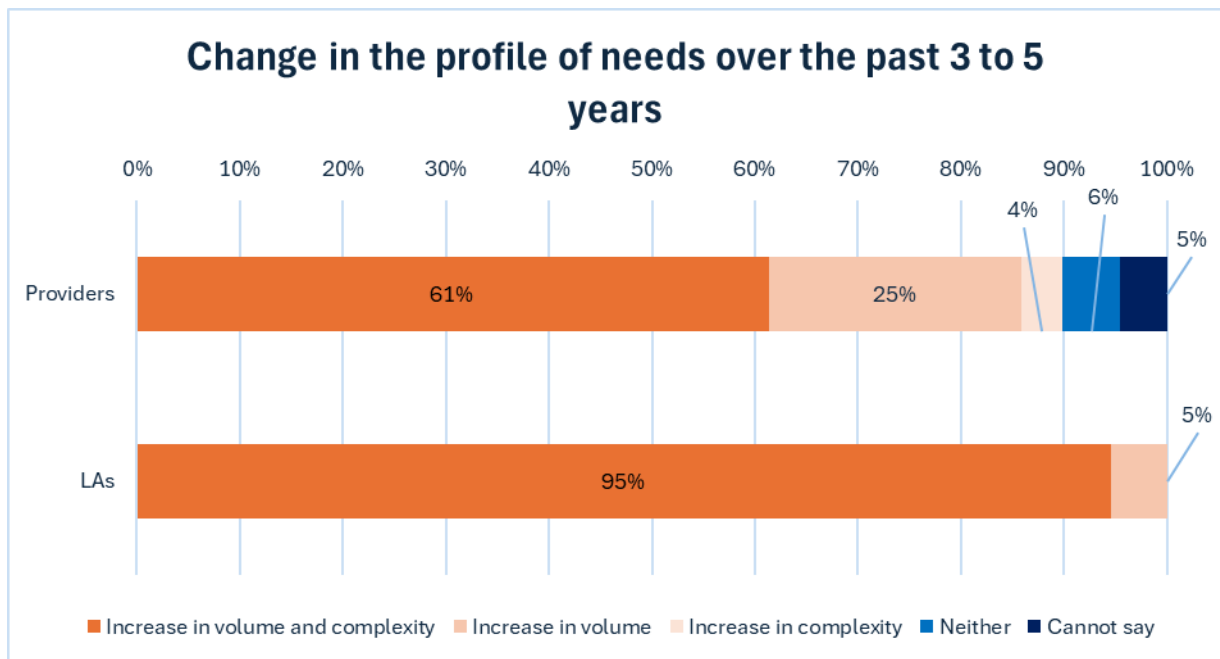
Practitioners considered that they were seeing changes in both the volume and the complexity of need. We asked early years practitioners and LA early years leads whether, over the past 3 to 5 years, they considered that they were seeing a change in

“Rising needs in the early years?”

volume (more children with profiles of need similar to those they had seen in the past), or complexity (children presenting with more complex needs), or both. Figure 1 shows the results of this question from our surveys:

- nine out of 10 early years providers and all LA early years leads considered that needs were rising; and
- the most common response in both groups (61% of providers, 95% of LA early years leads) was that both volume and complexity were increasing.

Figure 1: Survey responses to the question of whether the change in the profile of needs over the past 3 to 5 years has been due to an increase in volume, complexity, both, or neither



Source: Isos Partnership survey (Provider responses 324, LA responses 36)⁶

Practitioners considered that this was a long-term trend that pre-dated, but was still affected by, the pandemic. As one educational psychologist put it, ‘when we look back, it [the trend of rising needs] was beginning before Covid, although it was sped up by Covid.’ Practitioners described how they had seen a spike in the number of children who needed additional support linked to the effects of pandemic lockdowns, and that they were still seeing effects for children born during the pandemic. They considered, however, that the pandemic spike had largely passed, and that the trend of “rising needs in the early years” was not solely a result of the pandemic.

The most significant change that practitioners described was the growth in the volume and complexity of young children’s communication and interaction needs. Practitioners described an increase in other areas of need – such as physical difficulties, learning difficulties, and visual and hearing impairment – but stressed that

⁶ When reporting responses from our survey, figures are rounded to the nearest one percent.

these needs were changing in proportion with their cohort. The area of need that practitioners considered was growing disproportionately was that of children who needed support with communication and interaction, and specifically social communication. Practitioners described how, 10 years ago, they would have identified communication and interaction as the most common area where children needed additional support. Then, that support would have focused on delayed speech and language development. The difference now, they told us, is that they are seeing an increasing number of children who need support due having very limited or no language, and/or social communication needs. Some examples of what practitioners described to us are included below.

- The speech and language service in one local area reported that, over the past seven years, the majority of children they were supporting were at what they termed “social partner” level (children who are not yet using words to communicate), with a decreasing proportion of children requiring support at the “conversation partner” (children who can use language to converse, but may need support in forming speech and pronunciation) or “language partner” (children who can use emerging language intentionally) levels.⁷
- Speech and language therapists in another local area described the same trend – while in the past they would have been supporting children who could communicate but needed support with forming words and expressing themselves, they were now supporting increasing numbers of children who were “pre-verbal” (who have no speech).
- In another local area, the LA lead for inclusion in the early years reported that 97% of children known to their services had needs relating to social communication difficulties.
- In the same local area, the health visiting service reported a greater increase in speech and language delays being identified in checks for 2-year-olds than had been seen in the past. This is borne out by national data, which show that, while the proportion of children meeting their milestones at 2 years old have been broadly stable in gross and fine motor skills, problem-solving, and personal and social skills, there has been a decrease in the proportion of children meeting their speech and language milestones, from 90% in 2018/19 to 86.6% in 2023/24.⁸

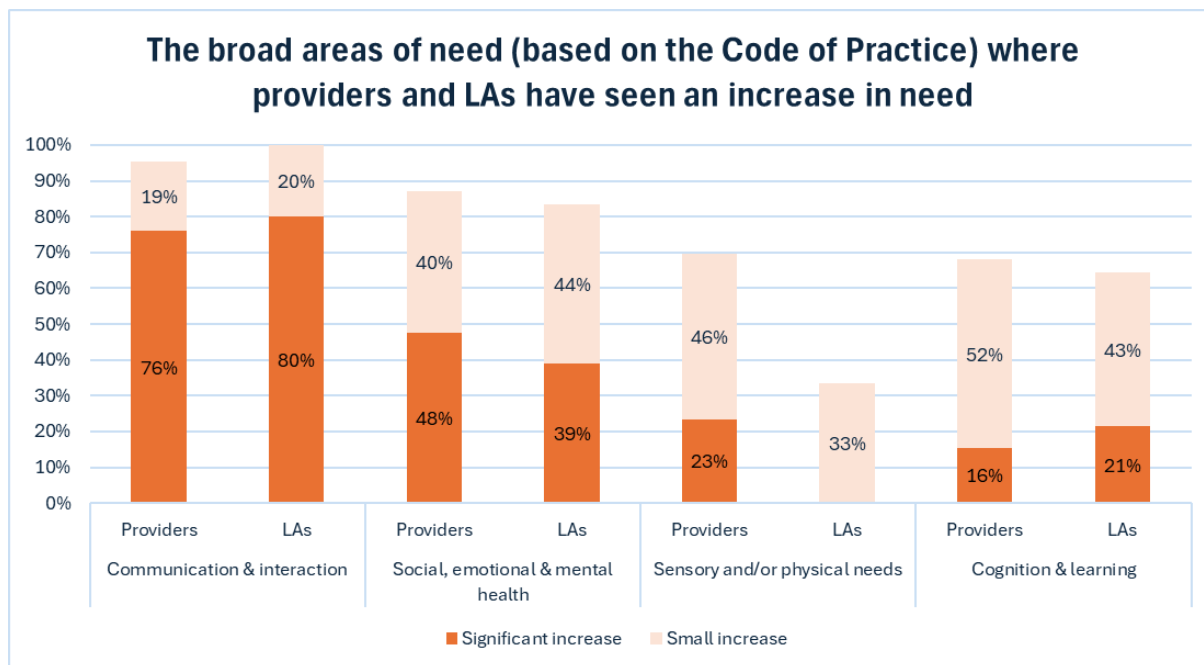
The perception of the growth in communication and interaction needs came through strongly in responses to our surveys. Figure 2 shows the responses from early years providers and LA early years leads about whether and to what extent they

⁷ These terms come from the SCERTS (social communication, emotional regulation, transactional support) framework.

⁸ Department of Health and Social Care, [Child and Maternal Health - Data | Fingertips | Department of Health and Social Care](#).

had seen an increase in needs in the four main categories of SEND in the Code of Practice.

Figure 2: Chart showing survey responses from early years providers and LAs detailing the areas of need where they had seen a significant or small increase



Source: Isos Partnership survey (Provider responses 324, LA responses 36)

Among both providers and LA early years leads, communication and interaction was the area of need considered by most to have seen a significant increase. Three quarters (76%) of providers and eight in 10 (80%) LA early years leads reported seeing a significant increase in communication and interaction needs. Survey respondents also reported increases in needs in other areas:

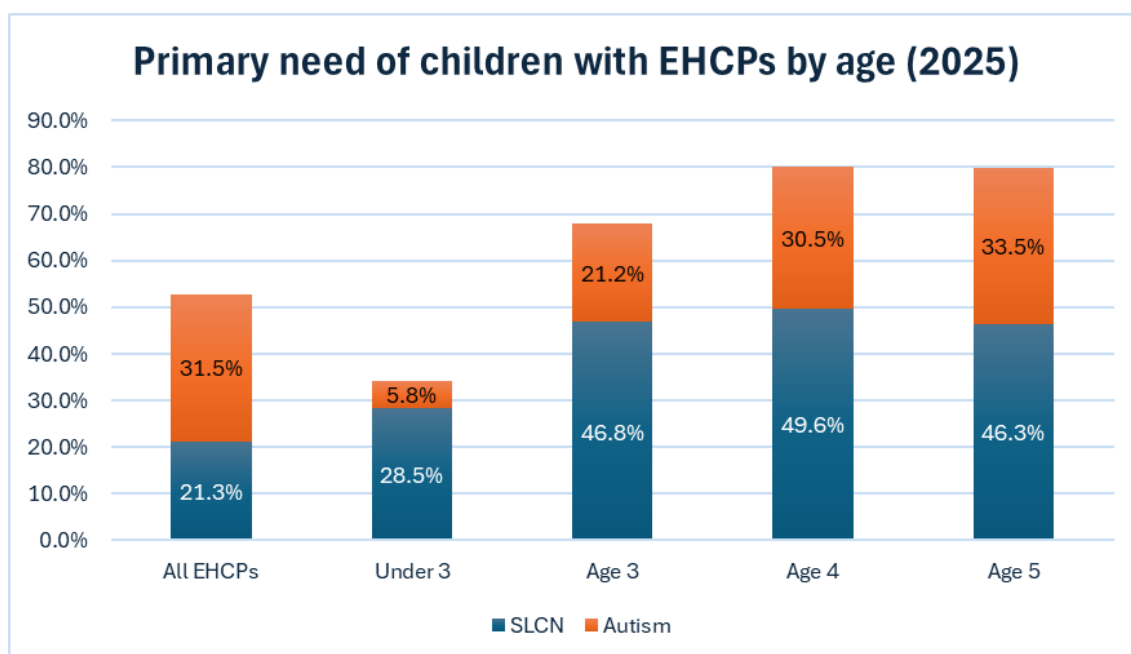
- almost half of the providers (48%) and four in 10 LA early years leads (39%) identified a significant increase in social, emotional and mental health (SEMH) needs – although many considered that this was related to underlying communication and interaction needs;
- a quarter (23%) of providers identified significant growth in sensory and/or physical needs – again, in their comments, practitioners often linked sensory needs to wider communication and interaction needs (rather than hearing or visual impairments); and
- while one in five (21%) LA early years leads and a slightly smaller proportion of early years providers (16%) identified a *significant* increase in cognition and learning, four in 10 LA early years leads (43%) and over half of the providers (52%) identified a *small* increase – some LA early years leads considered they had seen an increase in learning difficulties, specifically severe learning

“Rising needs in the early years?”

difficulties, in very young children, but most considered that this was often part of a broader profile of a child’s needs, which included autism.

The same trends are evident in DfE data on the primary needs of children with EHCPs. Figure 3 shows the proportions of children under 3, and at ages 3, 4 and 5 with autism or speech, language and communication needs (SLCN), compared to the proportion across the cohort of children and young people of all ages.

Figure 3: Data showing the primary need of children with EHCPs by age in 2025



Source: Education, health and care plans: Reporting year 2025 (DfE)

The data show that SLCN is the most common primary need for children with EHCPs in the early years – indeed, it is the most common primary need until the age of 8. Among children under the age of 3, SLCN is the most common primary need (28.5%, above the average for the whole EHCP cohort of 21.3%). Among children under 3 with EHCPs, there are also higher proportions with physical disabilities (27.6%, cohort average 3.9%) and profound and multiple learning difficulties (PMLD) (13.7%, cohort average 1.3%). This stands to reason, in that the cohort of children under 3 with EHCPs is smaller and the needs likely to be identified in very young children are more likely to be identified by health checks or screenings.

For children aged between 3 and 5 years old, SLCN is the primary need for almost half of the cohort. There is also a growing proportion of children for whom autism is the primary need, particularly after the age of 3 – autism is the primary need for 21.2% of children with an EHCP aged 3, rising to 30.5% and 33.5% of children with an EHCP aged 4 and 5 respectively (the cohort average is 31.5%). Put another way, communication and interaction needs (SLCN and autism) are the primary areas of need for a third (34.3%) of the under 3s, rising to two thirds (68%) of 3-year-olds and eight in 10 children

“Rising needs in the early years?”

aged 4 and 5 (80.1% and 79.8% respectively). The average across the cohort of all children and young people with EHCPs is 52.8%.

The trend of an increase in support for children’s communication and language is also evident in the data on achievement for 5-year-olds in the early years foundation stage profile (EYFSP).

While the last three (academic) years have seen an increase in headline measures for all 5-year-olds and for those with SEND, this masks a small decrease in the proportion of children reaching expected levels in key areas of learning, including ‘communication and language’, and ‘personal, social and emotional development’.⁹ We must be careful not to read too much into these changes, since they are relatively small (less than 1%) across most areas of learning, and the trends are not linear. For example, ‘communication and language’ rose from 79.5% in 2021/22 to 79.7% in 2022/23, before dropping to 79.3% in 2023/24. Nevertheless, it is noteworthy that the areas of learning where the data show a decline are in areas related to the needs that practitioners report seeing more often.

Practitioners described four broad areas where they were putting in place increased additional support

First, support for children with very little or no language

Practitioners described seeing children who had very little or no language, either expressive or receptive, to communicate what they wanted and how they felt, and to interact with their peers and adults. Many used the term ‘pre-verbal’ to describe children’s communication and interaction needs on arrival in settings. Practitioners described how they were responding to increased incidents of children becoming frustrated and dysregulated due to not being able to communicate their needs.

‘Generally, it is a mix of communication and language needs which is having an impact on social, emotional and mental health and cognition and learning.

Children are displaying either no language or communicating through learn[ed]

⁹ DfE, [Early years foundation stage profile results: 2023 to 2024 - GOV.UK](#). DfE did not collect data during 2019/20 and 2020/21 due to the pandemic, and the data collected in the three academic years since to 2023/24 is not directly comparable to pre-pandemic data due to significant changes in the early years foundation stage (EYFS) framework. The headline measures – children with a good level of development, and children at the expected level across all early learning goals – have shown gradual improvement over the past three years. The proportion of 5-year-olds with a good level of development has risen from 65.2% in 2021/22 to 67.7% in 2023/24, while the proportion of 5-year-olds at the expected level across all early learning goals has risen from 63.4% to 66.2% over the same period. There has also been an increase in the proportion of children with SEND achieving a good level of development over this period. Children with SEN support achieving this measure rose from 22.9% to 24.9%, while children with an EHCP achieving the measure rose from 3.6% to 3.8%, albeit with a small drop in the proportion of children with SEND overall in the last year (from 19.8% to 19.7%) due to the increase in numbers of children aged 5 with EHCPs.

phrases, with little ability to use them in the right contexts.’ – **Early years provider**

‘The most common profile I am seeing is children are communicating later. They need a significant increase in support around speech.’ – **Early years provider**

Second, support for children struggling with social interactions

Practitioners described seeing more children who needed greater support or modelling from adults to engage in group activities, to play, to share and to take turns. Some early years educators highlighted that providing this form of support had become more challenging as a result of the change in staffing ratios linked to the expansion of entitlement hours for children under the age of 3.

‘...children not used to being with others need adult modelling to show how to play, how to share, how to wait, how to be kind, how to sit for snack etc.’ – **Early years provider**

‘The most common thing is children who cannot contain their feelings if things do not go according to their expectations or wishes – who are distraught or furious over the need to share resources, or at times of transition, or at adult-directed time. These children need significant 1:1 adult input in order to return to a calm state.’ – **Early years provider**

‘Children with social, emotional and mental health needs, who present with behavioural needs. Some providers struggle to manage children with these needs. Not helped by some nurseries needing biggish groups for financial reasons.’ – **LA early years lead**

Third, support for children who did not engage in activities beyond their immediate interests

Practitioners in early years settings described the challenge of engaging children and managing a wider group where some children would only engage in an activity if it aligned with their immediate interests, and showed little interest in or understanding of the world around them, their peers and their environment.

‘... children are needing more help to concentrate on tasks, explore imaginative play, be involved with thinking about tasks / next steps.’ – **Early years provider**

‘Children unable to interact / engage in activities, no concentration or ability to sit and do ... not understanding simplest of words/instructions, some don't seem to respond to their name.’ – **Early years provider**

“Rising needs in the early years?”

Fourth, support for children with sensory needs

By this, practitioners meant children displaying greater sensory-seeking (including putting things in their mouths) and sensory-averting (relating to textures, smells, food) behaviour. Practitioners described how this meant more children who needed extra support with feeding, daily routines and hygiene. They described the challenges in having a greater number of children who could engage in behaviour that presented risks to themselves (putting things in their mouths but also engaging in unsafe activities) if not supervised closely.

‘Children with complex sensory and medical needs, including sensory aversions to textures or sounds, needing support with feeding, hygiene, and routines.’ –

Early years provider

‘Children with highly sensory seeking behaviours – the behaviours associated with highly sensory seeking behaviour appear to be the ones that cause settings the highest anxiety and lead to reduced timetables and exclusions.’ – **LA early years lead**

There is significant evidence to support practitioners’ view of “rising needs in the early years”

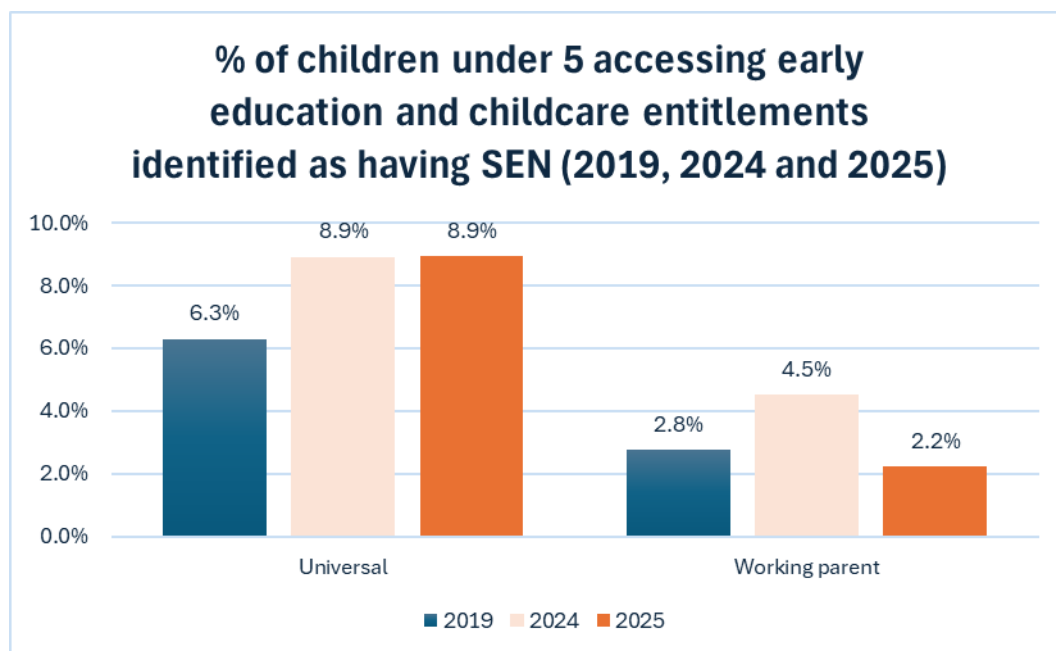
National data support practitioners’ view that there are “rising needs in the early years”. A key source of data is the number of children in the early years identified as having SEN. As we describe in this chapter and the next, the needs that are rising in the early years are not just related to SEN but also reflect a range of broader factors that may mean a child requires additional support in the early years. Nevertheless, with this caveat, the data on the identification of SEN is a useful starting point for looking at changes in needs in the early years.

