Are you ready?

Good practice in school readiness

The aim of this survey was to capture how the most successful Early Years providers ensure disadvantaged and vulnerable children are better prepared to start school. Her Majesty’s Inspectors visited children’s centres, childminders, pre-schools, primary and infant schools providing for pupils within the Early Years Foundation Stage. The providers were selected because they were successful in achieving good outcomes for children in deprived areas.

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Piccadilly Gate
Store Street
Manchester
M1 2WD

T: 0300 123 1231
Textphone: 0161 618 8524
E: enquiries@ofsted.gov.uk
W: www.ofsted.gov.uk

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Executive summary

For too many children, especially those living in the most deprived areas, educational failure starts early. Gaps in achievement between the poorest children and their better-off counterparts are clearly established by the age of five. There are strong associations between a child’s social background and their readiness for school as measured by their scores on entry into Year 1. Too many children, especially those that are poor, lack a firm grounding in the key skills of communication, language, literacy and mathematics.

Too many children start school without the range of skills they need. Across the country in 2013 only a half of all children reached a good level of development by the age of five.¹ For some children the picture was much worse. In over 50 local authorities less than a third of children reached this level. Children who are known to be eligible for free school meals lagged 19 percentage points behind their peers. This gap has not altered significantly in the last four years. This has serious implications. Too few who start school behind their peers catch up by the time they leave education.

The quality of a child’s early experience is vital for their future success. It is shaped by many interrelated factors, notably the effects of socio-economic status, the impact of high-quality early education and care, and the influence of ‘good parenting’. What parents and carers do on a daily basis with their children is important. Providers who forge strong partnerships with parents and carers, and work in partnership to develop the home learning environment, help them to improve their child’s progress and make a better start at school.

High-quality early education is crucial in countering the effects of socio-economic disadvantage. These vulnerable children need the very best provision but inspection evidence tells us that the quality is often weakest in the areas of highest deprivation. It does not have to be like this. There are providers in areas of high deprivation that buck the trend. Some of these providers do well is to quickly identify children’s starting points and use discrete adult-led teaching sessions as part of a range of provision to accelerate progress. They are very successful at addressing three common areas of developmental delay that we found prevalent in disadvantaged areas.

Children do not make rapid enough progress because far too many settings pass on unreliable assessments. Too often, time is lost through unreliable and inaccurate assessment, time that cannot be regained. This is partly because there is no nationally set baseline which defines school readiness. We found several examples of settings working together to share information, complete joint training and improve the consistency of assessment for the most vulnerable children.

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This survey encountered variations in the speed with which schools identified children who are eligible for Pupil Premium funding. Schools used the funding effectively to provide specialist support to improve children’s learning and development, to improve the early identification of children with special educational needs and/or disabilities and to provide effective interventions. One setting used the funding to ensure that disadvantaged children were supported over the summer holidays to ensure they made a smooth transition.

**Key findings**

- We found various views on the definition of school readiness and whether the term refers to readiness to start school on entry to Year 1 or at the start of entry into Reception. Where providers had developed close partnerships they were more likely to have developed a localised mutual understanding of what was expected in terms of children’s readiness at the time of transfer.

- Evidence of good practice in engaging parents and carers was seen mainly but not exclusively through children’s centres. They were particularly effective in working with other agencies to engage vulnerable parents and target support where it was most needed.

- We found examples of very good practice where providers in disadvantaged areas worked closely with parents and carers through the transition period. These providers were increasing parental understanding of what was expected in terms of school readiness and were providing parents with information and guidance on how best to get their child ready.

- In the settings we visited, a significant majority of children experienced learning and developmental delays. They were working below a typical level of development on arrival. Providers reported three common areas of developmental delay in children’s social and emotional development, physical development and communication.

- Half of all settings made reference to specific programmes of support and appropriate interventions that were a significant factor in helping children to develop their speaking, listening and communication skills. This process was very well overseen. In many settings it was led and managed by speech and language therapists, enabling children to acquire new skills rapidly and gaps to be closed.

- We noted the positive impact on children’s communication development when every member of staff spoke clearly and understood the importance of promoting opportunities for children to speak in sentences and initiate questions, and of engaging in children’s imaginative role-play scenarios.

- Without exception, we encountered adult-led discrete sessions for groups of children in all settings. All school headteachers working with children in disadvantaged areas saw the benefit of providing discrete adult-directed teaching sessions, often to small groups of children. The settings we visited were effective in improving the achievement of disadvantaged children.
Schools were using Pupil Premium funding to ensure the early identification and specialist support for children from their starting points. In one example of excellent practice, schools and a children’s centre were working in partnership to ensure gains made by disadvantaged children in early years settings were not set back over the summer holidays.

Quickly completing an accurate assessment of a child’s starting point or baseline was common to all successful settings visited. It is of particular importance in areas of deprivation, where children often arrive with learning and development delays. In order to catch up, children require high-quality provision and individualised support on arrival in a new setting. We found notable examples where settings were reaching out to work in partnership with providers from across private, voluntary and independent early years settings to increase the accuracy of baseline assessments.

Underpinning the success in helping children make rapid progress in developing areas of weakness, the very best settings knew their locality well and had identified common areas of weakness in children’s starting points. Accordingly, they completed additional baseline assessments that provided a more detailed identification of children’s knowledge and skills. Settings made effective use of a range of standardised assessments of a child’s hearing vocabulary (receptive), phonological awareness and expressive language.

Ready for school?

Children’s readiness for school

1. The term ‘school readiness’ features in many reviews of education and statutory guidance. However, the precise characteristics of school readiness and the age of the child to which it applies are interpreted variously by the providers we visited. There is no nationally agreed definition.