DfE data show a significant increase in the number of children under 5 years old accessing early education and childcare entitlements who are identified as having SEN. Between 2019 and 2025, the number of children accessing the universal entitlement identified as having SEN rose from 80,440 to 103,172.¹⁰ Figure 4 shows that, as a proportion of all children accessing the universal entitlement, this represented an increase from 6.3% in 2019 to 8.9% in 2025. Given the changes in the working parent entitlement since April 2024, the figures for children identified with SEN taking up the

¹⁰ The universal entitlement offers parents of 3- and 4-year-olds 15 hours per week of early education and childcare.

universal entitlement offer a more reliable indicator of the rise in the identification of SEN among children in the early years.¹¹

Figure 4: Percentage of children aged under 5 accessing early education and childcare entitlements identified as having SEN in 2019 and 2025

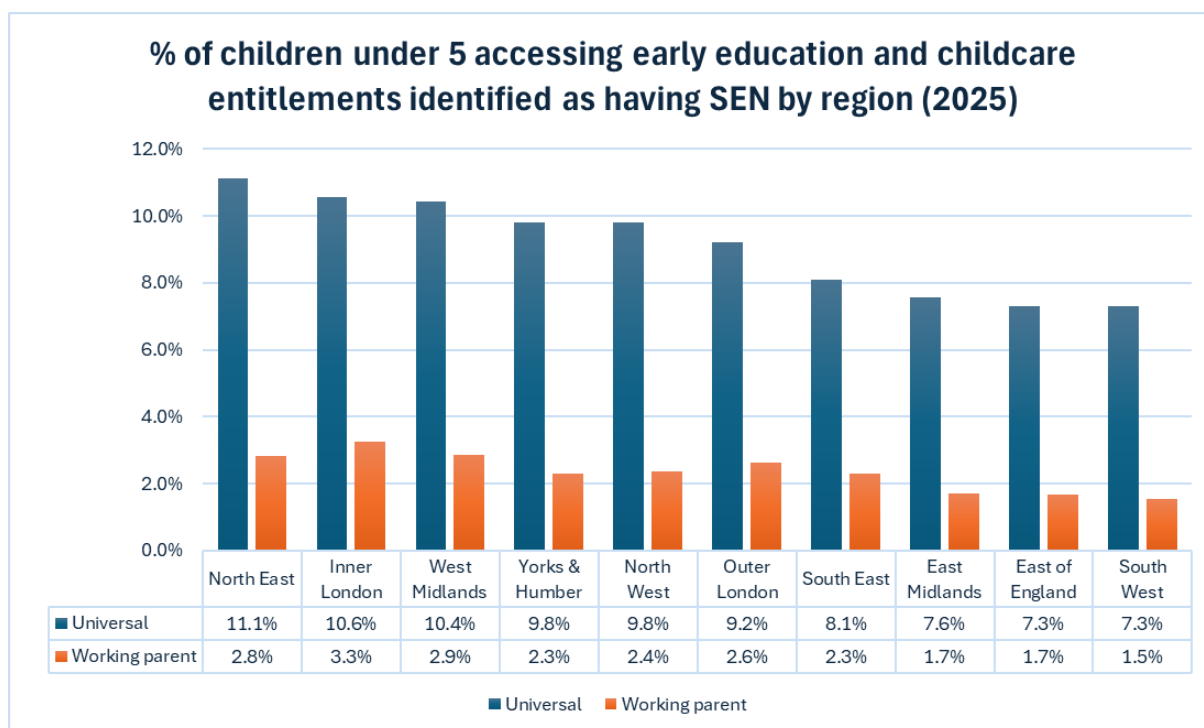


Source: Funded early education and childcare: Reporting year 2025 (DfE)

Over the same period, the number of children accessing the working parent entitlement identified as having SEN has more than doubled from just over 9,000 to just over 19,000. The proportion of all children eligible for the working parent entitlement who are identified as having SEN has, however, fallen from 2.8% in 2019 to 2.2% in 2025 (although the proportion had risen each year from 2019 to 2024, when it reached 4.5%). This reflects the significant increase in take-up of government-funded entitlements (up 33% or over 400,000 children), largely driven by take-up of the expanded working parent entitlements for 9-month-olds and 2-year-olds. Figure 4 includes data for 2024 to show the increase in the proportion of children with SEN accessing both the universal and working parent entitlements between 2019 (before the pandemic) and 2024 (the introduction of the expanded working parent entitlement). This pattern was consistent across all regions in England, albeit with variation in the proportions of children accessing the universal and working parent entitlements identified as having SEN – see figure 5.

¹¹ The working parent entitlement provides an additional 15 hours of childcare to eligible parents of 3- and 4-year-olds (on top of the universal offer of 15 hours). This was extended to 15 hours to eligible parents of 2-year-olds from April 2024 and 9-month-olds from September 2024. From September 2025, the working parent offer was extended to 30 hours for eligible parents of children from 9 months.

Figure 5: Percentage of children aged under 5 accessing early education and childcare entitlements identified as having SEN by region in 2025



Source: Funded early education and childcare: Reporting year 2025 (DfE)

The same trend is evident for children on SEN support and those with EHCPs.¹²

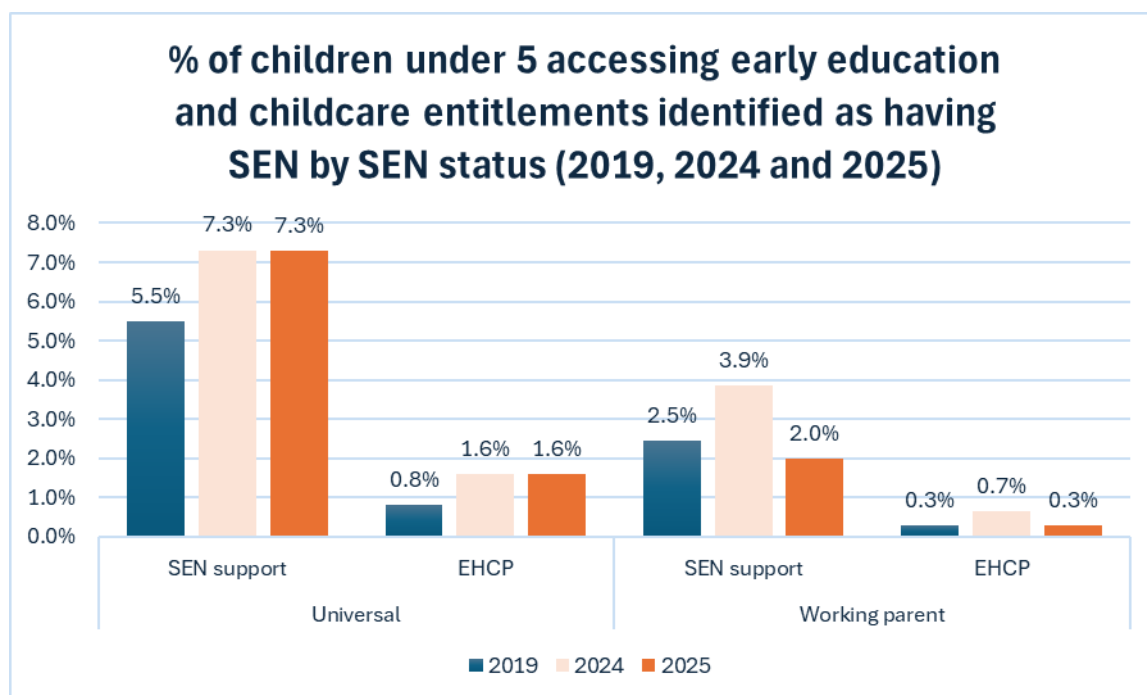
Figure 6 shows an increase in the proportion of children accessing the universal entitlement who are on SEN support (from 5.5% in 2019 to 7.3% in 2024 and 2025) or who have an EHCP (from 0.8% in 2019 to 1.6% in 2024 and 2025). Figure 6 also shows an increase between 2019 and 2024 in the proportion of children accessing the working parent entitlement who were on SEN support (2.5% to 3.9%) and had an EHCP (0.3% to 0.7%). While those proportions decreased in 2025, linked to the expansion of the working parent entitlement, the actual numbers of children on SEN support and with EHCPs accessing the working parent entitlement more than doubled between 2019 and 2025.¹³ The changes to the working parent entitlement in 2024 should not obscure the increase in the numbers of children identified as having SEN accessing both the universal and working parent entitlements.

¹² SEN support is offered to children and young people who have an identified SEN and require additional support from their mainstream education setting and/or external services. An EHCP is a statutory plan for children with SEND who require special educational provision above this level.

¹³ Children on SEN support accessing the working parent entitlement increased by 107%, while the number of children with an EHCP increased 137%.

“Rising needs in the early years?”

Figure 6: Percentage of children aged under 5 accessing early education and childcare entitlements identified as having SEN by SEN status (SEN support and EHCP) comparing 2019, 2024 and 2025



Source: Funded early education and childcare: Reporting year 2025 (DfE)

Similar trends are seen in the data at provider level. Data from the DfE childcare and early years provider survey, shown in figure 7, show that almost all types of early years providers have seen an increase in the proportion reporting that they are caring for a child or children with SEND since 2019.¹⁴ This chimes with research carried out by Dingley’s Promise in 2023, which found that 95% of early years providers reported a rise in the number of children with SEND (79% reported the rise was ‘significant’).¹⁵ In the DfE provider survey, the one type of provider that had not reported a rise in children with SEND was maintained nursery schools, where 100% of providers reported that they had children with SEND in both 2019 and 2024. This echoes previous research on the role of maintained nursery schools, which found that these providers had a higher proportion of children with SEND compared to other early years providers.¹⁶ This suggests that, as providers across the sector see more children requiring additional support, maintained nursery schools could play an increasingly important role in sharing their expertise in working with families and providing additional support to children.

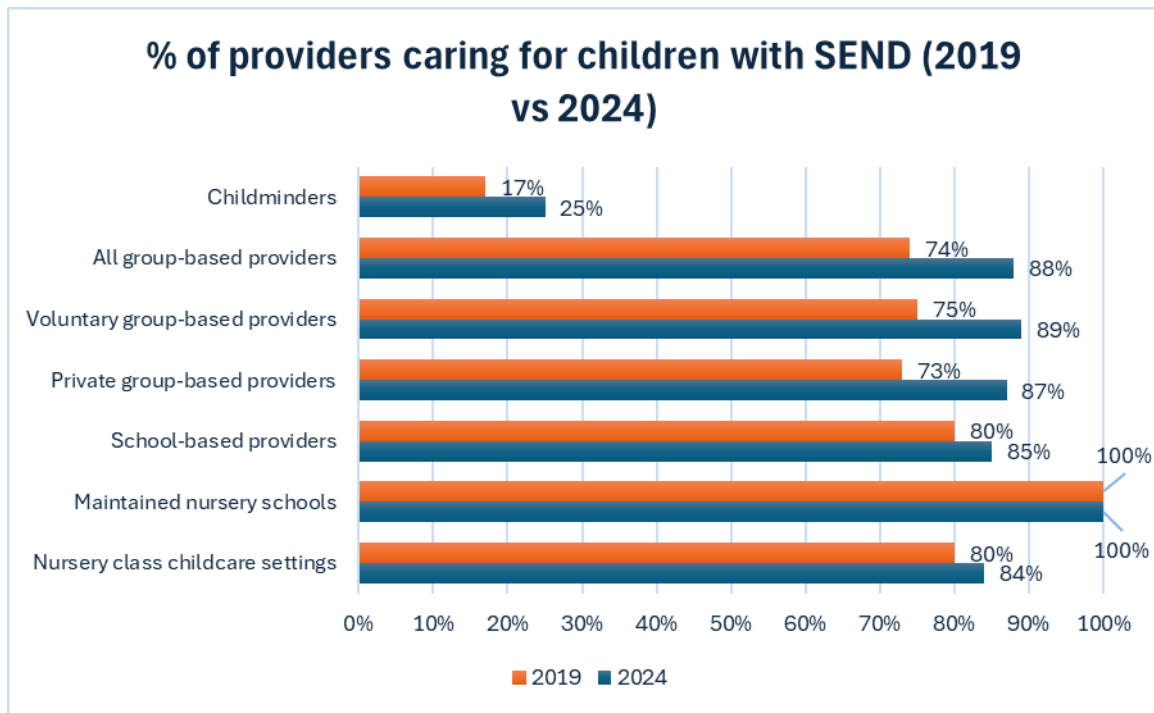
¹⁴ DfE, [Childcare and early years provider survey, Reporting year 2024 - Explore education statistics - GOV.UK](#).

¹⁵ Dingley’s Promise (2023), [Dingley's Promise Research Findings Oct 2023](#).

¹⁶ Paull, G. and Popov, D. (Frontier Economics) (2019), [The role and contribution of maintained nursery schools in the early years sector in England](#) (DfE: February 2019).

“Rising needs in the early years?”

Figure 7: Percentage of providers reporting that they were caring for children with SEND in 2019 and 2024



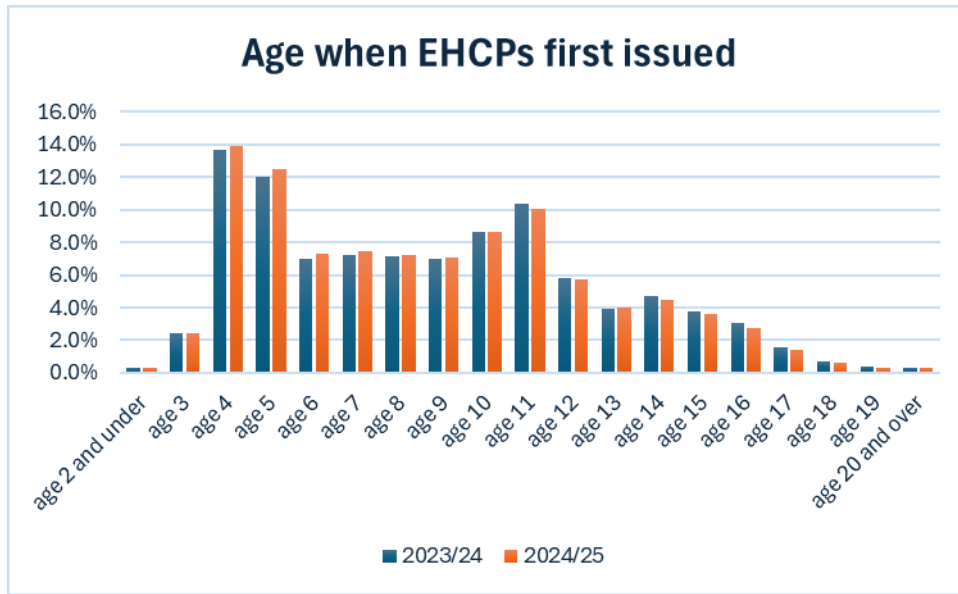
Source: Childcare and early years provider survey: Reporting year 2024 (DfE)

DfE data on the cohort of children of all ages with EHCPs also support the “rising needs” thesis. This shows that, between the 2019 and 2023 calendar years, there was a greater increase in new EHCPs issued to children under 5 years old (69%) than to children and young people of all ages (from birth to 25, which increased by 57%). Over the same period, 86% of LAs reported an increase in new EHCPs for all age groups, while 91% reported an increase in new EHCPs issued to children under 5.¹⁷

DfE data also show that the most common ages for EHCPs to be issued are 4 and 5. Figure 8 shows that the proportion of EHCPs issued for children at ages 4 and 5 (when children are making the transition to school) is both high and rising. Children aged 4 accounted for 13.6% of new EHCPs in 2023/24, rising to 13.9% in 2024/25, while children aged 5 accounted for 12% and 12.5% respectively. The next most common age was 11 (10.4% of new EHCPs in 2023/24, 10.1% in 2024/25), when children are making the transition from primary to secondary school.

¹⁷ [Education, health and care plans: Reporting year 2025](#) (DfE).

Figure 8: The age of the child or young person when an EHCP was first issued



Source: Education, health and care plans: Reporting year 2025 (DfE)

* * *

“Rising needs in the early years?”

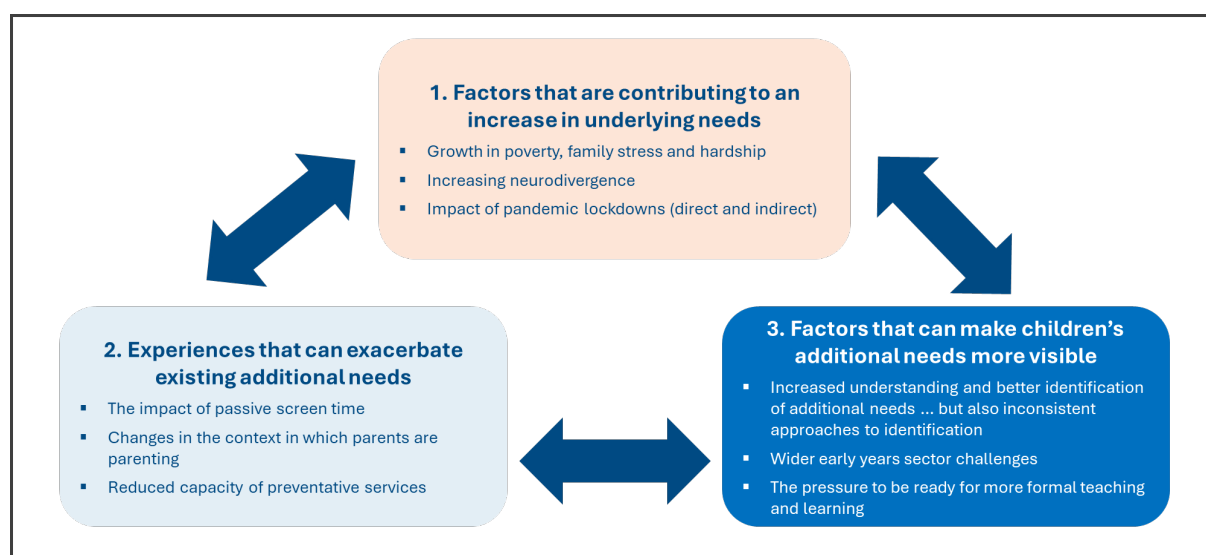
Chapter 2: What do practitioners think could be driving these changes?

Three broad sets of inter-related factors

In our 2024 SEND report, we argued that the rise in the number of children with SEND reflected a combination of both growing need and demand pressures. This present research suggests that, likewise, a combination of changes in underlying needs and factors that mean children’s needs are not being identified and met at the right time and in the right way are driving what practitioners see as rising needs in the early years.

Practitioners described three broad sets of inter-related factors that they considered were driving the changes described in the previous chapter. They identified a range of factors that were increasing the numbers of children who needed additional support and the complexity of their needs. They also identified factors that were exacerbating children’s need for additional support, including the reduction in wider support services and the impact of the pandemic. (Crucially, practitioners did not consider that the rise in needs in the early years was solely an impact of the pandemic.) Similarly, practitioners highlighted a number of factors relating to the interactions between children and practitioners that could result in children’s need for additional support becoming more pronounced and visible.

Figure 9: Graphic summarising the three inter-related sets of factors that practitioners think could be driving the changes in needs in the early years



In this chapter, we report the factors identified by practitioners and test this against wider research and publicly available data. While we are not seeking to make definitive claims about causation or the relative impact of one factor over another, we can show that the factors identified by practitioners are genuine and verifiable

“Rising needs in the early years?”

phenomena that need to be taken into account when considering how to build a more inclusive, holistic and proactive approach to additional support in the early years.

First, factors contributing to an increase in underlying needs

The increase in poverty

Practitioners consistently reported that they were seeing an increase in the need to provide additional support to children to combat the effects of growing poverty.

National statistics show that 4.5 million children (or 31%) are currently living in relative poverty (after housing costs) and 3.9 million (or 26%) in absolute poverty.¹⁸ During our research, practitioners spoke about the direct impact that financial hardship, poor housing, or moving home multiple times can have on children. There is evidence that financial hardship can be more acute for families of children with additional needs or disabilities and can disproportionately affect them. Families can often face higher additional household costs, while parents are often not able to work as much as they would like (or at all) due to their caring responsibilities. Financial hardship in turn can negatively affect children’s wellbeing, health and development.¹⁹

They also described indirect impact on children where parental wellbeing and stress, as a result of hardship, reduced the quality time and energy parents could spend with their children. The Head of Early Help in one local area told us, ‘Poverty is the key driver here ... families are under pressure on providing the one-to-one time.’ An LA service lead in one local area described how the climate for families on low incomes came up time and again in casework. The early years lead in another local area described the ongoing, relational trauma for families that had experienced several generations of poverty. Many practitioners described poverty as a factor that was both contributing directly to the need to provide additional support, as well a factor that exacerbated other needs.

Increasing neurodivergence

Many practitioners to whom we spoke considered that they were seeing an increase in children that they considered neurodivergent, and specifically children presenting with autistic traits (many children under the age of 5 will not have a formal diagnosis). There was a strong view among practitioners that this presentation, in many

¹⁸ Department for Work and Pensions, [Households below average income \(HBAI\) statistics - GOV.UK](#), 2025.

¹⁹ See, for example, Krasniqi, P., Carr, M. and Stevens, M. (2023), [People don’t understand: The impact of the cost-of-living crisis in children and young people with special educational needs and disabilities](#) (The Childhood Trust); The Family Fund (2025), [The Cost of Caring](#).

cases, was not the result of experiential factors, but was, as one speech and language therapy lead put it, an ‘organic and fundamental’ change. Practitioners acknowledged that, in very young children, autism and needs relating to attachment and trauma could present in a similar way. Recognising this, practitioners considered that they were seeing both an increase in autistic children (and an increase in the complexity of their needs), as well as an increase in children with needs relating to attachment and trauma.

While national data on the prevalence of autism is not collected, wider research has indicated an increase in diagnoses. A 2021 Cambridge University study looking at the data for children and young people aged 2 to 21 who had been in state-funded schools in England found that 1 in 57 (1.76%) had a diagnosis of autism.²⁰ This was higher than their previous study, which had estimated the prevalence of autism as being 1.57%. The study also found differences in the prevalence rates by gender (boys were over four times more likely to be identified as autistic) and ethnicity, levels of socio-economic disadvantage, and having English as an additional language.

The lasting effects of the pandemic

Practitioners described how pandemic lockdowns had had, and were continuing to have, a lasting impact on children’s development. In our January 2021 report for the First 1001 Days Movement, we described the range of “hidden harms” of the spring 2020 lockdown on babies who were, in the lexicon of the time, considered to be a “low risk” group.²¹ They are summarised in the graphic from that report, reproduced as figure 10. These effects on the youngest children operated largely indirectly and were a consequence of the impacts on their parents (including from pregnancy). Early years practitioners in the present research described how some of these effects were still present and affecting children in the early years who had been born after the pandemic.

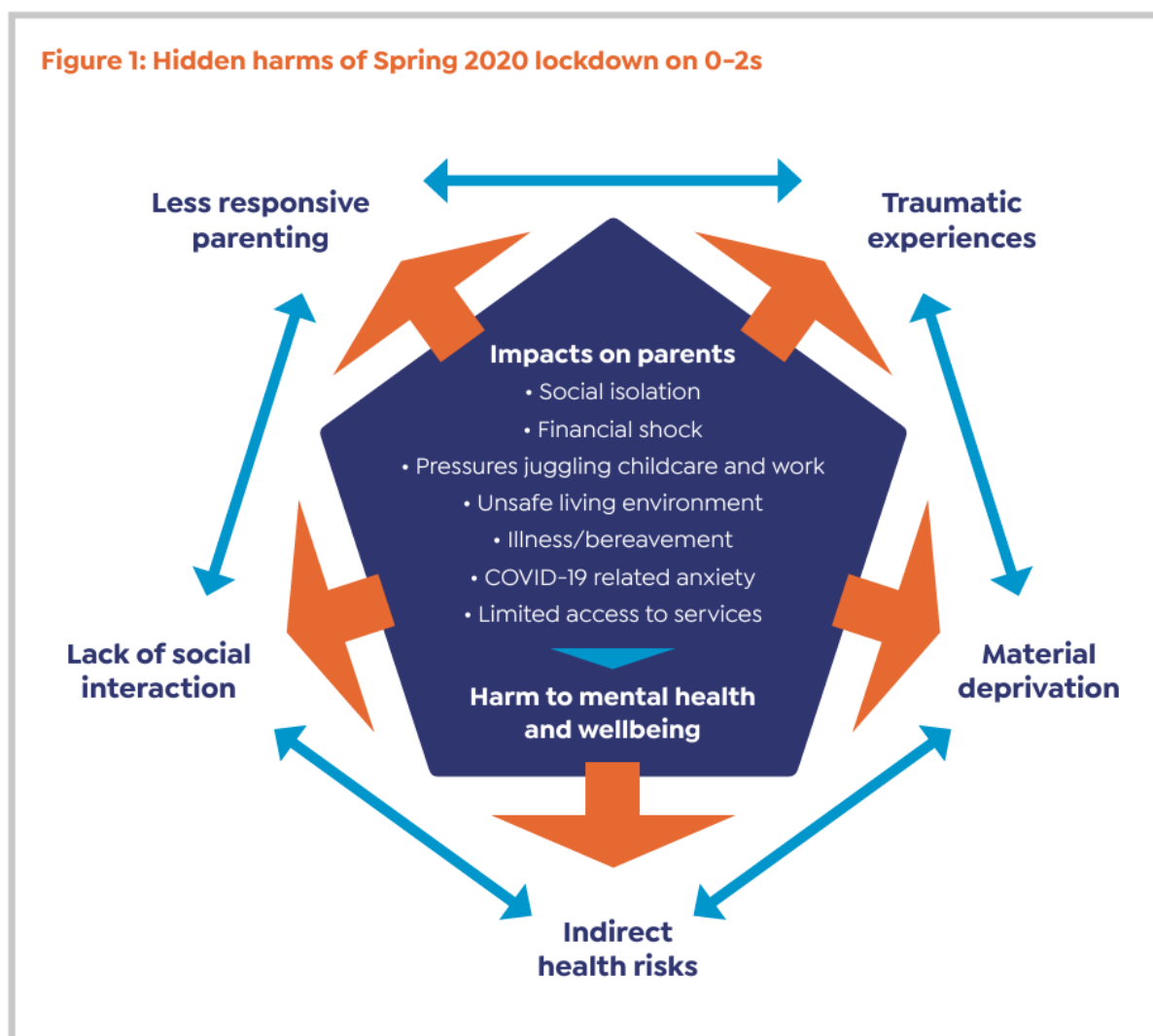
While most children currently in the early years were born after the pandemic, there are also children in the early years whose lives were directly affected by the pandemic. A child born in autumn 2020 will be starting reception in September 2025. Children born in the period after lockdowns will have lived through a period when many services remained hard to access, and many pregnant women and parents exercised extreme caution about their personal external interactions. There is clear evidence of effects on services for babies and young children lasting into 2022, with nearly half of

²⁰ Roman-Urrestarazu, R et al. (2021), ‘[Association of Race/Ethnicity and Social Disadvantage With Autism Prevalence in 7 Million School Children in England](#)’, JAMA Paediatrics; 29 March 2021; DOI: 10.1001/jamapediatrics.2021.0054.

²¹ Reed, J. and Parish, N. (2021), [Working for babies: Lockdown lessons from local systems](#).

professionals in one study reporting that family self-isolation was still affecting many of the babies with whom they worked.²²

Figure 10: Graphic reproduced from our report on the impact of pandemic lockdowns on babies



Practitioners that took part in this research considered that experiences of the pandemic were still having an impact on young children and families. They highlighted:

- the reduced capacity of services supporting families and young children where those services had not returned to pre-pandemic capacity or had shifted the way they work with families (less in-person interaction);
- where the pandemic had caused or exacerbated financial hardship, deprivation, home moves or other significant negative changes to family circumstances, leading to stress and reduced time for parents to be with their children;

²² Hogg, S. and Mayes, G. (First 1001 Days Movement and Institute for Health Visiting) (2022), *Casting Long Shadows: the ongoing impact of the COVID-19 pandemic on babies, their families and the services that support them*.

- bereavements, trauma, changes to extended family networks, and isolation leading to parents and children being cut off from wider networks of family and friends, less advice on early parenting;
- fewer opportunities to socialise with other families, and the consequent loss of opportunities for children to play with other children; and
- the impact on younger siblings where parents had been isolated and not had access to support when the first child was born during the pandemic.

‘COVID has definitely impacted the children's learning needs and there have been more and more children who have been affected. With the lack of social interaction, it has affected their social skills.’ – **Early years provider**

Second, factors that can exacerbate underlying needs

The impact of passive screen time

The growing use of smart technology and the impact of passive screen time was a theme in almost every conversation we had during this research. Almost all practitioners, as well as leads for organisations representing parents and carers, perceived a sharp increase in passive screen time and brought this up unprompted. This is reflected in a recent Ofcom report on media use by children and parents. This found that, currently, one in five (19%) children aged 3 to 5 have their own mobile phone, 60% have their own social media profile and 91% use video-sharing platforms. The same report found that parents had reported a rise in the use of social media by children aged 3 to 5, from around a quarter in 2021 and 2022 to 37% in 2025.²³

While research on the impact of screens on children is developing, there is now a good body of evidence on the risks it poses to positive development in early childhood.²⁴ Research evidence suggests that screen use can have a wide range of effects on children and young people, both positive and negative. Studies have looked at the effects of screen use on children and young people’s cognition and emotional wellbeing, but most of the research concerning very young children has focused on the link between screen use and language development. Research evidence suggests that face-to-face, synchronous engagements with adults, especially primary caregivers, are crucial in children’s acquisition of language. Studies have also shown how screen use – both by children and by adults when around children – can reduce opportunities for and the quality of interactions between children and their caregivers. Recent research has shifted the focus away from the quantity of screen use, and shown how factors like the

²³ Ofcom (2025), [Children and Parents: media use and attitudes report](#).

²⁴ See Christakis, D. A., and Hale, L. (2025), [Handbook of Children and Screens: Digital media development and wellbeing from birth to adolescence](#).

content of what children are seeing, the level of interactivity, and whether adults are viewing the content on the screen with the child can determine the impact on a child's language development.²⁵ As the authors of a recent research study concluded,

While it is true that screens have become ubiquitous in homes and are increasingly integrated into school systems, it is crucial to educate caregivers of children under the age of three years about the potential risks associated with prolonged screen exposure in inappropriate contexts.²⁶

As one leading research expert whom we interviewed put it, 'we know enough to be worried about the amount of passive screen time.' Screens and smart technology are omnipresent and play a powerful role in everyday life. Practitioners recognised that screens can be a hugely useful tool both in settings and for families juggling work, adult life and parenting. They noted that they can be key devices for enabling children to build relationships and engage with extended family members. Practitioners and parents and carers also acknowledged the range of ways that screens and devices are used within early years settings. They also highlighted, however, what they saw as the negative effects of inappropriate amounts of passive screen time for children and of adult use of screens around children, especially children with additional needs, for example:

- early attachment between children and parents, for example reduced eye contact and opportunities to mimic facial expressions – one senior health visitor told us that their service had observed less eye contact between mothers and babies during breast feeding, and another health visitor told us that they observed babies learning to smile later; and
- communication and language development – for example, reduced opportunities for “serve-and-return” conversations, for families to sing together and for children to learn words and rhymes.

In addition, practitioners described how inappropriate use of screens could also have an impact on young children in terms of:

- the development of healthy sleep patterns; and
- gross and fine motor skills – for example, less time spent outdoors engaging in physical activities and building up muscle tone and strength, but also seeing more children who could swipe a screen than could do a pincer grip.

²⁵ See, for example, Dore, R.A. et al. (2025), '[Digital Media Use and Language Development in Early Childhood](#)', and Alper, M. et al (2025), '[Digital Media and Neurodevelopmental Differences](#)', in Christakis, D.A., Hale, L. (eds), *Handbook of Children and Screens*; Muppalla, S.K. et al (2023), '[Effects of Excessive Screen Time on Child Development: An Updated Review and Strategies for Management](#)', *Cureus* 2023 Jun 18;15(6).

²⁶ Muppalla, S.K. et al (2023), '[Effects of Excessive Screen Time on Child Development: An Updated Review and Strategies for Management](#)', *Cureus* 2023 Jun 18;15(6).

Practitioners in early years settings described how they were seeing increasing passive screen use daily. Many described children arriving at or leaving a setting watching a device in their pram, or parents using devices when dropping off or collecting their children.

‘For the first time two years ago, I felt I had to put a message out to our parents to say “please, please when you come to collect your child, do not be on your phone”. ... people were coming in on their phones, facetimeing somebody or just on their phones and actually barely listen to what the practitioners were saying or giving acknowledgement to the child.’ – **EY provider**

‘I feel that one of the biggest issue[s] is young children[’s] exposure to screen-time. It is something that we experience daily.’ – **Early years provider**

‘... developing communication impacted by screen time use by both child and parents ...’ – **Early years provider**

This is not in any way a criticism of parents and carers, not least since screens are widely used in a range of contexts and by many of the adults that children will come into contact with. Children are likely to see adults using screens in social contexts, with extended family members, in early years settings and other services. Many of the ways in which settings and services communicate with parents and carers about their child’s development rely on screens and apps.

Instead, our research suggests that there is the need for greater understanding of and information about the impact of adults’ use of devices and children’s exposure to passive screen time on child development. Echoing a recent report by the Education Select Committee, the practitioners who took part in this research emphasised the need for there to be more advice available for parents of babies and young children on the use of screens and the impact on face-to-face interactions and child development.²⁷

‘There seems to be a lot of children having issues due to digital devices. Children not talking, not socialising, not connecting with peers. On devices from a very early age. ... This is something that needs to be addressed. Parents do not understand this. ... We cannot alter what is coming through (in terms of level of needs), but we can support people early so they know how to support their children.’ – **PCF lead**

‘Children are not spoken to at home but offered screens all day in social situations when chat could be offered e.g. mealtimes, restaurant, car journey,

²⁷ UK Parliament Education Select Committee (2024), [Screen time: impacts on education and wellbeing - Education Committee](#).

shopping. Children are given parents' phones from six months old.' – **Early years provider**

'We cannot say it is definitely a factor, but it is definitely a concern.' – **LA early years lead**

Changes in the context in which parents are parenting

Practitioners recognised the wider societal trends that have changed the context in which parents are parenting their children. As described in the previous section, the ubiquity of screens is one such trend. Practitioners also highlighted:

- changes in working patterns, specifically the increase in flexible and remote working, and the challenge for parents to balance working from home and parenting;
- parents being more isolated from extended family networks and support structures early in parenthood;
- a reduction in spaces for outdoor play and a shift towards indoor activities – practitioners considered that this could affect children's motor skills, but also reduced opportunities for children to socialise with their peers at early ages; and
- a growth in additional needs among adults, particularly mental health needs – NHS data published in June 2025 showed that 1 in 5 (22.6%) adults aged 16 to 64 in England had a common mental health condition, up from 17.5% in 2000.²⁸ The Institute of Health Visiting's annual survey also found that 94% of health visitors in England ranked parent / carer perinatal mental health as the top issue affecting families.

Practitioners also reported seeing a loss of confidence in parenting. Many practitioners considered that parents being more isolated from extended family networks, having less access to support from services, and being more exposed to conflicting advice about and expectations of parenting from online sources, was having an impact on their confidence in parenting. Practitioners in early years settings described seeing more children who found it harder to deal with boundaries and strong emotions. They described seeing a greater expectation on them, as staff in early years settings, to give parents advice on parenting and, in some cases, set boundaries for children. Some practitioners from family support services described an increasing trend of children being in front of a screen during visits to a family home. Practitioners gave these examples, not as criticisms of parents, but because they considered that these trends were potentially indicative of a loss of agency and confidence among some

²⁸ NHS England, Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2023/4 [Chapter 1: Common mental health conditions - NHS England Digital](#).

parents in setting boundaries (such as turning off a device) and helping children to deal with their emotions.

‘Children appear to not come out of that 2-year-old stage of development and struggle with big feelings. ... More and more we are seeing parents not want to upset their children. As a setting we also don't want to see children upset. However if children are not exposed to conflict they will not learn resolution. If children are not exposed to differences they will not learn to tolerate difference. If children do not experience upset they will not learn to regulate. With that being said the needs are VERY real.’ – **Early years provider**

The reduction in the capacity of preventative services

Practitioners highlighted the effect on families and on children’s development of the reduction in capacity in key preventative services. They highlighted the importance of these services in building relationships with families and bringing parents and children together with their peers. They described how the squeeze on public funding, exacerbated by the pandemic, had reduced the capacity of key services to do direct in-person work with families. Practitioners highlighted the way this could leave families isolated, parents unsupported, and children’s needs unidentified.

‘Reduced interaction with professionals from birth. Parents are not receiving support and are instead encouraged to 'start nursery' as a form of support, instead of play groups / support groups like was previously seen at 'Sure starts'. There is very little targeted support available in disadvantaged areas for children under 5 and their families. Once children's needs are identified, the waiting lists to receive that support are far too long.’ – **Early years provider**

‘We have parents who do not know what is available and how to help their child. There is a theme, all the way through the ages, of emotional behaviour (meltdowns, screaming, not able to cope). Parents do not know how to help the child. There are no strategies or support. We used to have health workers going round – we don’t have that now. We still have portage ... they are brilliant, they give you strategies even before diagnoses.’ – **PCF lead**

Many practitioners identified health visiting as an area where there had been reduced capacity to support families. They considered that this had left health visiting services less able to provide continuity of care for families, build relationships and consequently identify areas where a family or a child might need support. They highlighted the fact that this reduced the effectiveness of the checks for 2-year-olds to identify the need for additional support early. For example, there was a lack of capacity to follow up when families did not engage in the checks, and the checks (and the ages

“Rising needs in the early years?”

and stages questionnaire) were not always effective in identifying children with additional needs.

A report from the Institute of Health Visiting shows the scale of these challenges.²⁹

The report found that, across the UK, 84% of health visitors reported an increase in demand for support over the last 12 months. Around three quarters of health visitors in England said that workforce shortages had affected delivery of universal health visiting (74%, compared to between 53% and 62% in other UK nations) and support for families where need was identified (73%, compared to between 51% and 58% in other UK nations). A similar proportion of health visitors in England (71%, compared to between 32% and 43% in other UK nations) said that there had been a reduction in qualified health visitors in the last year. Only 45% of health visitors in England reported being able to provide to continuity of care for families, compared to 85% in Wales and Northern Ireland and 90% in Scotland.

‘... parents who do not engage with Health Visiting Team for 2-year progress check are only offered two opportunities to attend, then crossed off list and not followed up by Health Visiting Team.’ – **Early years provider**

Similarly, many practitioners highlighted the loss of Sure Start children’s centres, while parents and carers highlighted the loss of play groups that are accessible to children who need additional support. At its peak, there were close to 3,500 centres, but between 2010 and 2022 1,340 closed and funding for Sure Start decreased by two thirds. This decline has continued, despite recent investment in Family Hubs. Freedom of Information requests by the Centre for Young Lives found that half (49%) of LAs in England cut their budgets for children’s centres and Family Hubs between 2023/24 and 2024/25. Recently announced investment of £500m will arrest this trend, but investment will remain below 2010 levels. During our research, practitioners highlighted the loss of opportunities to bring families together and access a range of services in one place and the lost opportunities for early identification of needs, for example from fewer families interacting with professionals at universally accessible stay-and-plays.

‘Closure of children’s centres previously and covid restrictions meaning parents lack support for really early development stages.’ – **Early years provider**

These concerns are substantiated by research. The Institute for Fiscal Studies’ evaluation of Sure Start highlighted that access to Sure Start at an early age increased the likelihood of children’s SEN being identified at the age of 5, but decreased (by 3%) the likelihood of children aged 11 to 16 still being identified as having SEN and decreased (by 9%) the likelihood of children having an EHCP at 16.³⁰ This highlights the

²⁹ Institute of Health Visiting (2024), [State of Health Visiting, UK Survey Report – From disparity to opportunity: The case for rebuilding health visiting](#).

³⁰ Carneiro, P, Cattan, S., and Ridpath, N. (2024), [The short- and medium-term impacts of Sure Start on educational outcomes](#) (Institute of Fiscal Studies: R307, 2024).

potential short- and long-term impacts of effective early identification and provision of additional support.

Another area of support where many practitioners identified insufficient capacity was speech and language therapy. We heard examples of how local services were seeking to respond proactively to an increase in the number of children under 5 requiring support. Practitioners highlighted, however, that the capacity of local services was not keeping pace with the increasing need for additional support. NHS data show that 68,185 children (of all ages) were on waiting lists for speech and language therapy in May 2025 – this figure has come down in the last year but remains above the levels seen before the pandemic.³¹

Third, factors that can make children’s apparent need for additional support more pronounced and visible

Increased understanding and better identification of additional needs

Many practitioners considered that greater understanding of additional needs was having an impact on identification. They described in positive terms the fact that practitioners and parents were more informed and better able to identify traits or characteristics that might indicate a child was neurodivergent. They also suggested that, due to the extension of early education and childcare entitlements, more children were attending early years settings at an earlier age, and therefore practitioners could identify areas where a child might need additional support sooner.³²

‘I think understanding and awareness of special educational needs, as well as acceptance. More parents are aware of what to look for and how to get early help to ensure early identification, rather than children slipping through the net and their need being identified much later in life.’ – **Early years provider**

‘... traits are being recognised earlier, children are seen in pre-school / nursery at a younger age, so anything is being picked up sooner.’ – **Early years provider**

‘Greater knowledge of early years professionals in identifying needs early and starting the ball rolling in getting the children the help they need more quickly.’ – **Early years provider**

Greater awareness is not, however, always synonymous with accurate identification. We heard examples from practitioners and particularly from parents and

³¹ See [community health services waiting lists](#), 26 May 2025.

³² There are national resources that have been developed to help early years providers to accurately identify children’s needs – see, for example the [SEND assessment guidance](#) developed by Dingley’s Promise and published by the DfE.

carers about inconsistent approaches to identification. Parents described examples of needs not being identified, or being told to “wait and see”, and their concerns being dismissed by practitioners. Practitioners also described instances where they considered that a child’s needs had been misidentified – for example, confusing indicators of trauma and attachment needs with signs of autism – which could lead to children not getting the right support. We also heard examples from external support services where the presentation of a child’s needs reflected the fact that settings had not put in place key practices that would help children to communicate and manage their emotions.

Some practitioners and parents highlighted the risk that stereotypes based on gender could influence the identification of children’s needs. Several parents described struggling to get practitioners to take their concerns about their daughters’ needs seriously, with practitioners lacking knowledge about how the presentation of needs can differ between boys and girls. Data show that boys are significantly more likely to be identified as having SEND than girls – 70.6% of children and young people of all ages that have an EHCP are male, and 29.4% are female.³³ At SEN support, among school-age children, 61.2% are male and 38.8% are female.³⁴ Unfortunately, data for children accessing early education and childcare entitlement hours with an identified SEN are not broken down by gender.

Some practitioners also highlighted the risk that stereotypes based on ethnicity could affect how children’s needs are identified and the support they receive. For example, LA early years leads spoke about the need to work with practitioners to support accurate and holistic identification of a child’s needs and avoid perpetuating stereotypes or labelling children. Recent research has shown how ethnicity is one of several factors related to the outcomes of children in the early years.³⁵

We heard different perspectives on the role of diagnosis in accessing support. A common theme we heard from early years providers was that parents may be seeking a diagnosis for their child because they feel this is the only way to get support for them. By the same token, a common theme in our discussions with parents was the challenges they encountered getting settings and services to take their concerns seriously. We heard examples of inappropriate comments and inaccurate advice being given to parents who were seeking someone to listen to them and see if their child needed additional support.

³³ DfE, [Education, health and care plans, Reporting year 2025 - Explore education statistics - GOV.UK](#).

³⁴ DfE, [Special educational needs in England, Academic year 2024/25](#).

³⁵ Outhwaite, L. (2025), ‘[Understanding Early Inequalities: Multiple Dimensions of Children’s Developmental Contexts Predict Age 3 Outcomes](#)’ (CEPEO Working Paper No. 25-03), UCL Centre for Education Policy & Equalising Opportunities.

Wider challenges in the early years sector

Practitioners emphasised how wider challenges for the early years workforce and providers were making it harder to provide additional support to some children. For example, they described the challenge of managing staff turnover, making ends meet financially, and juggling policy change with maintaining quality of education at the same time as seeing an increase in the need to provide additional support. Staff turnover can mean the benefits of training staff to provide additional support are lost and relationships between families and keyworkers are disrupted. DfE data suggest that turnover rates for early years providers have decreased since the pandemic, yet they remain high – 8% for school-based providers in 2024 (compared to 9% in 2022), and 16% for group-based providers (compared to 18%).³⁶

Many early years providers described the need to increase adult-to-child ratios to provide additional support to children who need it, yet doing so placed them in an invidious position. Many said that this could have the effect of reducing support for other children in the group, compromising the quality of education, and leaving settings at a financial disadvantage (since funding is predicated on providers maximising ratios).

‘We operate with lower ratios – for example our 2- and 4-year-olds are in a 1:5 ratio, even though I hold a qualification that could mean they are in a 1:13.’ –

Early years provider

‘[W]e enhance ratios where possible, we offer focused small group work to work on needs in particular speech and language ...’ – **Early years provider**

‘Identify needs, refer to appropriate professionals, put a support plan in place and offer reduced ratios for those children, often before we have been able to secure any funding to support the child.’ – **Early years provider**

This picture chimes with evidence we described in *The Childcare Challenge*. In that report, we cited evidence collected by the Early Years Alliance that showed funding rates for 3- and 4-year-olds only covered around two thirds of providers’ costs. We also quoted emerging evidence collected by Northampton and Nottingham Trent Universities that found that a third of staff (32%) in settings that had expanded their ratios after September 2023 considered that quality had suffered, with concerns around safety and not being able to give children the attention that they needed.³⁷

³⁶ [Childcare and early years provider survey, Reporting year 2024 - Explore education statistics - GOV.UK.](#)

³⁷ Reed, J. and O’Halloran, J. (2024), [The Childcare Challenge: How can the new Government delivery a real childcare guarantee?](#), (Institute of Public Policy Research and Save the Children).

The pressure to be ready for more formal teaching and learning

Many practitioners described the creeping influence of more formal approaches to teaching and learning in the early years. The pressure for children to be ready for more formal styles of teaching and learning – for example, being able to sit in a circle or at a desk, and being able to do phonics – was perceived to be influencing the offer in early years settings. Practitioners spoke about how, in some settings, this was squeezing out opportunities for creativity, play, and child-led learning. In some examples, teachers of reception classes were “parking” children whose needs they could not accommodate on separate activities or devices in order to be able to focus on the rest of the class. Some national leaders argued that the aims of the new early years foundation stage (EYFS), which enshrines the principles of starting from where the child is at developmentally and learning through play, had not been fully understood due to being rolled out in the immediate aftermath of the pandemic. Practitioners argued that adopting more formal approaches to teaching and learning before children were ready had meant that children who were not ready would stand out more and would be perceived by providers as requiring more additional support.

‘This [pressure to introduce formal approaches to teaching and learning] squeezes out creativity and play in nurseries. ... The expectation is that children can sit in circle time – we then get referrals about children not being able to sit in circle time. ... Things get lost that would be more helpful in terms of meeting children where they are at.’ – **Educational psychologist**

‘We are seeing nurseries doing phonics programmes – we have to battle this misconception, this pressure.’ – **LA early years lead**

Conversely, several school leaders described how, in response to changes in the needs of their cohort, they had used the flexibilities in the curriculum to shape their approach to teaching and learning in reception and Key Stage 1 to the needs of their pupils. This often involved extending the EYFS principles and approaches to teaching and learning into Year 1, gradually introducing a different style of learning as children became ready for it.

* * *

“Rising needs in the early years?”

Chapter 3: What have been the implications of these changes for practitioners?

‘The walls of the classroom have changed, and we have to change with them’

Many early years providers and LA early years leads described how they had adapted their practice to respond to the growing need to provide additional support. The quote above comes from an LA early years lead and reflects the transformation of local early years services that has been undertaken in their local area to respond to the rising need for additional support. As one LA early years lead put it, ‘we have a situation where there is a new barrier to learning, which is the presence of a high number of children with additional needs in a cohort.’

Early years providers echoed this sentiment. They described the challenge of balancing, on the one hand, providing greater additional support to an increasing number of children – and doing so in a way that fosters inclusion and learning, rather than further isolating children from their peers – and on the other hand supporting other children in the group. They described a range of ways that they had responded to this challenge, including changes to the way they:

- work with parents;
- plan the deployment of staff;
- plan their curriculum – both in the delivery of the EYFS but also (for schools) in the transition to Key Stage 1;
- use resources; and
- plan transitions between groups and between settings.

‘We have one child who needs very intensive one-to-one adult support 10 hours a day. We have to keep him in the same room with others, his sensory needs are off the scale. There are three other children in the room who have additional needs and require one-to-one supervision. And then 12 other children. The room has four staff. It sometimes feels like the other children are just ambling around.’
– **Early years provider**

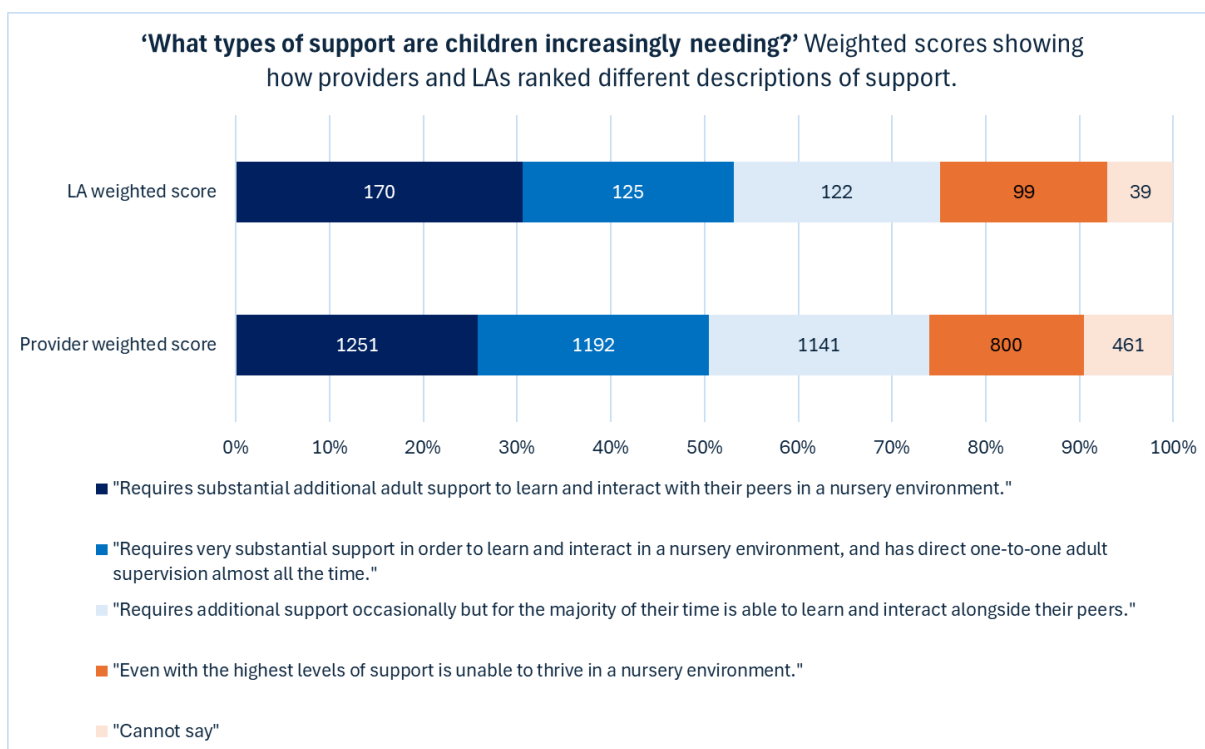
The increased need to provide additional support also came through strongly in responses to our surveys. In our surveys we gave four broad descriptions of additional support that providers might be offering to children. We asked early years providers and LA early years leads to rank these according to the forms of support for which they were seeing an increased need. These rankings were then accumulated into a “weighted score” – items ranked first were given a higher score, and then each type of support was

“Rising needs in the early years?”

given an accumulated score. Since the weighted scores reflect the fact that we had more responses from early years providers than LAs, we have presented the data in figure 11 scaled to 100% so that responses from the two groups can be compared. Both early years providers and LAs ranked the four descriptions of support in the same order. Three responses attracted similar weighted scores:

- the option that referred to “substantial additional adult support” for children to learn and interact with their peers;
- the option that referred to “very substantial support” and “direct one-to-one adult supervision almost all of time”; and
- the option that referred to children who required “some additional support occasionally” but could, for the majority of time, learn and interact alongside their peers.

Figure 11: Chart showing survey responses from early years providers and LAs when asked about types of support that they considered children were increasingly needing



Source: Isos Partnership survey of LA early years leads (37 responses) and early years providers (323 responses)

This pattern of responses suggests that providers are increasingly trying to arrange their provision to meet the needs of children who need a wide range of additional support. This includes children who practitioners consider require substantial support or regular one-to-one support, as well as children who require occasional support or no support at all.

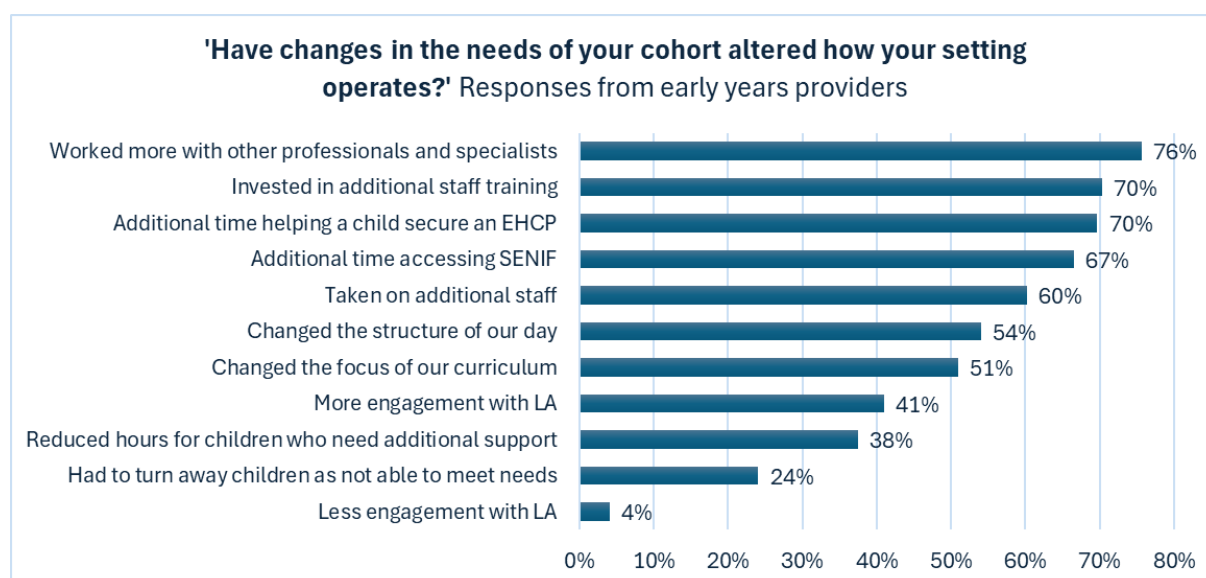
“Rising needs in the early years?”

Implications for settings and services

Many early years providers described proactive and positive changes they had made to respond to the growing need to provide additional support. In our survey, we asked early years providers how changes in their cohorts over the past five years had altered how their setting operated. The results, set out in figure 12, show that:

- three quarters (76%) of providers said that they had worked with more external specialists, such as speech and language therapists;
- seven in 10 (70%) had invested in (i.e. purchased) additional training and six in 10 (60%) had taken on new staff specifically in relation to supporting children with additional needs;
- just over half reported that they had adjusted the curriculum (51%) or the structure of the day (54%) to reflect the additional needs of their children; and
- two thirds also reported having to invest additional time in paperwork to access SENIF (67%) or on EHCNAs and EHCPs (70%).

Figure 12: Chart showing survey responses from early years providers when asked how changes in the needs of their cohorts over the past 5 years had altered how the setting operates



Source: Isos Partnership survey of early years providers (320 responses)

Worryingly, just over a third (38%) of providers reported having reduced the hours that children who needed additional support could attend. A quarter (24%) reported having to turn away children because the provider did not think they could meet their needs. Parents and carers described how this experience of being turned away could create a feeling that their child did not fit in anywhere, while at the same time reducing parents' confidence to take their child to other groups or activities.³⁸ This illustrates the

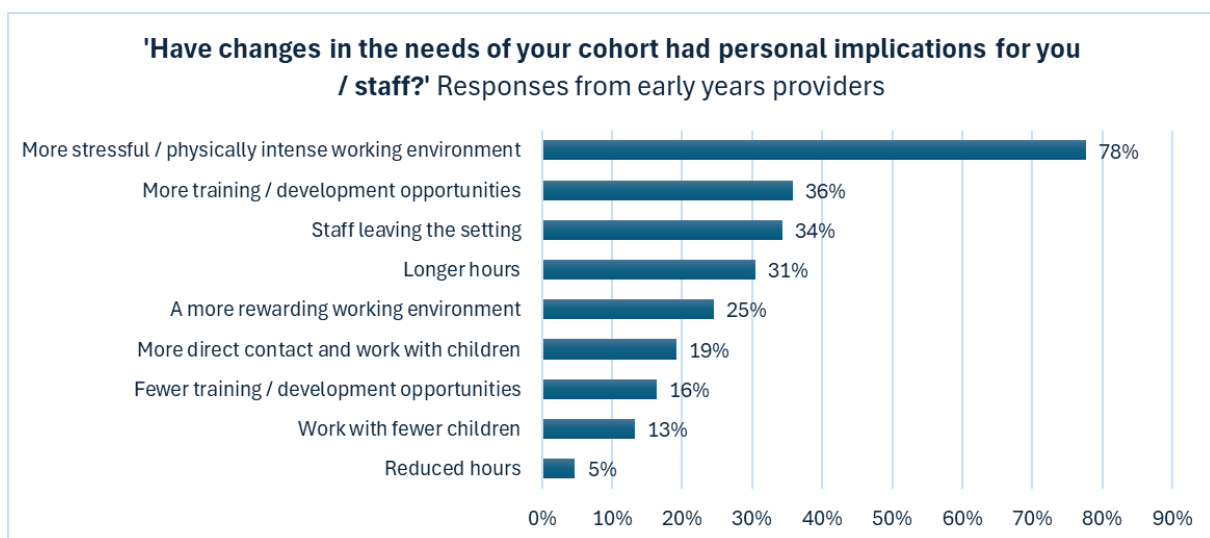
³⁸ Dingley's Promise found that 29% of parents of children with SEND had experienced being turned away from at least one mainstream early years setting – see Dingley's Promise, [Family Survey 2025](#).

“Rising needs in the early years?”

significant challenge of securing access to early years provision for families of children with additional needs, which we explore in Part 2.

Providers also highlighted the personal implications for them and their staff. We asked those completing the early years provider survey about the implications of changes in the needs of their cohort for them and their staff. As figure 13 shows, the most common response, selected by three quarters (78%) of respondents, was ‘a more stressful working environment or increased physical intensity of work’ – no other response gathered more than around a third of responses. While the next most common response was a positive implication (36% identified more training and development opportunities), similar proportions of respondents also identified staff leaving (34%) and longer hours (30%).

Figure 13: Chart showing survey responses from early years providers when asked about the implications for leaders and their staff of changes in the needs of their cohorts



Source: Isos Partnership survey of early years providers (318 responses)

LA early years leads also recognised the growing pressures on early years providers. In our survey, we asked LA early years leads if they considered that early years settings were struggling to cope with the increasing need to provide additional support. Over half of LA early years leads said that ‘most providers’ (43%) or ‘all providers’ (14%) in the local area were struggling to cope, and a further four in 10 (41%) said ‘some providers’ were struggling to cope. Some LA early years leads reported that they were concerned about settings that developed a reputation for inclusion being asked to take more children with additional needs. Others reported that they were most concerned about smaller, “pack-away” settings that found it harder to recruit and retain staff, and thus to build and sustain capacity to provide additional support. The most common response from LA early years leads, however, was that the pressure to provide more additional support was one that affected all types of early years providers.

“Rising needs in the early years?”

For their part, LA early years leads described how they were trying to change the local area’s approach to providing additional support in the early years. In response to our survey, four in 10 (43%) LA early years leads said that their LA had significantly changed their approach to identifying and meeting additional needs in the early years, and just over half (51%) said they had changed their approach in some respects.

The findings summarised in this chapter show that the early years system, already contending with workforce, funding and policy delivery pressures, is also contending with the growing need to provide additional support. As the quote with which we started this chapter makes clear, it is imperative for policymakers and practitioners to move with these changes, recognising children as they are and adopting a proactive response to meeting children’s and families’ needs.

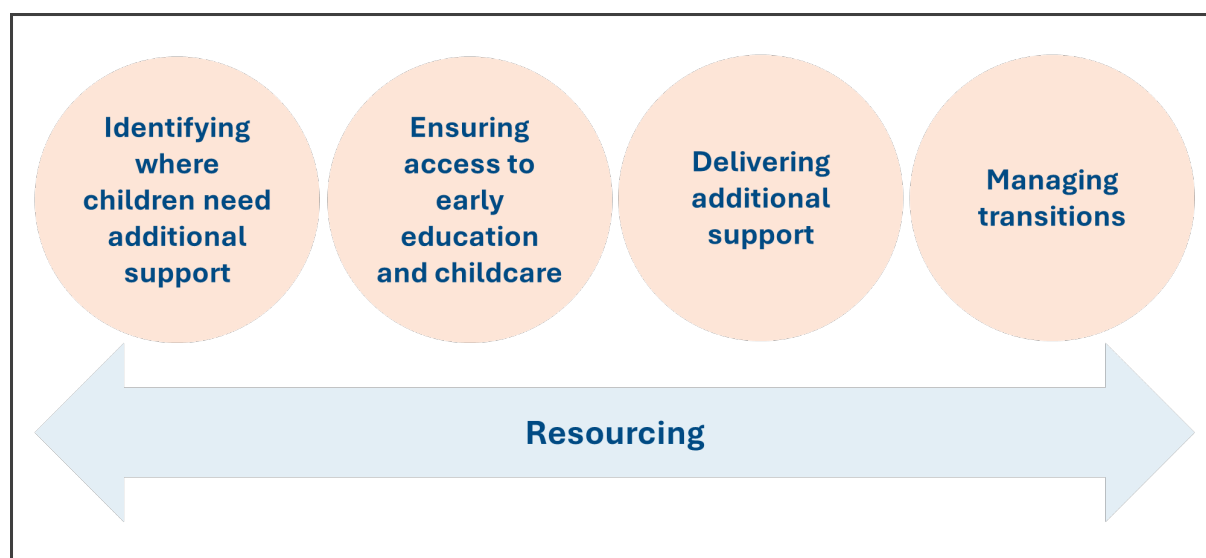
* * *

Part 2: How the current system of additional support in the early years is working (in theory and in practice)

When evaluating how the current system of additional support in the early years is working, we have found it helpful to think about this in terms of five key functions:

1. how the system supports practitioners and parents to **identify** where children may need additional support in a timely and effective way;
2. how the system ensures parents, including those of children who need additional support, can **access early education and childcare** (and for that access to be equitable);
3. how the system delivers **additional support** to families and providers to support children’s development, including providing environments in which children can thrive;
4. how the system supports smooth **transitions**, including the transition to school and into Year 1; and
5. how the system distributes **resources** to support these other four functions.

Figure 14: The five core functions of the system of additional support in the early years



In the following five chapters, we take each function in turn, setting out how the current system is intended to work in theory, and how it works in reality, identifying good practice at local level as well as challenges experienced by families and practitioners.

* * *

“Rising needs in the early years?”

Chapter 4: Identifying where children need additional support

How the system is intended to work

LAs, early years providers and health services have specific responsibilities to identify children who need additional support. Under the Children and Families Act 2014, LAs are required to identify children and young people who have or may have SEND. The legislation also requires health practitioners to notify LAs if a child under school age has or is likely to have SEND. The EYFS statutory framework requires providers to have approaches to identify strengths as well as areas where a child's development is delayed or would benefit from further support.

Practitioners have responsibilities to carry out a formal review of a child's development between the ages of 2 and 3. Through the progress check at age 2, early years practitioners must review a child's progress at age 2 and provide parents with a (written) summary of their child's development. This progress check focuses on the prime areas of child development in the EYFS, and must include areas where a child is progressing, areas where a child might need additional support, and 'any areas where there is a concern that a child may have a developmental delay, which may indicate a special educational need or disability'. Under the healthy child programme, health visitors are required to check a child's physical development between the ages of 2 and 3 – often referred to as the "2-2.5 review". Guidance encourages, where possible, integrating the progress check at 2 and the 2-2.5 review.

Practitioners have responsibilities for putting in place plans for children who need additional support. Where the progress check for 2-year-olds identifies concerns about a child's development, providers should work with parents and carers, as well as other professionals, to develop a plan. Where a statutory EHCNA has taken place and determined that a child requires special educational provision in accordance with an EHCP, the LA is responsible for making and maintaining that plan.

How the system works in practice – where it works well

Effective practice at provider level

From parents' and carers' perspectives, the system works well where early years providers act as the lynchpin of the system for families. Where parents described positive experiences for their children in the early years, a common feature was finding a setting, and within the setting a key person, who listened, "got" the child and family,

"Rising needs in the early years?"

and could then start to put in place support in the setting and draw in support from wider services. This also indicates the increasingly important role that (some) early years settings are playing and can play in identifying where children may require additional support, helping families navigate the system, and engaging wider support services.

‘We were very open with them [the setting] about [child’s] needs as soon as we arrived [at the nursery] and they had a really good SEND lead and SEND support – I got to know those people very well. They really understood. They got us three-monthly inclusion officer referrals, speech and language and paediatric referrals ... Without them we wouldn’t have got any support ...’ – **Parent**

‘We are all more aware, picking up on things that years ago we would have put down to something else.’ – **Provider**

‘Portage have been absolutely amazing. They have listened. We have not had to find proof of every word. They just took what I said and believed it.’ – **Parent**

Similarly, some parents and carers also described positive experiences within individual settings. For some parents, as the quote below illustrates, their child being in a setting allowed them the opportunity to put their child’s development in the context of their peers, and to share their views that a child might need additional support with practitioners. We heard from other parents and carers who told us that, once they found the right setting, their child had flourished, for example starting to speak. For these parents, there was a clear sense that the close relationship and daily contact between their family and practitioners in the setting meant that practitioners were uniquely placed to know and understand their child’s needs.

‘The pre-school have been absolutely phenomenal. When we started [my son] was 2 and we didn’t raise it too much, but we had our suspicions. I think they noticed there was a problem because they were able to see his developmental stage compared to others. Without that, how do you gauge?’ – **Parent**

Effective practice at local area level

Where local areas had developed new approaches to additional support in the early years, swift and effective identification had been a central focus. We have included two short case studies highlighting approaches in two local areas. One of the key characteristics of the North Tyneside Early Years Partnership is the attempt to make the process for requesting additional support as simple and streamlined as possible, creating in effect a single point of access where requests from parents and practitioners, as well as health notifications, can be considered.

“Rising needs in the early years?”

The Early Years Partnership – North Tyneside

North Tyneside Council identified a small number of children with unassessed needs or assessed needs that were unmet who were entering reception. Some of these children were not known to services that could have supported them or had not been attending early years settings before starting reception. At the same time, North Tyneside Council also observed an increase in requests for EHCNAs and in EHCPs for children under 5. The local area's 2021 inspection report commented that, *'[providers] are confident in using a graduated response to help identify emerging needs and support the children and young people in their care'*. Nevertheless, North Tyneside Council and the Local Area SEND Partnership recognised that they needed to strengthen the coordinated pre-statutory support offer, and bolster staff confidence and expertise through an expanded training offer.

In response, leaders and partners in North Tyneside worked together to coproduce a new Early Years Partnership. The vision and plans for the Partnership were coproduced with parents and carers, schools and settings, and wider services, and drew on the learning from other local areas. The central aim of the Early Years Partnership is to ensure that no child in North Tyneside reaches reception without their needs being recognised and supported. Key elements of the Partnership include the following.

- A **single front door** to additional support for children in the early years – a new system of “alerts” where parents or practitioners can make a request for support, which are triaged weekly. This has been aligned to a new process for receiving section 23 notifications from local health services.
- An **aligned offer** from key services – the Early Years Partnership includes, as its core members, portage, early years communication, sensory support, educational psychology, primary outreach services and early help. It also includes a newly created Early Years Inclusion Service, funded through a significant investment from the Council's general fund, made up of practitioners who support children at home and in settings. The Partnership can draw on wider support from health visitors, therapy services, paediatrics and children's social care.
- A **coherent offer of multi-disciplinary support** – with clarity about the support that should be provided at universal, targeted (including training and outreach) and statutory levels.
- A **single dataset**, which ensures that the Partnership has oversight of all children who need additional support in the early years in North Tyneside. The single dataset also helps with planning transition and sufficiency of provision.

The Early Years Partnership was launched in October 2024. It has been able to

requests have been met through the new offer of targeted support, which has resulted in a reduction in requests for EHCNAs. It has also enabled statutory services to signpost support in instances where requests for EHCNAs are refused. The Early Years Partnership also support the strengthening of the universal offer in schools and settings.

Parents and carers have found the child alert process, the graduated offer of support and the single front door to be clear and helpful. As one parent put it, 'I have been so happy with the progress my child has made since working with the service ... The outreach worker that has been working with us is a credit to the service.' Likewise, practitioners have found the new offer to be helpful – for example, 81% of practitioners reported that access to training had improved their practice. School and setting leaders, as well as parents and carers, have welcomed both the process and access to hands-on support from the Early Years Partnership.

'We really appreciate having someone who understands the intricacies of life in a primary school, offering practical advice and physical support, so that we are better placed to offer the children what they need.' – **Primary school, early years team**

'It has helped me greatly in applying this in my teaching year. It has helped me become more confident in the classroom with my pupils.' – **Early years practitioner**

'Thank you from the bottom of our hearts for everything you have done for [my child].

We wouldn't be where we are now without you. I didn't know how to communicate with my own child until you came in and showed me that every little thing that he does is special and telling me something. I feel like you are the only person who has really "got" [my child] and that means so much to us as a family.' – **Parent**

The development of the Early Attachment Service in Cornwall illustrates one way that local services can respond to changing trends in the early years. This is a multi-agency approach to promoting positive parent-infant relationships and targeting support to those who may be struggling to build strong early relationships with their children at an early stage.

Thriving Together – Cornwall early attachment service

Thriving Together aims to strengthen the relationship parents and carers have with their children in the early years and build their confidence. It also aims to support the development of the child's emotional wellbeing. Support is targeted from pregnancy through to parents who may be struggling with depression or struggling to make a connection, whose own experiences may impact their ability to be parents, or whose child may not be developing emotionally as expected.

It is a multi-agency and multi-disciplinary consultation group made up of the referrer, members from the Thriving Together team, such as a psychologist, child psychotherapist, nurse and educational psychologist and representatives from agencies. These professionals will meet to discuss how Thriving Together can help build a positive relationship between the parent or carer and child. They will put together an individualised plan of how best to support the family and, if needed, offer specialist therapy sessions.

The service is commissioned by the NHS but referrals to the service can be made by early years practitioners, health visitors, midwives, family or social workers. It also incorporates a consultation group with infant mental health specialists for professionals who are working with a parent-infant or child relationship they are concerned about. Together they consider cases and, using the language of the Solihull Approach (containment, reciprocity and behaviour management) generate a plan of the next positive steps. This is written up in a sensitive way for the family.

How the system works in practice – challenges

There were two common themes highlighted to us by parents and carers, and by practitioners. The fact that these challenges are the flipside of the positive experiences described above underscores the inconsistency of early identification in the system.

Difficulties getting practitioners to take parents' concerns seriously

Parents described considerable difficulties in getting practitioners to recognise early signs that their child may need additional support. We heard examples from parents of having to battle the system, having their concerns dismissed as “diagnosis by TikTok”, and being given inappropriate advice. Parents shared examples of having to challenge practitioners whose understanding of how children with certain needs could present was outdated or inaccurate. For example, one parent described having their suggestion that their daughter might be autistic dismissed by a practitioner based on evidence of the autistic traits in boys, and later having to quote the National Institute for Health and Care Excellence (NICE) guidance to correct advice given by a health practitioner. The experience of being told “wait and see”, and that children develop differently, was a common theme in parents' experiences.

‘[My son] had no access [to services]. We did not have health visitor visit – just had a call at nine months. I told them my concerns – he was not babbling, not hitting milestones, screaming all day, not mimicking us, he did not play with toys, he eats until throws up. I thought these were massive red flags. They said, “kids

“Rising needs in the early years?”

develop differently” – they just cared whether he was making eye contact.’ –

Parent

‘We felt that [practitioner] did not take us seriously ... there was lots of dangerous information that [practitioner] told us. We missed out on so much support that we would have got. ... There should be less reliance on schools for information about a child. Everyone we have come across has said “we’ll speak to school”. For children under 5, they have been with their parents for majority of lives. Parent view has to have more weight, authority, respect. [My child] spends 15 hours a week at school – this is not equivalent to time she spends at home.’ –

Parent

‘In my experience parents in [my local area] have been asking for help when they first noticed something quite not right with their children, but the length of time it takes for them to receive the help they need or even for someone to listen to them in the first place, is too long.’ – **Early years provider**

‘I have had a child looked at and been told it’s too early and their lack of pronunciation is too early to provide additional support for.’ – **Early years provider**

Inconsistent experiences at setting level

While the support of strong early years providers is welcome, families’ experiences suggest that this is by no means consistent across the system. Several parents and carers described challenges in getting settings to recognise the signs that their child needed additional support, let alone to put support in place. They also echoed the point described early about the challenge of identifying needs accurately in very young children. Some LA early years leads also described the need to strengthen practice in some settings and challenge unconscious biases affecting identification. Notably, there was no clear trend that suggested one type of setting was more or less supportive of children who needed additional support.

‘The school would not acknowledge my child’s needs – just because she masks, it doesn’t mean there are no needs. The needs manifest after school, there’s a delayed reaction. When she is too quiet, it is just as bad as if she is having a meltdown. ... I want school to recognise [child’s] needs. I do not want school to say “we don’t see any symptoms” without knowing what they should be looking for. They are looking for stereotypical symptoms. I feel there is a male-female divide.’ – **Parent**

“Rising needs in the early years?”

‘I felt nursery tried, but they had not changed their perspective. They kept defaulting to what neurotypical child would do. I was explaining my child’s behaviour, which was what you might expect of a neurodivergent child.’ – **Parent**

If settings are increasingly the frontline in identifying where children need additional support, this raises the question of who has eyes on children not accessing early education and childcare provision. While take-up of funded early education and childcare is high, 7% of 3- and 4-year-olds do not access early education and childcare. Furthermore, DfE data (described in Chapter 1) suggest that some groups of children, including those with SEN, access less early education and childcare. This puts a premium on the role of wider services to work with families to identify and respond to children’s needs. As we described in Chapter 2, however, evidence also suggests that the capacity of those services, such as health visiting and portage, to work with families has reduced. This highlights a significant risk in the current system that some of the children who would benefit from additional support will not have their needs identified during those crucial first 1001 days, and why many early years providers feel under such pressure.

* * *

Chapter 5: Ensuring access to early education and childcare

How the system is intended to work

Under the Childcare Act 2006, LAs are required to secure sufficient local childcare places. Statutory guidance requires that LAs ensure that there are sufficient places for children from birth to 14 (or up to 18 for disabled children) of working parents or parents who are studying or training for employment.³⁹ The guidance states that LAs should report annually to elected members on how they are meeting their duty to secure sufficient childcare, and for this report to be available to parents. LAs are required to secure early years provision free of charge to ensure parents can access funded entitlements.

In parallel, LAs are required to provide information and advice to parents and prospective parents about early education and childcare provision in the local area. The Children and Families Act 2014 requires LAs (via the local offer) and early years providers to set out information about how they support children with SEND. LAs are also required to set out information, advice and training for early education and childcare providers in their area, including in relation to meeting the needs of children with SEND.

LAs have powers to shape local provision and ensure access to early years provision. Powers to ensure access apply differently depending on the type of setting and the child's SEN status. Specifically, an LA can ask a PVI provider if it is willing to admit a child, but the provider can say no if the decision is related to its capacity. (Refusal to admit on the basis of a child's disability would be a breach of the Equality Act 2010.) Where a child has an EHCP, LAs can name a maintained provider on a child's EHCP, which places the provider under a duty to admit the child. There is, however, no mechanism to ensure access to a setting for a child with SEND but without an EHCP.

How the system works in practice – where it works well

Proactively building the capacity of early years providers

Effective approaches to ensuring access to provision often involve LAs taking a proactive approach to planning provision and building the capacity of providers. In our survey, we asked LA early years leads which of a series of practices were part of

³⁹ DfE: [Statutory guidance: Early education and childcare](#), 21 February 2025.

their approach to supporting children with additional needs in the early years. The results are shown in figure 15.

Figure 15: Survey responses from LAs about which practices are part of their overall approach to supporting children with additional needs in the early years



The most common response, selected by 97% of LAs, was providing free training to early years settings – convening networks of early years providers was also a common theme in our fieldwork. More than nine in 10 LA early years leads identified convening networks of providers (92%), and a similar proportion (89%) identified working with providers to define an offer of ordinarily available provision. We note, however, that there is a difference between offering training and networks, and providers being able to attend.

Building provider capacity in Lewisham

In Lewisham, for example, the LA offers a programme of weekly one-hour training sessions across the academic year, free for providers. The programme is planned and announced in advance, so providers can plan their CPD. Topics are based on local intelligence but also respond to matters that arise throughout the year. The sessions are delivered by a range of professionals – early years experts, speech and language therapists, the autism outreach team, and specialist teachers. They help to keep providers updated about the support available to them and the services they can access. Sessions are consistently well attended, with between 40 and 80

“Rising needs in the early years?”

practitioners each week. Lewisham is also on the fifth cohort of a programme to train SENCOs to Level 3 in group-based settings – to date, over 50% of all group-based settings have been through this training.

How the system works in practice – challenges

Access denied

Ultimately, the system does not work well where parents of children who need additional support are not able to get a place in an early years provider. PCF and SENDIASS leads described examples from their work of parents being asked to pay more, being told the setting could only offer a reduced amount of provision, discouraged from sending their child to a specific setting or being turned away. This chimes with the findings of research carried out by Dingley’s Promise, which found that the proportion of parents of children with SEND that reported being turned away from at least one mainstream early years setting rose from 20% in 2023 to 29% in 2025. This research also found that 26% of families of children with SEND in the early years had been forced to stop attending a setting due to their needs not being met, and in two thirds (67%) of these cases families said that this was the decision of the setting rather than the family.⁴⁰ Being discouraged from sending a child to a setting in the first place appeared, from the feedback we gathered, to be more of an issue in group-based settings than school-based settings.

‘We have had stories of nurseries saying “no, that child is too complex” – this isn’t about complex health needs, but around children with traits of autism and ADHD [attention deficit hyperactivity disorder]. Parents tell us they have been told “we cannot meet your child’s needs”, or that they have to pay more to fund 1-to-1, or “we can only offer ...”, at which point parents then step away.’ – **PCF lead**

‘It’s not just provision, but it is about the people (their understanding). Key-workers come in with own perception and experiences, training is poor (need engagement, not videos) – “this child is different, I don’t know what to do with them”. ... It’s not impossible – but you need people who understand, recognise, and can apply strategies.’ – **Parent**

⁴⁰ Dingley’s Promise, [Family Survey 2025](#).

A lack of places or local sufficiency planning

Only one in three (32%) LAs said that they carry out in-depth assessments of sufficiency for children with additional needs. As figure 15 showed, of the list of possible LA activities we gave, this one attracted the lowest number of responses. In a separate question in our survey of LAs, four in 10 (41%) identified insufficient appropriate places for children with additional needs as a concern. This finding is consistent with other recent studies – for example, Coram’s most recent annual childcare survey found that less than a third (29%) of LAs said that they had enough places for 75% of children with SEND, but more tellingly over half (53%) said they did not hold data or could not tell.⁴¹ This suggests that there is a gap between concern about sufficiency and having the capacity and/or methodology to ensure early education and childcare provision for children who need additional support, separate from fulfilling their duties around overall childcare sufficiency.⁴²

Having an effective approach to planning sufficient early education and childcare for children who need additional support often relies on having good data-sharing protocols and section 23 arrangements between councils and health services.

Where this works well, data about births and children identified as requiring additional support not only can help councils and health services to know how many children there are in the local area that have SEND or may need additional support, but can also lay the foundations for effective multi-disciplinary services and support for families. Such arrangements are, however, not consistent across local areas, with little oversight and accountability for joint working and information-sharing.

At present, the system’s approach to planning sufficient early education and childcare for children who need additional support is largely reactive. While there are examples of local areas taking a proactive approach to identifying children with SEND in early years provision and using this information to plan – for example, the What Works in SEND case study on [Herefordshire](#) – the most common approaches tend to focus more on building the capacity and skills of all providers in a local area to support children who need additional support. By and large, therefore, the current system relies on providers identifying the support that children need when they arrive in a setting and then putting that support in place, either from their own resources or by requesting additional funding from the LA or engagement from wider services.

⁴¹ Coram, [Childcare Survey 2025](#).

⁴² A report from Dingley’s Promise in 2021 found that many LAs did not have a specific methodology for assessing early education and childcare sufficiency for children with SEND. See Dingley’s Promise (2021), [Assessing Childcare Sufficiency for Children with SEND in the Early Years](#).

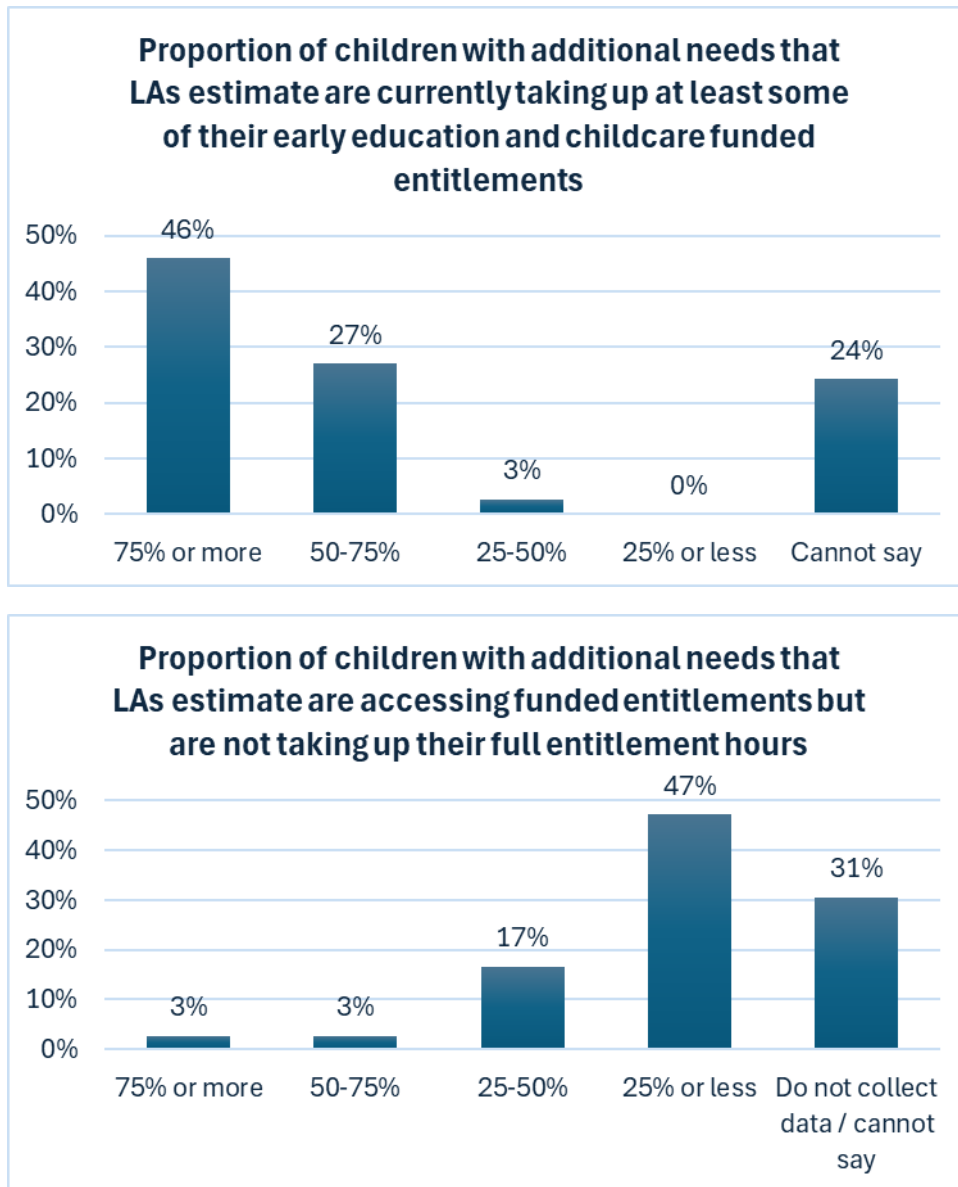
Reduced access to entitlement hours

Even when parents find a place for their child in a setting, they may not be able to access the full entitlement of early education and childcare hours. In our survey, one in three (37%) LAs identified as a concern children with additional needs not being able to access the full number of entitlement hours. In our fieldwork, PCF, SENDIASS and LA early years leads all identified examples where parents had been offered reduced hours – in some cases, being offered the equivalent of 1 to 2 hours – that were insufficient to enable parents to work. This lack of access creates a vicious circle, with parents less likely to be able to work, and with children therefore accessing less early education. Dingley’s Promise found, in their most recent survey of families of children with SEND in the early years, that 41% of children were not accessing their full entitlement.⁴³

In our survey, we asked LAs for the proportion of children with additional needs accessing at least some of their early education and childcare entitlements, and about the proportion accessing their full entitlement. The results are shown in figure 16. Almost half (46%) of LAs said that 75% or more of children with additional needs were accessing at least **some** of their entitlement hours, and just over a quarter (27%) said that the figure was between 50 and 75% of children with additional needs accessing **some** of their entitlement hours. Nevertheless, a quarter (24%) said that they could not say. When asked about **full** take-up of entitlement hours, a third of LAs (31%) said that they did not collect data or could not say, and almost half (47%) said that less than a quarter of children with additional needs were accessing their full entitlement. These figures highlight the inequitable access to early education and childcare for children with additional needs, but also the gap in the information necessary to plan sufficient provision for children with additional needs in many local areas. Evidence from LA, SENDIASS and PCF leads suggested that children being offered reduced hours / timetables was more commonly reported in school-based settings than group-based settings.

⁴³ Dingley’s Promise, [Family Survey 2025](#).

Figure 16: Survey responses from LA early years leads about the take-up of early education and childcare entitlements by children with additional needs



Source: Isos Partnership survey of LA early years leads (36 responses)

A postcode lottery for families

Despite the focus on training and building provider capacity, families experience inconsistent approaches to support for children with additional needs. This may reflect the challenge of trying to establish a consistent approach to inclusion at local level in a diverse sector, without a national mandate, and in the face of competing funding and accountability pressures. Feedback from parents suggests that some providers are going above and beyond in their efforts for children who need additional support, but that this is far from consistent across the sector.

“Rising needs in the early years?”

‘As a SEND parent, you feel your child is “tolerated” – this is not being accepted. This has an impact on those kids. As parents, we have created a secure environment for our kids – then this is shattered for our children.’ – **Parent**

Participants in this research did not think that one type of setting was more inclusive than another. Instead, they considered that the pressures of providing increasing additional support, combined with the wider structural challenges in the sector – workforce pay, qualifications, turnover – applied to all providers, who were responding in different ways.

‘There are very different cultures and skills in different nurseries, and it doesn’t obviously depend on the “type” of nursery – there are strong and weak private settings, strong and weak voluntary settings, and strong and weak schools.’ – **Educational psychologist**

‘... it is a very low paid career to be an EY practitioner and the workload and the need for childcare are forever increasing. The expectations from Gov and Ofsted are always increasing, but it is still one of the lowest paid sectors to work in.’ – **Early years provider**

* * *

Chapter 6: Delivering additional support

How the system is intended to work

LAs must ensure that providers delivering funded early education and childcare entitlements meet the needs of children with SEND. Early years providers are required to work with parents and carers to develop and implement plans of support and track children's progress and development. Early years providers must have access to a qualified SENCO, although this requirement is different in maintained settings (where the law requires the SENCO must be a qualified teacher), group settings (which are expected to identify a SENCO) and childminders (who are encouraged to identify a person to act as a SENCO).

The provision of wider support to settings is encouraged but not mandated. The SEND Code of Practice states that early years providers should involve specialists where a child requires additional support and encourages LAs to provide wider support services, such as area SENCOs.

How the system works in practice – where it works well

Streamlining access to additional support

Many LAs reported that they provide support services specifically for children in the early years who need additional support. Responses to our survey about the features of LA approaches to additional support in the early years, set out in the previous chapter (figure 15), show that:

- over nine in 10 (95%) LAs reported that they provided area SENCOs or similar support services;
- just under nine in 10 (86%) LAs reported offering support programmes for parents of children with additional needs; and
- seven in 10 (70%) LAs reported jointly commissioning integrated support with health partners, and just over half (54%) of LAs reported commissioning additional therapeutic support such as speech and language therapy.

In our fieldwork, we explored examples of local areas that had developed new, system-wide approaches to providing additional support in the early years. We described the North Tyneside Early Years Partnership in Chapter 4 – a single point of access for all requests for support and notifications, an integrated decision-making process, and a tiered offer of universal, targeted and specialist support. A key aspect of that offer has been the development of a new Early Years Inclusion Service, bringing

together all services supporting children under the age of 5 – for example, services focusing on communication and language, social, emotional and mental health, and portage.

How the system works in practice – challenges

The difficulty in navigating the current system

Parents and carers told us how difficult – in some cases bewildering – it was to understand and navigate the system to find out about additional support. They described the challenge of finding out about what support is available and getting different messages from different practitioners, let alone being able to access support. Some parents and carers described how this could be even more complicated for children born with significant medical needs in specialist hospitals outside the local area.

‘There is a real issue about the lack of information and support for families at the very early stage of their journeys. The local offer is abysmal. We have met families with little ones, 4- and 5-year-olds with diagnoses and EHCPs, but who do not know about support available, DLA [disability living allowance] etc.’ – **PCF lead**

Limited capacity of support services

The offer of support on paper does not always match families’ and providers’ experience of accessing it. While 95% of LAs said they provide area SENCOs – and while this is recommended in the SEND Code of Practice – many early years providers report that they do not have access to area SENCOs. The DfE’s provider survey found that 50% of childminders, 28% of group-based providers, and 13% of school-based providers reported not having access to an area SENCO.⁴⁴ In many instances, the discrepancy arises between, on the one hand, the large number of early years providers and the growing number of children requiring additional support and, on the other hand, the size of the teams within local support services. The volume of need outstrips the capacity of the support services, which providers and families experience as a lack of access to support. There was little mention of the Early Years Stronger Practice Hubs in our fieldwork or survey responses. While the Government plans to double the number of hubs from 18 to 36, their reach will not extend to most settings.

Challenges accessing speech and language therapy was a common issue reported by practitioners and parents. While they also identified challenges in accessing

⁴⁴ DfE, [Childcare and early years provider survey: Reporting year 2024](#).

support from occupational therapy, physiotherapy, educational psychology and mental health services, early years providers highlighted the challenges accessing speech and language therapy as a central concern. Early years providers in many local areas painted a picture of long waiting lists, time-limited engagements and delays for children. The mismatch between the need for and availability of support is particularly stark given that communication and interaction was the area where providers said that the need for support was greatest. Several early years providers reported feeling isolated – without support from wider services – when supporting children and families.

‘We refer early to speech and language, but the specialist intervention is not there. They are offered group sessions, after[wards] parents [are] sent videos. With children in early years this is not appropriate to put in place a tailored plan, a thorough assessment needs to take place, and an individual support plan created for then education and parents to work together to embed it, with reviews every 12 weeks.’ – **Early years provider**

‘We also have seen a huge increase in speech and language difficulties which then impacts all other areas of the curriculum. I feel that all schools should have weekly access to a qualified speech and language therapist and not have to rely on parents taking children to appointments in the community.’ – **Early years provider**

‘Staff in our setting are very experienced however it is very difficult to get children assessed in a timely manner and are often on waiting lists for 18 months and only seen as they are about to start school. Children identified in 2-year-old checks with speech and language delay, speech sound difficulties are often not seen until they are 4 years old.’ – **Early years provider**

LA early years leads reported concerns about a lack of engagement from health services in some areas. When asked about what concerned them, half of LAs (51%) that responded to our survey said that lack of access to targeted support or long waiting lists was a concern, and a third put it in their top three concerns. In one local area, the portage service had created a consultation model with therapy services and educational psychology due to the lack of capacity from those services to work with individual children and families.

‘There’s no point referring like we used to because you’re coming away with a two-year waiting list. For a child, you’ve only got one chance.’ – **Head of portage**

* * *

“Rising needs in the early years?”

Chapter 7: Managing transitions

How the system is intended to work

Despite the importance of transition, especially for children who need additional support, there is relatively little national policy guidance around transitions. The SEND Code of Practice states that early years providers should (as opposed to *must*) plan for transition as part of the plan of additional support for a child. Providers should share information, and agree with parents the information to be shared, with the setting or school to which a child is moving. The Code also states that area SENCOs should support transition planning.

How the system works in practice – where it works well

Provider-level practices and relationships

Where the system for supporting transition for children with additional needs works well, it relies on early years providers being proactive in planning and building relationships with schools. Early years providers described a range of ways in which they identify children who may need additional support and have built relationships with the schools that children will be attending. By the same token, school leaders described the ways they have developed a more flexible approach to the curriculum in reception and Year 1, reflecting where children are, their starting points, and what they need in order to settle at school.

System-level support and funding for the transition to reception

In parallel, we heard about approaches LAs had taken at system level to support the transition to school of children who needed additional support. The key features of these approaches involved LA early years inclusion services:

- providing guidance to schools and settings that sets expectations about what good transition looks like, including for children who need additional support;
- taking a proactive approach to identifying children who may need additional support when they move to school, including ensuring children are not left without a school place, and planning capacity in specialist provision;
- services providing dedicated support to work alongside parents and carers, early years providers and schools to plan transition and bring in additional support; and

“Rising needs in the early years?”

- providing dedicated additional funding for children who need additional support moving into reception, to ensure continuity of support for children for whom early years providers would have received SENIF.

Transition Support Funding – Bath and North East Somerset

Transition Support Funding (TSF) was introduced in Bath and North East Somerset in 2011. It was developed as part of a strategy to promote early identification, proactive support for children with additional needs making the transition to reception, and reduce reliance on statutory plans as the only means of accessing support.

Children eligible for TSF will be known to early years inclusion services and will have a clearly identified need for support in the transition to school that cannot be met without enhanced transition support. Where it is agreed that additional support for transition is needed, the LA makes a one-off banding decision, where the amount is equivalent to mid-level high needs top-up, which is paid to a school over the duration of the reception year. The LA also provides a small payment to the child’s early years setting to cover the cost of enhanced transition planning in the second half of the summer term before the child starts reception.

TSF enables school staff to help children settle in reception, put in place support to help with the transition, and build an understanding of the child’s needs in a school environment. This in turn helps to inform decisions about longer term support – specifically, TSF can help to build confidence that a child’s needs can be met without a statutory plan, or to build evidence of a child’s needs to inform a statutory assessment while support is in place. Where children do have EHCNAs, TSF helps to ensure better quality assessments and better plans.

Evidence collected over the last 14 years has shown that around 45% of children for whom schools receive TSF were able to make a successful transition to reception, with the schools able to support the child without needing to request an EHCNA. A recent survey of parents asked how much of a difference (on a scale of 1 to 5, with 5 being a significant difference) parents felt that TSF had made to their child’s experience in reception – the average score was 4.1.

‘Reception Transition Funding ... has increased confidence in our school sector to be able to build on reasonable adjustments, implement enhanced provision and implement the graduated approach for a longer period. This has meant that reflections on if an EHC needs assessment is required has greater evidence, has given the child and the setting a greater period of developmental growth alongside quality provision and therefore led to more appropriate decision making.’ – **LA EY lead**

“Rising needs in the early years?”

How the system works in practice – challenges

Experiences of transition rely too much on the approaches of and relationships between individual providers

The reliance on relationships and the different approaches taken by early years providers and primary schools can mean children’s experiences of support during this transition are mixed. We heard examples from practitioners where there was a lack of engagement in planning transitions for children who need additional support by early years providers and/or schools. Different approaches taken by providers or schools, a lack of capacity to invest time in planning transitions (especially where schools were working with multiple nurseries and could not develop strong relationships), a lack of mutual respect for the professional judgements of different settings, and a lack of understanding of early years from school leaders, were all highlighted as barriers to effective transition planning for children with additional needs.

The cliff edge in support when a child moves to school

Parents and carers reported a “cliff edge” in support when their child moved to school. Some children’s centres, family hubs and support services stop working with a family when a child reaches a certain age or moves into a setting. This can happen, for example, when a child moves into reception, despite the fact that the transition to school can be a time of stress and vulnerability for a child. This potential discontinuity or disruption in support can lead to some families feeling that they are “back to square one”. Parents and carers said that this could mean significant delays in their child getting access to support from services for school-age children, which could harm their development and wellbeing.

‘If [my child] does not get [assessment], we will have to wait under CAMHS – but the waiting list is years long, so [my child] will go further into her shell, and it will damage her mental health. ... If your 8-year-old needs support, you cannot do this without a diagnosis, but the diagnosis will take you four years. ... From my point of view, I know my child is like this, so I will fight for this while she’s under the paediatrician, rather than being in limbo on waiting lists.’ – **Parent**

Parents also reported how schools give the impression to parents that a child would need an EHCP and additional support in place before they started school. Parents and practitioners described examples where primary school staff, on finding out that a prospective pupil had SEND, would raise the question of whether the child had an EHCP, and suggest that the child would need an EHCP and extra funding

otherwise the school would not be able to admit them. Parents and practitioners described how this could lead to a rush to start the statutory assessment process.

‘I spoke to eight mainstream schools – four said that they could not take [my son]. One even said that they would exclude [my son] ... without even having met him.’ – **Parent**

In response to our survey, only a third of LAs (38%) reported offering dedicated transition funding for reception, which, as described above, can help schools to provide support through a child’s transition to reception.

We also heard how delays in completing EHCNAs could mean that some children who need a place in specialist provision when they start school are left in limbo, having not been allocated a mainstream school place through general admissions but without a place in specialist provision. While some LAs reported developing stronger processes for planning sufficient specialist provision for children moving from early years settings to school, we also heard examples where children with additional needs had been left without school places.

Overly formal approaches to teaching and learning in reception and Year 1

As described in Chapter 2, practitioners identified the pressure for children to be ready for more formal approaches to teaching and learning as a factor that was driving the need to provide additional support to children. Both the EYFS and the National Curriculum allow for – and indeed encourage – continuity in the delivery of teaching and learning across the early years and in the transition between reception and Year 1. For example, the National Curriculum states that pupils entering Year 1 who have not met their early learning goals for literacy should continue to follow the school’s curriculum for the early years in order to develop their word reading, spelling and language. Some of the school leaders to whom we spoke described how they had developed more flexible approaches to delivering their curriculum across reception and Year 1 to reflect where children were in their learning. Practitioners and LA early years leads described other examples, however, where schools had less flexible approaches, with a greater emphasis on preparing children for more formal teaching and learning and the Year 1 curriculum, and consequently reduced opportunities for learning through play in reception.

The issue, however, is less to do with the curriculum itself, which allows for a more flexible approach. It is more to do with how wider pressures on schools – staffing, funding, accountability – affect the planning and implementation of the curriculum across reception and Key Stage 1. National system leaders argued that there needed to be a balanced approach, avoiding “wishful thinking” (introducing formal approaches to

“Rising needs in the early years?”

teaching and learning before some children are ready) and “laissez-faire” (a lack of planning for how to support children’s progress so they can make the transition from the EYFS to the school-age curriculum). Many participants in this research argued that a more flexible, multi-faceted approach needed to be supported in schools – one that would foster greater alignment of curriculum goals, pedagogy, and additional support to enable children to make the transition from the early years into Year 1.

* * *

Chapter 8: Resourcing

How the system is intended to work

There are a range of funding streams that are intended to enable additional support for children in the early years.⁴⁵

1. First, it is mandatory for LAs to use deprivation as a funding factor when setting a formula for funding 3- and 4-year-olds, and at LAs' discretion to use deprivation when funding 9-month-olds and 2-year-olds.
2. Second, early years providers also receive the early years pupil premium (EYPP) for children whose family receives one of a range of benefits, is looked after or has left care. The Government has recently announced an increase in funding for EYPP of more than 45%.
3. Third, LAs must ensure that providers delivering funded early education and childcare places meet the needs of children with SEND. LAs are required to have an arrangement for paying SENIF to providers for children who are accessing entitlement hours and have SEND. SENIF can be funded from the early years block, the high needs block, or both, of the dedicated schools grant. DfE guidance states that this should be passed to providers on a case-by-case basis, but can also be used to fund wider services that support inclusion in early years providers.
4. Fourth, providers may also receive top-up funding from LAs (funded from the high needs block) for children with EHCPs.
5. Fifth, early years providers can also draw down resources from the Disability Access Fund (DAF) for families of children who receive disability living allowance and access early education and childcare entitlements.

How the system works in practice – where it works well

Use of funding to support proactive approaches that reflect children's needs

During the research, we have heard examples of local approaches that are designed to give providers swifter access to resources and enable them to take a more proactive approach to inclusion. These approaches do not exist in isolation and are often part of a wider system-wide strategy to support inclusion in the early years –

⁴⁵ DfE, [Early years entitlements: local authority funding operational guide 2025 to 2026](#).

linked to agreement about ordinarily available provision, workforce development and providing a core offer of targeted support services.

One LA with which we worked is planning to trial making upfront payments of SENIF to providers at the start of each academic year. The aim is to enable early years providers to be proactive in identifying children’s needs and putting in place support – a common complaint from providers is that the current system creates a delay between a provider identifying that a child needs support and receiving the funding for that support. Another aim is to ensure that providers receive funding for emerging needs, and avoid situations where all additional resource is focused on supporting children with the most complex needs at the expense of those with emerging needs but who equally need support. As the vignette below shows, other local areas have gone further in using SENIF collectively to jointly commission support across cohorts and settings.

The Nursery Inclusion Project for All (NIPA) – Wandsworth

NIPA was first conceived in Wandsworth in 2017. At the time, primary school and early years provider leaders considered that the growth in the number of children who had emerging needs related to their communication, language and interaction skills was not matched by the support available (which was mainly top-up funding through SENIF). School and setting leaders considered that SENIF would be of limited value on its own if settings were not able to draw on wider expertise to enhance their practice. As one headteacher put it, ‘I didn’t know what to do with it [SENIF] – I wanted to talk to someone, I wanted some help ...’.

After engaging school, setting and LA leaders, NIPA was first piloted in 2019 with six settings, and later expanded to 18 (six settings in three localities). NIPA works by pooling resources – over £300,000 from the SENIF budget – and, rather than distributing these as individual top-ups, uses them to co-design and commission a multi-disciplinary offer of support. This includes speech and language therapy, occupational therapy, yoga, educational psychology, and parent support. Settings identified to be part of NIPA receive a universal offer of support for all children and families at the start of an academic year, before identifying a smaller cohort that would benefit from more intensive support.

The aim is to create a more effective, proactive and holistic approach that focuses equally on supporting children and families, settings and home. Evaluation from the most recent cohort that the project has supported found that:

- 8 in 10 children involved in NIPA met their communication and language, and their personal, social and emotional development targets;
- 9 in 10 children made a successful transition to reception without an EHCP – providers said that just under half of the children would have required an EHCP without NIPA support;

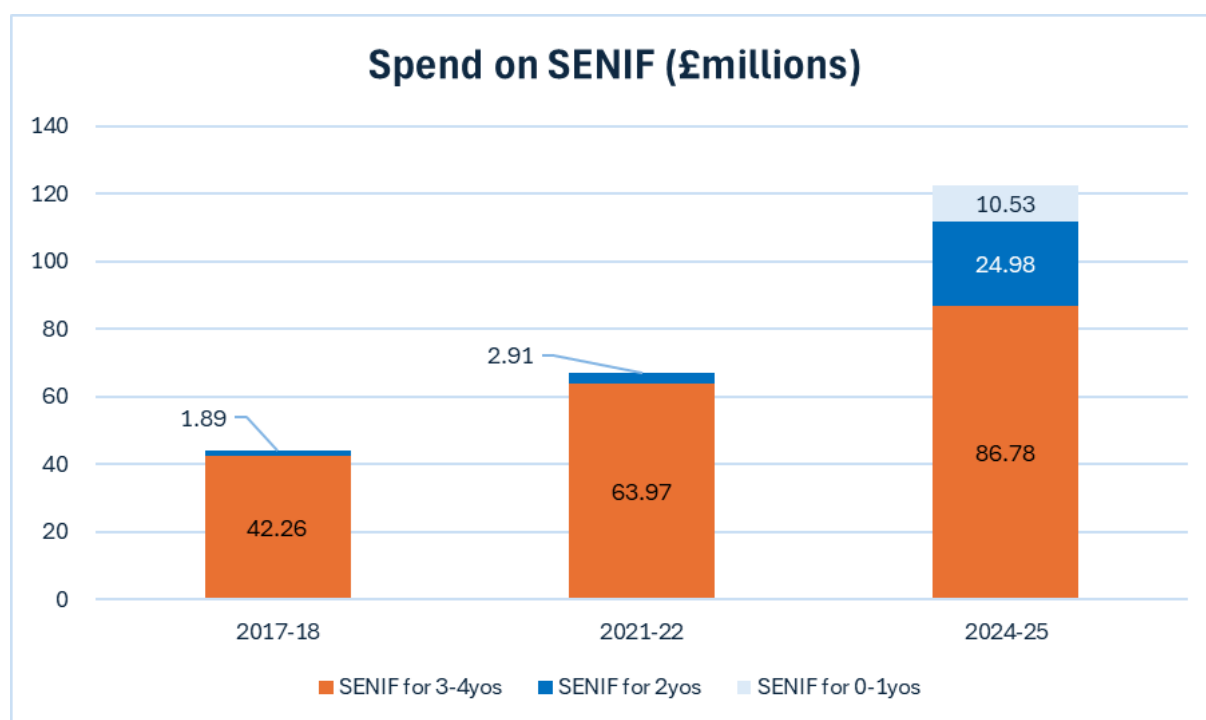
“Rising needs in the early years?”

- settings reported good support for parents and carers in 97% of cases – as one parent put it, ‘Best thing that ever happened to me. Has helped me to know what to do’; and
- just over 9 in 10 settings reported that staff were better equipped to support children’s development and their additional needs – as one setting leader put it, ‘NIPA has been a wonderful enhancement to the nursery for our staff. It’s been so useful working alongside specialists, having access to their expertise to think about children together with families.’

How the system works in practice – challenges

Ever-increasing pressure on available resources

Figure 17: LA budgeted spend on SENIF between 2017-18 and 2024-25



Source: [Planned LA and school expenditure: Financial Year 2024-25](#) (Planned expenditure on the early years budget)

Our analysis suggests that expected spend on SENIF has increased by 177% over the past seven years. Figure 17 shows that total budgeted spend on SENIF has risen from just over £44 million in 2017-18 to more than £122 million in 2024-25. It also shows the impact of the expansion of funded entitlements to children below the age of 3. While SENIF spend on 3- and 4-year-olds has doubled over this seven-year period (from just over £42 million to just under £87 million), SENIF spend on 2-year-olds has increased 12-fold (from under £1.9 million to almost £25 million). This trend, and the

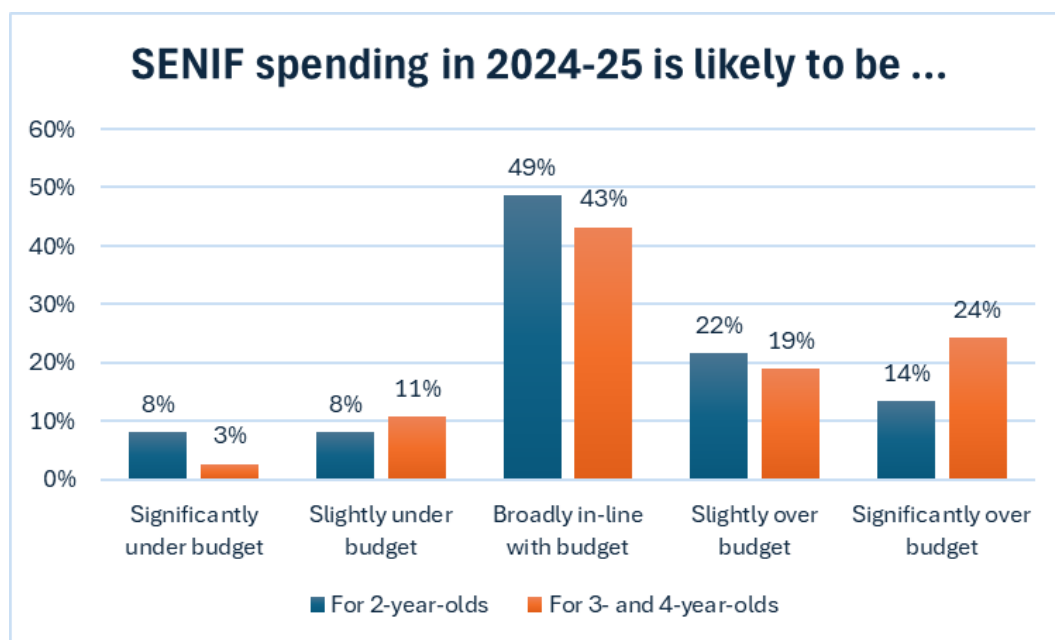
“Rising needs in the early years?”

growth in funding under-2s, is likely to continue as the roll-out of new entitlements continues. This is likely to add pressure to two budgets – the early years block and high needs block – that are already under significant financial pressure.

The practice of distributing resources can be reactive and cumbersome

There is little consistency in the amounts LAs invest in, nor the processes they use to distribute, SENIF. Early years providers reported different approaches to paperwork, supporting evidence, and the frequency with which providers were expected to report progress and request renewed funding. In our survey of providers, swifter or easier access to SENIF was providers’ top ask of LAs, chosen by 51% of providers.

Figure 18: Survey responses from LAs about SENIF spending in 2024-25 for 2-year-olds and for 3- and 4-year-olds relative to budgets



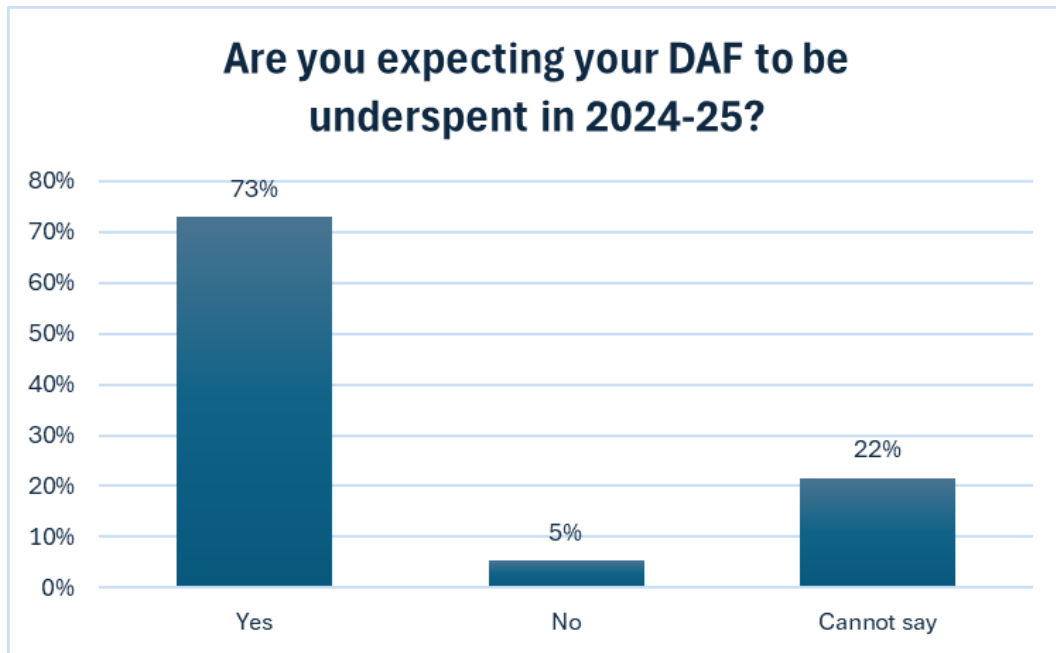
Source: Isos Partnership survey of LA early years leads (37 responses)

LA early years leads expressed concerns about the effectiveness and administration of distributing individual top-ups for increasing numbers of children. In response to our survey, seven in 10 (70%) LAs reported that they expected to see a rise in the number of children requiring SENIF – 43% expected numbers to ‘increase slightly’, and ‘27% to ‘increase significantly’. When asked where spending on SENIF would be relative to budgeted spend, the most common response was for it to be in line with budget. Figure 18 shows that half (49%) and four in 10 (43%) LAs reported that SENIF spend would be in line with budgets for 2-year-olds and for 3- and 4-year-olds respectively. A third (35%) of LAs said spend would exceed the budget for 2-year-olds, and four in ten (43%) LAs said spend for 3- and 4-year-olds would exceed the budget.

“Rising needs in the early years?”

We heard similar views about DAF. Parents and providers reported that the process for families could be cumbersome and stigmatising, perpetuating deficit-based conceptions of the need for additional support. Practitioners and LA early years leads considered that, as a process for distributing funding to enable additional support, the process was reactive and ineffective. As figure 19 shows, almost three quarters (73%) of LAs reported that DAF would be underspent in 2024-25.

Figure 19: Survey responses from LAs about DAF



Source: Isos Partnership survey of LA early years leads (37 responses)

* * *

Part 3: Where next?

What participants in this research thought was needed

Among participants, there were areas of consensus about what was needed to build a more inclusive and holistic approach to additional support in the early years. Key themes in the responses from parents and carers, providers, and LA early years leads were:

- greater investment of resources in **building capacity** for earlier support;
- shifting the **enablers and incentives** in the current system, including **curriculum** and **inspection**, to enable inclusive practices across the early years, specifically in the transition to reception and into Year 1;
- a strong focus on child development and inclusive practices as part of a new approach to **workforce development**; and
- improving access to **therapeutic services**, specifically speech and language therapy.

In addition to these points, parents wanted to see professionals being more willing to listen to and work with them. We described in Part 2 some of the ways parents feel their concerns and experiences are not taken seriously by some professionals. Parents and carers also highlighted the importance of training around inclusion for staff in early years settings and wider services that support young children and families.

‘Additional training for the workforce in settings is the biggest thing. We know SEND training is so limited – for under 5s, but across the board.’ – **PCF lead**

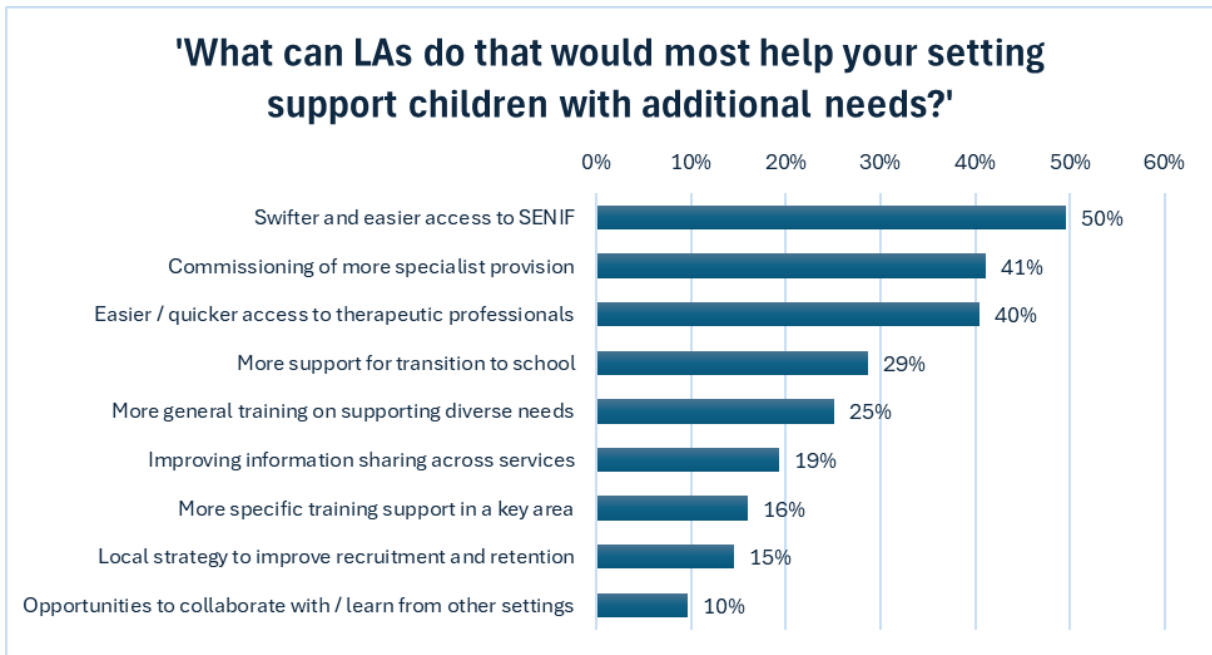
‘Nobody tells parents what is expected and how they can help their children.’ – **PCF lead**

Early years providers highlighted the need for swifter access to funding, therapeutic services and specialist provision. At local level, the top three priorities identified by early years providers (as shown in figure 20) were:

1. swifter and easier access to SENIF (selected by 50% of providers);
2. commissioning of more specialist provision (selected by 41%); and
3. easier and quicker access to therapeutic professionals (selected by 40%).

Beyond that, providers also identified support for transition (29%) and general training on supporting children with a wider range of additional needs (25%) – both of these areas were common themes in our fieldwork discussions with providers.

Figure 20: Survey responses from early years providers about what LAs can do that would most help settings to support children with additional needs

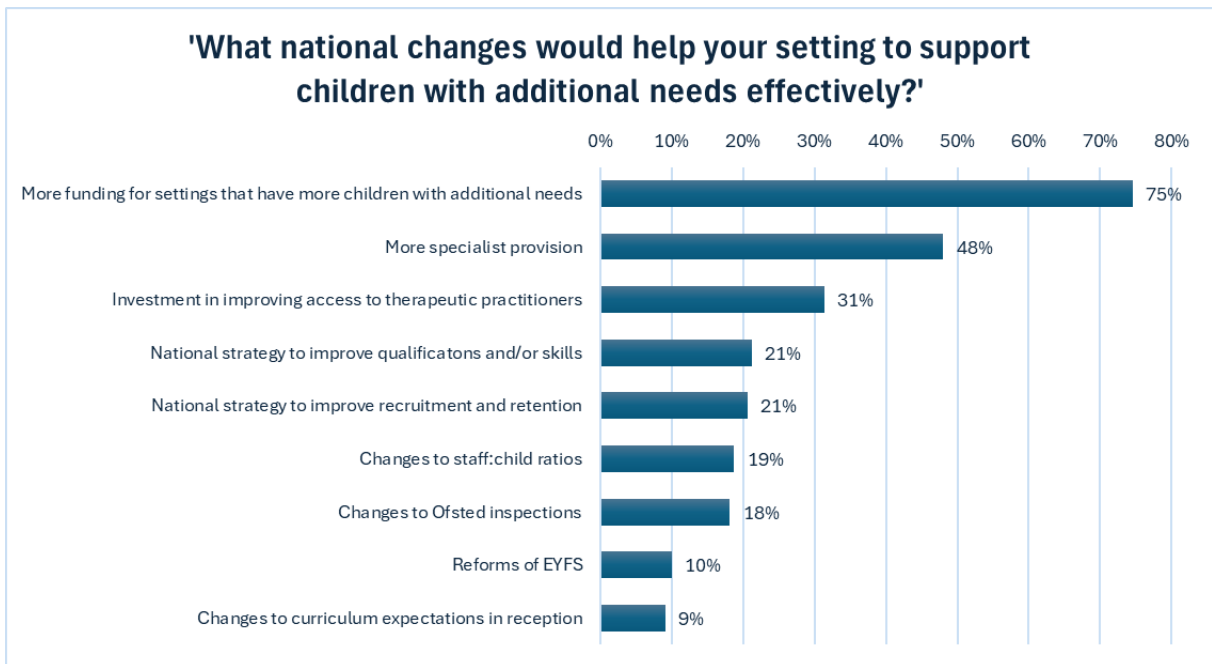


Source: Isos Partnership survey of early years providers (331 responses)

These echoed the areas for national policy change identified by providers:

1. more funding for settings with more children with additional needs (75%);
2. more specialist provision (48%); and
3. better access to therapeutic practitioners (31%), notably speech and language.

Figure 21: Survey responses from early years providers about what national changes would help settings to support children with additional needs

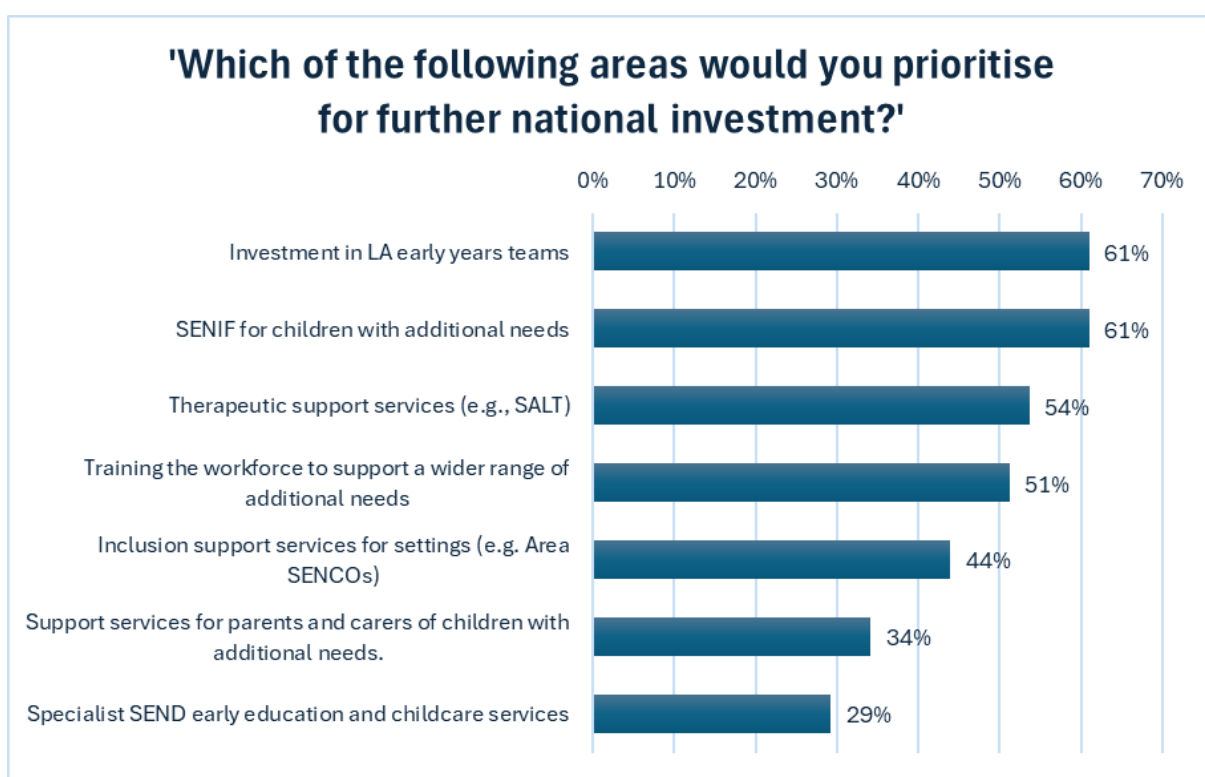


“Rising needs in the early years?”

Source: Isos Partnership survey of early years providers (331 responses)

The areas for national reform broadly reflected those identified by LA early years leads. We asked LA early years leads about priorities for national investment. The responses are shown in figure 22. The areas most chosen were investment in LA early years teams (chosen by 61%), SENIF (61%), therapeutic support (54%) and workforce development (51%). There was a strong proviso from LA early years leads that there should be greater national investment in early years workforce development, but there should remain a strong role for local delivery of ongoing workforce training to reflect local context. The option selected by the fewest LAs was greater investment in specialist early years provision.

Figure 22: Survey response from LA early years leads about priorities for further national investment

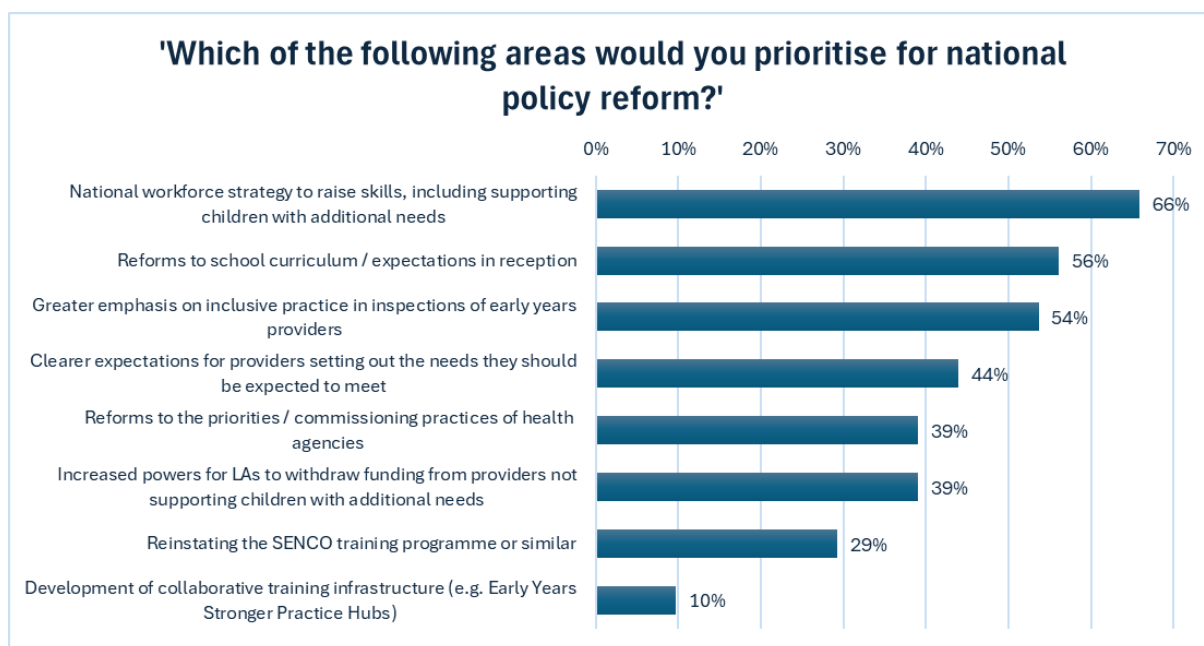


Source: Isos Partnership survey of LA early years leads (41 responses)

In a separate question, we asked LA early years about priorities for national policy reform. The responses are shown in figure 23. The areas most chosen by LA early years leads were a national workforce strategy to raise skills (66%), reform of the school curriculum / expectations in reception (56%), and greater emphasis on inclusive practice in inspections (54%).

“Rising needs in the early years?”

Figure 23: Survey response from LA early years leads about priorities for national policy reform



Source: Isos Partnership survey of LA early years leads (41 responses)

Framing our recommendations

The recommendations we have made in these final chapters are intended to contribute to the current debates about reform of both early education and childcare, and of the current “SEND system”. In setting out our recommendations, where possible, we have linked them to the Government’s [Giving every child the best start in life](#) policy paper. Our recommendations here are also intended to build on our [report](#) on the current “SEND system” and our [proposals](#) for replacing it with a more inclusive conception of education for all ages and phases. We have not repeated all of the recommendations from our SEND report, but instead we have echoed or referenced recommendations from that report where they link to the recommendations we make here.

The key principle that links our recommendations here with our wider proposals for fostering a more inclusive system for all ages is that of creating a more proactive approach. This is an approach that recognises children and families as they are and equips practitioners to be able to provide the support that some children and families will need. This is the opposite of a reactive approach, which is deficit-based and reliant on diagnoses and separate processes of assessment and funding in order to secure additional support for children who need it.

The recommendations in Part 3 of this report are set out under the five functions we used to structure Part 2, along with a recommendation about ensuring that the focus on children and families who need additional support to thrive is central to the national

“Rising needs in the early years?”

ambition for early childhood, as set out in the Government's *Best start in life* strategy. In each area, we have made recommendations for both national policy and local practice.

* * *

Chapter 9: The national ambition for early childhood

Recommendations for national policy

We welcome the overall ambition set out in the Government’s *Best start in life* strategy. It represents the start of a programme with the ambition to transform early childhood. Much will, however, depend on how its proposals are developed and implemented. If the laudable ambition of this strategy is to be truly effective for all children and families, including those who need additional support, we recommend that two key principles remain at the heart of this national ambition.

First, the intrinsic value of early education and childcare and the need to ensure inclusion and universal access

We recommend that a commitment to the intrinsic value of early education and childcare is placed at the heart of a new national ambition, heralded by *Best start in life*. There are strong reasons for doing so. Research has consistently shown the importance of the first 1001 days in laying the foundations for child development. The gap in educational outcomes for children who need additional support adds urgency to the moral imperative for effective early education and childcare.⁴⁶ Valuing the sector as much for the early education it provides to children as the childcare it provides to enable parents to work will be crucial in raising the status of the profession as one of skilled early years educators and strengthening the workforce.

Equally importantly, the new national ambition of giving children the best start in life must include a commitment to continuing to expand access and moving towards a universal offer. Successive governments have made significant steps in expanding the current offer of early education and childcare. At present, there is a universal offer for all 3- and 4-year-olds, plus entitlements for working parents of children from 9 months. There is an overarching curriculum framework (the EYFS) covering how children from birth to the age of 5 are taught new things and helped to develop. These developments have moved us closer to achieving the principle of universal access to early education and childcare than ever before. We recognise that further expansion of the universal offer may not be possible in the short term. Nevertheless, we recommend that the commitment to the principle of a universal offer of early education and childcare remains central to the national ambition.

⁴⁶ Education Policy Institute (2025), [Annual Report](#).

In the short term, we recommend that the Government takes a proactive approach to ensure that all children and families can access the early education and childcare to which they are entitled, including children who need additional support. The expansion of early education and childcare and the proposals in *Best start in life* have the potential to transform early childhood for many children. It is crucial, however, that these changes are implemented in a way that ensures the children who need additional support and would most benefit from it have access to early education and childcare. This will require national – in partnership with local – government to be proactive in monitoring the impact of the expansion of early education and childcare entitlements and take action to improve access for families of children who need additional support.

Second, creating a more holistic system of support for families

We recommend that a commitment to providing holistic support for children and families is at the heart of the *Best start in life* ambition. The ambition in *Best start in life* is laudable, specifically the proposals to strengthen health visiting and to create a Best Start Family Hub – which will include professionals specifically trained to work with children with additional needs – in every local area. These initiatives should help to ensure families experience a more joined-up, holistic response when they need additional support. Much will depend, however, on the pace of change, and on the scale and reach of the hubs. We recommend that, in implementing *Best start in life*, the hubs are one part of a wider range of approaches – supported nationally and developed locally – that connect early education and childcare within wider, multi-disciplinary approaches to supporting children and families.

The national ambition to give every child the best start in life must be a genuinely national, cross-government effort. It must take account of the range of factors that affect family life and early child development. The national ambition must bring together a wide range of policies and services that touch on family life, including the Government’s long-awaited child poverty strategy, as well as reforms of education and SEND, children’s services and the health service.

Linked to this, national government should lead the way in building the evidence base and fostering a broader national debate on the use of screens and the impact of passive screen time on child development, especially for the youngest children. This is currently some way behind the discourse on the use of screens for school-age children.

Recommendations for local practice

First, local system-wide approaches to early education and childcare

We recommend that local areas maintain (where they exist) or develop local system-wide approaches to early education and childcare. Through this research, we have seen examples of how partners in local areas have developed joined-up, system-wide models that have enabled a more holistic approach to supporting children in the early years and their families – several are highlighted in case studies in this report. This has often involved system leaders setting out the importance of early education and childcare as a collective priority, and investing in it. This has also involved building a more proactive approach to supporting children, families and settings, and bringing together support across education, health and family services. These integrated approaches should be a guiding light for local councils and their partners as they come together to formulate mission-led, collaborative Best Start Local Plans. They will also be crucial in ensuring that progress towards the 75% good level of development target is pursued as part of an overall approach from which all children, including those who require additional support, benefit.

Second, local approaches that enable parents to make informed decisions about their families' relationship with screens

We recommend that local areas adopt a multi-faceted, public health approach to informing parents about the effects of passive screen time and adults' use of screens on the development of babies and young children. Our research indicates that these conversations are already being had within local services and settings. They need to be built on and developed further, and the growing evidence base embedded not only in public information campaigns, but also in the daily interactions between services and families. The aim here should be to build trust, access to information and social norms that enable parents and carers to make informed decisions about the role screens play in their homes, and how they can best protect opportunities for parent-child interactions that are crucial to early child development.

* * *

Chapter 10: Identifying where children need additional support

Recommendations for national policy

We propose a paradigm shift away from a focus on how supposedly “typical” children develop, and towards a broader understanding of the range of ways children develop and how their development can be supported. Greater understanding of child development in this broader sense is a prerequisite of a proactive approach to identifying the need for, and providing, additional support in the early years. This would be a strengths-based approach, in sharp distinction from the current deficit-based approach that requires medical diagnoses, statutory assessments and requests for individual funding top-ups for children who are seen not to be developing typically.

Our recommendations focus on embedding the intentions of the 2021 EYFS and on expanding practical guidance to reflect the different ways that children develop. A focus on child development is at the heart of the new EYFS, and there are already many resources for parents and practitioners about child development and how this can be supported. Some participants in this research considered, however, that the principles underpinning the new EYFS had not yet been fully embedded across the sector, due to the fact it was launched in the immediate aftermath of the pandemic. While national recovery programmes for the early years have focused on embedding the new EYFS, this has been made more challenging by workforce turnover in the sector. As such, we think there remains the need to embed the principles of a reformed EYFS in practice and to complement this with broader practical guidance that would underpin the EYFS and reflect the different ways in which children develop and how their development can be supported.

First, a national resource on child development for parents

We recommend building on existing resources for parents and carers to provide greater information about the range of ways children develop. We heard during this research about the value to parents and carers of trusted information about how they can support their child’s development. There are a range of existing resources available, including [What to expect in the Early Years Foundation Stage: a guide for parents](#), the NHS Start for Life resources on [early learning and development](#), and the BBC’s [Tiny Happy People](#) resource. Parents and carers argued strongly about the need to avoid resources that are premised on all children developing at the same rate and in the same way, and instead show some of the different ways children may develop and how their

“Rising needs in the early years?”

development can be supported. Our research suggests that this is potential gap within existing resources. As such, we recommend bringing together and expanding existing trusted resources to provide information about a broader range of development pathways for children and how parents can support their development. These should be co-designed with parents and carers, and could be promoted as part of the Government’s proposed Best Start Digital Service.

Second, a parallel national resource on child development for practitioners

We also recommend the development of an expanded national resource on child development for practitioners in early education and childcare. Like the resource for parents and carers, what we are proposing could build on existing resources, such as [Development Matters](#), but would be expanded to capture a broader range of children’s developmental pathways, including where children are likely to need additional support. It would help to flesh out the intention and implications for practice of the EYFS, ensuring that fundamental concepts around language and communication, and around personal, social and emotional development, are embedded in the practice of all early years educators. It would also build on existing approaches used by early years settings – many larger settings or groups have their own curricula, built on the EYFS, with detailed milestones and steps to scaffold children’s development.

This expanded national resource should promote a strengths-based appreciation of the different ways children develop. We recognise the risk, identified by some participants in this research, that the focus on different development pathways might lead to children being labelled and pigeonholed. That is not our intention. We think it should be possible to construct an expanded national resource that would recognise, for example, the impact of trauma on child development, or how children with different forms of neurodiversity develop. Ultimately, we think recognising that children develop differently and promoting a strengths-based appreciation of their development is preferable to viewing the development of children who need additional support through the lens of supposedly “typical” child development. The national resource we envisage could help to bring together evidence of effective strategies for children who need different support at different stages of their development.

Recommendations for local practice

First, local information and communication with families

We recommend that LAs and local partners continue to communicate information about what promotes good child development. This would include information about

“Rising needs in the early years?”

the impact of passive screen use on child development, outlined in the previous chapter, but would also include broader information about child development, different developmental pathways, and how parents and carers can support their child's development.

Second, co-developing plans for children's development with families

We recommend local services maintain and build on their unique position of being able to work directly with families. During the research, we heard a strong view that personal guidance from a known and trusted peer or practitioner can be more effective in helping parents to understand how to support their children's development than traditional parenting courses or public information campaigns alone. While this requires long-term investment, services that work in this way – portage, for example – are highly valued by families. *Best start in life* envisages a core local offer of parenting support, and a SEND expert embedded in Best Start Family Hubs. We suggest that these proposals are built upon, and that national government gives local areas support (and resources) to test and learn from approaches that foster strong relationships between practitioners and families at a scale that is sufficient for families across a local area who need support to benefit. This could include existing services such as portage, or the development of peer support models with voluntary sector partners.

* * *

Chapter 11: Ensuring access to early education and childcare

Recommendations for national policy

This chapter focuses on how to ensure equitable access to early education and childcare for all children, including those who may need additional support. *Best start in life* describes actions that the Government will take to improve access for children with SEND and increasing funding alongside SENIF. We suggest that these actions need to sit alongside national policy reforms that strengthen inclusive practice in all mainstream settings – including early years – which the Government has said will be set out in the forthcoming education white paper. We have made three parallel recommendations for national policy and local practice.

First, consistent national expectations of ordinarily available provision

We echo the recommendation from our 2024 SEND report about the need to develop a set of consistent national expectations of ordinarily available provision and inclusive practice in all education settings. We are not suggesting a further set of national expectations. Instead, we are underscoring the importance of national expectations, not only to the Government’s ambition to foster inclusive education, but also to the Government’s ambition to give every child the best start in life. In *Best start in life*, the Government talks about ‘making inclusive practice standard practice’. An essential foundation for this is the development of national expectations for inclusive practice, which apply to the early years as well as schools and colleges.

Furthermore, national expectations must be aligned to wider policy levers, including accountability measures, inspection, funding and workforce development. Clear expectations of inclusive practice in early years settings, aligned to and underpinned by these wider policy measures, are an essential foundation for building a more inclusive and holistic approach to supporting children in the early years. They will provide clarity about the practices and skills in which early years educators should be trained, what settings should be funded to provide, and how settings should be inspected and their impact measured. National expectations are also crucial for ensuring parents and carers are clear about what they should expect from providers in terms of inclusive practice and additional support. National expectations will also help to ensure that children who need additional support are not denied or offered reduced access to early education and childcare, and provide a basis for challenging instances where access is denied. National expectations, along with resources on child development and access to proven support programmes (such as the Nuffield Early

Language Intervention), are crucial to translating the overarching national ambition to give all children the best start in life into day-to-day practice.

Second, a comprehensive approach to workforce development for practitioners working in early education and childcare settings

We recommend the development of a comprehensive workforce development strategy for early years educators. If there are to be broader expectations of inclusive practice becoming standard practice, then early years educators will need to be equipped with the knowledge and skills to deliver these expectations. This requires a stable workforce, equipped with consistent foundational knowledge of child development and the skills to provide responsive and inclusive support.

A workforce strategy for the early education and childcare sector will need, therefore, to set out the routes through which early years educators will be recruited, the skills they will need, and how they will be trained. As a priority, there needs to be alignment between national and local action to support workforce development. The focus at *local* level should be on providing accessible continuous professional development (CPD), including on additional needs and additional support, for the workforce to reflect local context and emerging trends. This should be done in a way that brings together and maximises, rather than duplicates, all available expertise in a local area, including the Early Years Stronger Practice Hubs.

We recommend that *national* action should focus on ensuring a consistent approach to initial training and the structure of qualifications for the sector. This should include embedding a focus on inclusion in initial training programmes for early education and childcare practitioners. Doing so would help to make a reality of the Government’s ambition to make inclusive practice standard practice. Based on our research, we suggest national programmes of initial training should focus on:

- **the principles of EYFS**, the centrality of the three prime areas of development (with a specific focus on communication and language as the key to children’s development across all areas of learning);
- **the different ways in which children develop**, and an introduction to broad areas where children may require additional support – specifically, understanding child development in the context of neurodiversity, attachment theory, and the impact of trauma; and
- **specific skills and strategies for supporting individual and groups of children who need a range of additional support** – reflecting the point in Chapter 3 about providers having growing numbers of children who need more individualised support.

A national approach to workforce development should also set out the qualifications and progression pathways for early years educators. We suggest that qualifications for early education and childcare practitioners should be streamlined to ensure that future training has child development at its core. Reforms currently underway to create faster, assessment-based routes to Level 3 qualifications for experienced staff and to simplify the number of early years qualifications should offer an opportunity to make deep understanding of child development central to the qualifications regime for early years educators. These proposals would support the Government’s ambition to raise the status of early years educators by creating a new professional register and creating clearer pathways for career progression for early years educators. A strong theme in our discussions with practitioners was that there should be a long-term ambition of graduate-level qualifications for leaders of early years settings.

Third, stronger local oversight of early education and childcare

We recommend that the LA role in the early education and childcare system is reframed to focus not only on securing sufficiency but also on ensuring access and inclusion. We have previously written about the importance of strengthening the LA role in ensuring inclusive, high-quality early education and childcare as part of a move to recognise it as public service, funded mostly through state contributions.⁴⁷ In our 2024 report on the SEND system, we also recommended expanding LAs’ role around early years sufficiency to focus not just on having sufficient providers or numbers of places, but also on monitoring take-up and the impact of the expansion of working parent entitlements. A more explicit LA role around proactively monitoring and fostering access, and challenging non-inclusive practice (supported by national expectations), should help to avoid or tackle situations where parents of children who need additional support cannot get (full) access to early education and childcare provision.

LAs will need to have the capacity to fulfil this role. Ensuring LAs have the capacity and tools to do so is as important as creating any new powers. *Best start in life* proposes to explore new powers for LAs and Mayoral Strategic Authorities to ensure that there are enough early education and childcare places locally. Our research suggests that there may be value in broadening sufficiency guidance to focus more sharply on ensuring access and take-up for children who need additional support, as well as on overall sufficiency. LAs will, however, need the capacity as well as the powers to fulfil these roles. At present, the size, capacity and role of LA teams responsible for inclusion in the early years can differ significantly.

⁴⁷ Reed, J. and O’Halloran, J. (2024), [The Childcare Challenge: How can the new Government delivery a real childcare guarantee?](#), (Institute of Public Policy Research and Save the Children).

We also recommend strengthening information-sharing arrangements between LAs, health services and early years providers. Our research also suggests the need for providers – both private and voluntary providers and school-based providers – to cooperate with LAs to share data about admissions to settings and take-up of the entitlement hours once children are in settings, and for LAs to have a formal remit to challenge non-inclusive practices. There is also the need to strengthen expectations of partnership working and information-sharing between councils and local health services, which can be crucial in enabling LAs and partners to know how many children in the early years need additional support and to plan sufficient provision.

Recommendations for local practice

First, continue to focus on inclusion and ordinarily available provision

We recommend that LAs continue to develop and maintain local definitions of ordinarily available provision in the early years. These approaches can be refined to fit national expectations, as the latter develop, but will continue to be important in reflecting local context in the future. They should be central to the proposed Best Start local plans. A local commitment to inclusion and standards of inclusive practice should be a key underpinning of LA oversight of the local early education and childcare sector, allowing LAs to promote inclusive practice, quality of provision, and access for all children. It is all the more important in the context of the recently expanded early education and childcare entitlements for working parents.

Second, continue to offer local training and development

We recommend that LAs continue to offer local networks and training for early years educators. Our research suggests that the vast majority of LAs currently offer free training to and convene networks of early years educators. While the national focus should be on ensuring a consistent foundation of practitioner knowledge and skills through initial training, LAs and local partners have a key role to play in offering networks and training that reflect local context and needs. This offer should be informed by and co-designed with local partners, including early years educators, practitioners from other disciplines, and parents and carers. This should be offered in a way that recognises both the diversity of the sector – private and voluntary providers, school-based providers, childminders – but also the challenges for practitioners to access training given tight staffing and ratios. During this research, we heard positive feedback about train-the-trainer approaches and peripatetic staff delivering in settings.

Third, focus on access to and take-up of early education and childcare

We recommend that LAs should focus on building greater understanding of access to early education and childcare for children who require additional support. We

recommend that existing LA early years inclusion teams focus on building understanding of access and take-up for children with additional support, working with providers and local health services to share information and build up a picture of local need and sufficiency. LA early years inclusion teams should also continue to challenge instances where families are denied access to provision or their full entitlement.

(National expectations of inclusive practice for providers should be constructed in a way that it provides a clear basis for parents and LAs to challenge practice that does not meet these expectations.) In our 2024 report on the SEND system, we suggested that Local Inclusion Partnerships should have a responsibility for commissioning advice to help parents navigate the system.⁴⁸ This form of support could play an important role in ensuring parents and carers can access the right early years settings for their child.

In addition, we recommend that LAs develop and test new approaches to sufficiency planning for children who are likely to require additional support. We

recognise that this is more difficult to do in the early years than for school-age children and young adults. Nevertheless, some LA early years inclusion teams have developed strong systems – based on information-sharing with providers, health services and LA services – that ensure they know all early years children who need additional support and can track access, progress and transitions, and plan provision proactively.

* * *

⁴⁸ We proposed the creation and funding of new Local Inclusion Partnerships that would make meaningful partnership working around inclusion a reality. We envisaged the Local Inclusion Partnerships would be based on LA geographical areas and would bring together key partners representing LAs, health services, early years settings, schools, colleges, the PCF and young people.

Chapter 12: Delivering additional support

Recommendations for national policy

Creating a more inclusive and holistic approach to additional support in the early years is not something that early education and childcare providers, or indeed LAs, can achieve on their own. The recommendations in this chapter focus on how to create capacity and bring together LAs, health services and other partners as part of an integrated, holistic system of additional support that wraps around early years settings.

First, strengthen expectations for joint working among local partners

We recommend formalising expectations that local partners across education and health services adopt a joined-up approach to providing additional support in the early years. Local early years partnership approaches should include:

- joint approaches to identifying where children need additional support;
- information-sharing protocols between councils, health services and providers;
- developing a multi-disciplinary local early years inclusion support offer;
- planning sufficiency (both of provision and targeted services); and
- deciding on responses to requests for support.

Precise partnership responsibilities will need to be considered in the context of local partnership structures around SEND, the proposed SEND lead within Best Start Family Hubs, and changes in the local health landscape following the publication of the NHS 10 Year Health Plan for England. There remains an important local role for partners to agree how they will work together on a day-to-day basis. Our recommendation is that national government sets clear expectations about joint working and partners' responsibilities so as to provide the foundations of effective local partnership working.

Second, ensure national early years workforce development includes broader services that support babies, young children and families

The national approach to workforce development we recommended in the previous chapter should extend to the broader range of services that support babies, young children and families. In parallel with the proposals for workforce development for early years educators in the previous chapter, we propose that there should be a focus on early education in the initial training and CPD of the wider professions that have a role to play in supporting babies, young children and families. This should ensure that there is a common understanding of child development, different development pathways, identifying signs that a child may need additional support and the forms of

“Rising needs in the early years?”

support that are likely to be appropriate. A consistent core approach to workforce development would provide a common language and framework for talking about child development across services and professions. In addition, as discussed in our 2024 report on SEND reform, a national workforce strategy should contain a long-term plan for building the capacity of key services, such as health visiting, midwifery, speech and language therapy and educational psychology. This would need to be aligned to the implementation of the NHS [Fit for the Future: 10 Year Health Plan for England](#), neighbourhood health centres, and the role of health services in Best Start Family Hubs.

Third, explore further the role of specialist provision in the early years

We recommend national policymakers consider the role that specialist provision in the early years should play in the context of an inclusive education system. While the creation of more specialist provision was advocated by early years providers, relatively little is known about the models of organising specialist early years provision. Some local areas have specialist assessment centres, some where children remain on the role of a mainstream provider and others where children move onto the roll of the centre. Some special schools offer places for children in the early years. Some national organisations run provision that is designed to support families and enable children to continue their education in mainstream settings. It is likely that there is no single model that will be right for every context and every child. As a first step, we suggest that further work is undertaken to map existing models to understand the role(s) specialist early years provision plays now and what role it should play in the future.

Recommendations for local practice

Continue to develop partnership approaches to delivering support

We recommend that system leaders in local areas continue to develop and test partnership-based approaches to delivering additional support in the early years. Such approaches – and we have highlighted some in this report – are crucial to testing better ways of identifying needs, planning sufficiency, commissioning and delivering additional support, and sharing lessons and evidence of impact. This very much supports the “test, learn and grow” approach at the heart of *Best start in life*. A key feature of such approaches that should not be lost is the importance of coproduction and lived experience. The involvement of local organisations representing parents and carers, and the experiences of individual families, have been central to the development of some of the local approaches we have come across during this research.

* * *

“Rising needs in the early years?”

Chapter 13: Managing transitions

Recommendations for national policy

Transitions, particularly the transition to school, are an important part of the early years, but this importance is not reflected in guidance, resourcing or expectations of support in national policy. As we described in Chapter 7, there is too much reliance on good intentions and individual relationships. We have made three recommendations for developing a more consistent approach to transition at national level.

First, strengthen expectations around transition

We recommend that national policymakers set out clear expectations for settings and services around the transition to school of children who are likely to need additional support. *Best start in life* describes funding partnerships between schools and settings, and the Regional Improvement for Standards and Excellence (RISE) teams being actively involved in ensuring that children get a fairer start to school. These are potentially important contributions to strengthening transition, but we think there is the need to go further. Specifically, there needs to be a consistent set of processes and greater clarity about the responsibilities of settings (both early years providers and schools) and local strategic partners in planning and supporting the transition to school for children who need additional support. This will require national government to consider how to create capacity for this among providers and LAs.

As a possible model, in our 2024 SEND report, we proposed the creation of an “additional support record” as a formal document for all children who have needed additional support. We envisaged that this could be aligned to the unique identifier that links services’ records together, which the Government is piloting, and which could improve information-sharing in transitions between both settings and services. We proposed that the Local Inclusion Partnerships should have a duty to oversee transition arrangements for children who have an additional support record, and that providers should have a duty to cooperate, including on transitions between settings.

Second, encourage funding and services that span transition

We recommend that LAs, children’s centres and family hubs are supported to develop (or maintain) services and funding that spans the transition to reception. This would help to address the sense of a “cliff edge” of support when children move into reception. We have described in this report and other research examples of local areas seeking to address this cliff edge by funding ongoing support for children in

reception.⁴⁹ We recommend that national government should enable and encourage LAs to develop, test and learn from approaches that support children’s transition to reception. *Best start in life* proposes that Government will provide additional funding for LAs to distribute to settings alongside SENIF. Whether using these or other resources, we suggest national government provides all LAs with resources to test and develop approaches to supporting transition to reception.

Third, encourage continuity of support for children’s learning and curriculum planning across the EYFS and Year 1

We recommend that future education reforms encourage schools to design their curricula flexibly, reflecting children’s starting points in reception and providing a graduated transition into Year 1. We described in Chapter 3 that current curriculum requirements allow schools to adopt a graduated approach to the transition between reception and Year 1, extending aspects of the early years curriculum into Year 1 for pupils who have not yet met their early learning goals. We described examples where schools have put this into practice, but also examples where the opposite was happening, with more formal approaches to teaching and learning being introduced in the early years, driven by where schools want children to be at the end of Key Stage 2.

We recommend that the implementation of the curriculum review and the anticipated education reforms focuses on encouraging continuity of support for children’s learning between reception and Year 1. Many participants in this research expressed the hope that the current curriculum review would focus on the transition between early years and Key Stage 1. They also considered that reforms of the school system in England would need to be aligned to support this approach and address the pressures and disincentives that discourage schools from planning their curricula in this way, such as workforce, funding and accountability. The benefits of children starting school with their learning on secure foundations are likely to be seen by both children and schools by the end of Key Stage 2 and beyond.

Recommendations for local practice

Maintain or develop a local offer of support for the transition

We recommend that LAs maintain or develop a specific offer of support for children making the transition to reception, and clear guidance setting out expectations for schools and settings. Some of the LA early years leads that took part

⁴⁹ Bryant, B. et al (Isos Partnership) (2025), *Safety Valve agreements: views on operation and impact* (DfE research report 1537).

in this research described existing approaches to working with settings, schools and families to support the transition to reception of children who need additional support. As part of the “test, learn and grow” approach set out in *Best start in life*, we propose that LAs, with support from central Government, maintain or develop approaches to supporting transition, including continuing to trial approaches to providing funding to support transition for children in reception.

* * *

Chapter 14: Resourcing

Recommendations for national policy

A more proactive approach to providing additional support in the early years requires a new approach to resourcing that enables early identification and swift action. This has implications both for how funding for additional support in the early years is arranged at national level and distributed to local areas, and for how funding at local level is arranged and distributed to early years providers. Our recommendations for national policy in this chapter cover these two levels of funding respectively.

First, how funding for additional support in the early years is arranged and distributed at national level

Overall, we recommend the development of a new approach to funding that enables early years providers to adopt a proactive and inclusive approach to additional support. This requires a fundamental shift away from the current approach where providers have little scope to fund additional support from their delegated budgets, and thus have to apply for individual top-up funding for children who need additional support. Developing a new approach will be difficult to do within existing resources. It was revealing that more funding from national government and from LAs for settings to enable them to support children with additional needs was the most chosen option by early years providers in our survey – see figures 20 and 21. It is welcome, therefore, that there is a commitment in *Best start in life* to increase funding for additional support in the early years.

We would not, however, recommend that funding for additional support in the early years is ring-fenced. We agree with the principle that there should be clarity about funding for additional support in the early years, and that this is not seen as the poor relation to funding for additional support in other phases of education. We think, instead, that moving to a more inclusive education system will require rebalancing existing resources that providers receive in their core budgets and those held by LAs to be distributed as top-ups for individual children. Specifically, if providers are to be enabled to be proactive in meeting a wider range of needs, they will need more resources in their core budgets, accompanied by consistent national expectations and accountability for the quality and impact of their support. The make-up of the early years sector, particularly the fact that children with additional needs are not distributed evenly across varied and often small settings, makes it challenging to rely entirely on routing funding for additional support through providers' formula funding. Nevertheless, the fact that most early years providers are seeing an increase in the number of children

requiring additional support, and that the Government wants to encourage greater inclusivity in all settings, means there is a strong case for increasing settings' core funding. A consequence of this would be that a greater proportion of the future quantum of funding for additional support in the early years is passed directly to providers as part of their core budgets, and a smaller proportion held centrally in the form of SENIF or high needs block top-up funding by LAs.

We would also echo recommendations made previously by the LGA and Hemsall's, and more recently by Dingley's Promise, about delinking DAF from disability living allowance.⁵⁰ There are a range of ways this funding could be used that enable easier access and a more proactive approach in settings, and that rely on a less cumbersome, deficit-based approach for families.

Second, how funding for additional support in the early years is arranged and distributed at local level

We recommend moving away from the approach whereby most funding for additional support in the early years is distributed through individually negotiated top-ups. We recognise that there will be instances where children with very high levels of need require bespoke or specialist support. These would include children who have lifelong need, and require individualised support from education, health and care services, and thus require a formal plan. In funding terms, there will need to be a mechanism for providing individualised packages of funding, and that this is provided swiftly and proactively. Where children have lifelong conditions, identified at or shortly after birth by health practitioners, effective partnership working, data-sharing and oversight of the early years population in a local area should mean funding is provided when a child starts in an early years setting.

The question, then, is how funding can support a proactive approach for children who require additional support beyond what should be ordinarily available in settings, but who do not need highly bespoke and specialist support. We do not recommend, however, investing more money in SENIF, nor do we recommend introducing parallel streams of funding that use the same methodology of individual top-ups. While our research suggests that practitioners are likely to welcome the commitment in *Best start in life* to improve the consistency and speed of SENIF, we think that a future approach to funding additional support in the early years needs to go further. We argue that the premise of SENIF – and all systems based on top-up funding for individual children – is too often deficit-based and reactive. In most instances, it requires providers to show that children are falling behind their peers and that settings

⁵⁰ See www.local.gov.uk/early-years-pupil-premium-research and the specific reports on [the use of the early years pupil premium](#) and [the use of SENIF and DAF](#).

cannot meet their needs in order to receive additional funding. The fact that providers are often required to apply (and reapply) for SENIF in respect of individual children means significant staff time is taken up compiling paperwork for applications.

Our recommendation is that the Government give LAs greater flexibility to explore alternative ways to distribute funding for early years additional support, building on promising approaches that some local areas have already developed. This could be done through, for example, establishing local pathfinders. The aim would be to explore ways of distributing local funding to early years providers in a proactive way or range of ways that enables swift identification, inclusive practice and the delivery of high-quality additional support, and makes the process of accessing additional support less reactive and bureaucratic. Examples of this that we have seen in this report include:

- **providing an upfront lump sum to providers to support inclusion at the start of each academic year** – this is the approach being trialled in one LA, whereby early years providers will receive an upfront SENIF grant at the start of each academic year to ensure they have resources from the point they start working with a child and identify the need for additional support; and
- **pooling SENIF for a cluster of settings and using this collectively to commission enhanced support for settings and families** – this is part of the approach that has been developed in Wandsworth over the past eight years, described in a case study in Chapter 8.

Current DfE guidance limits the scope for such approaches to be developed across a local area. The guidance states that ‘Local authorities should pass the majority of their SENIF to providers in the form of top-up grants on a case-by-case basis.’⁵¹ DfE guidance permits LAs to use SENIF to fund central services, but the cost of these services is counted within the 4% (for 2025-26) limit on centrally retained early years block funding.⁵² If LAs fund this support from the high needs block, however, there are not the same limits on using SENIF to fund local support services. We recommend that the guidance is altered to give LAs and local partners greater flexibility to develop and test more efficient ways of funding additional support.

⁵¹ DfE, [Early years entitlements: local authority funding operational guide 2025 to 2026](#).

⁵² From 2026-27, LAs will be required to pass on 97% of early years block funding to providers, with the limit on funding that can be centrally retained reducing from 4% to 3%.

Recommendations for local practice

Test and learn from a balance of three different approaches to distributing funding for additional support to settings

In the spirit of “test, learn and grow”, we would encourage LAs to continue to test different approaches to using SENIF proactively to enable inclusive practice and additional support in settings. In the same way that LAs like Wandsworth have developed local approaches that balance aspects of individual child top-ups with pooling resources or upfront payments, we think there is a lot that can be learned from other LAs, where resources allow, testing different combinations of the three approaches described earlier in this chapter. We suggest national government supports LAs to share insights gleaned from testing local approaches.

* * *

List of acronyms used in this report

ADHD – attention deficit hyperactivity disorder

CPD – continuous professional development

DAF – Disability Access Fund

DfE – Department for Education

DLA – disability living allowance

EHCNA – education, health and care needs assessment

EHCP – education, health and care plan

EYFS – early years foundation stage

EYFSP – early years foundation stage profile

EYPP – early years pupil premium

GP – general practitioner

HI – hearing impairment

LA – local authority

LGA – Local Government Association

NICE – National Institute for Health and Care Excellence

NHS – National Health Service

PCF – Parent Carer Forum

PMLD – profound and multiple learning difficulties

PVI – private, voluntary or independent

RISE – Regional Improvement for Standards and Excellence (teams)

SALT – speech and language therapist

SEMH – social, emotional and mental health (needs)

SENIFF – SEN inclusion funding

SENCO – SEN co-ordinator

SEND – special educational needs and disability

SENDIASS – SEND Information, Advice and Support Service

SLCN – speech, language and communication needs

VI – visual impairment