2. The Allen Report encouraged the promotion of the best early intervention programmes to make sure that all children are able to be ‘school ready’ at 5. The Field Report set out the importance of pre-school and looked in particular at how home background determined a child’s readiness for school.

3. The Tickell Report found it helpful to consider it from the perspective of its opposite – school ‘unreadiness’ – and described how most children begin

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Reception class at age four, and how for most parents and carers this is when school life begins.\(^4\)

4. The term is used as an indicator of the effectiveness of children’s centres. Statutory guidance defines the core purpose of children’s centres as ‘to improve outcomes for young children and their families, with a particular focus on families in greatest need of support, in order to reduce inequalities in child development and school readiness’.\(^5\) However, children’s centres more often provide direct services for children up to the start of Reception and rarely for children up to Year 1.

5. We found there was no clear consensus about what constitutes being ready for school across the early years settings and schools visited in the survey. The question often provoked intense professional debate in terms of a child’s school readiness and in terms of expectations about transition.

6. More commonly, the responses derived from expectations set down in the prime areas of learning and development set out in Early Years Foundation Stage (EYFS) outcomes, with settings looking for children to leave/arrive at typical age-related banding.\(^6\) However, the precise characteristics of school readiness varied from setting to setting and often reflected the particular views and pedagogical approach of the individual settings.

7. A primary school headteacher defined their school view of school readiness.

   ‘By four we would expect children to be ready to be separated from their parent or carer, to be able to demonstrate listening skills in being able to show interest and pay attention to a subject or stimulus. To have enough language to be able to express themselves if they need something and be able to communicate something about what makes them who they are, such as name, age and something about family or relevant factors in their life. To be able to interact with an adult and/or a peer. For example, during play to be able to take turns and take some responsibility for their actions. We think that children should be able to focus on, and show interest in, their work and the world around them. To make observations, notice things and ask questions. To be able to hold a book, understand some aspects of narrative and respond to some boundary setting.’

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8. In a primary school the early years manager had assembled a document called the 'Early Years Transition Expectations', and this provided clear, chronologically structured information about what they felt should happen and when.

9. We encountered Early Years providers who worked closely together. As a result they developed a shared understanding of where they expected children to be at the point of transfer. In the very best practice this mutually agreed understanding of readiness reflected a collaborative approach to identifying children who need additional support and agreeing a coordinated response to improve their readiness for school.

   In an example of good practice, a school and playgroup worked closely together, with nursery recreating the playgroup environment and routines when children first transferred to the school's foundation unit. This close collaboration also ensured that both settings are clear about expectations when children transfer across. There had been a focus on working with other professionals who were involved with the family and ensuring parents were included in the process and were clear about the expectations of the new setting and were aware of the transfer of information about their child.

10. In summary, we found various responses to the definition of school readiness and whether the term refers to readiness to start school on entry to Year 1 or at the start of entry into Reception. Where providers had developed close partnerships they were more likely to have developed a localised mutual understanding of what was expected in terms of children’s readiness as they transferred. Defining what school readiness means is an essential factor in ensuring that children can be well prepared for starting school.

Assessing children’s starting points

Baseline assessments

11. When children transfer across mainstream, private, voluntary and independent providers they arrive at different levels of learning and development and different ages. In order for children to settle quickly and to make rapid progress it is important that they are provided with activities that are suited to their needs, interests and abilities, be that on entry to pre-school, to a placement for two-year-olds or into primary school.

12. Quickly completing an accurate assessment of a child’s starting point or baseline is of particular importance in areas of deprivation where children often arrive with learning and development delays. In order to catch up, children require high-quality provision and individualised support immediately they arrive in a new setting.

13. A vital part of the process of narrowing any gaps was the speed with which the best settings set to work planning children’s next steps. The most effective
settings completed assessments and began planning to meet individual needs from the moment children started.

14. Parents were an integral part of establishing a child’s starting points at moment of transfer. They provided a clear indication of any variations in their child’s behaviour, development and attitudes that occurred in the home environment as compared to the setting. Accurate assessments of children’s attainment on entry placed a strong emphasis on gathering parental views and information, and helping families to understand what was expected in terms of children’s level of ‘readiness’.

An outstanding childminder made very effective use of parental information. All parents were asked to complete an overview of their individual child before they started attending. The overview included their child’s routines, likes/dislikes, developmental milestones and stages of development. This information was used in the first few weeks, together with the childminder’s own observations, to establish baseline assessments including the child’s developmental, emotional and behavioural starting points in the setting. Information gathered was used to inform planning from the moment the child started.

15. Underpinning the success in helping children make rapid progress in developing areas of weakness, the very best settings knew their locality well and had identified common areas of weakness in children’s starting points. Accordingly, they completed additional baseline assessments that provided a more detailed identification of children’s knowledge and skills. Settings made effective use of a range of standardised assessments to assess a child’s hearing vocabulary (receptive), phonological awareness and expressive language.

Assessing children’s communication and language on entry was seen as an essential factor in a school where children arrived well below the levels expected for their age. The very large majority were working significantly below at 22–36 months and only 14% of the Reception cohort were working at 30–50 months on entry. The school used the ‘Every Child a Talker’ tracking grid for all children. This early assessment linked judgements to age-related bands in Early Years outcomes and included additional assessment detail on listening and attention, receptive language (understanding), expressive language (talking) and social communication. The school’s highly detailed tracking of early communication showed the effectiveness of the school’s provision: 69% of the 2013 cohort went on to achieve Early Learning Goals in communication and language by the end of the year.

16. We found excellent practice where information from assessments held jointly by health and education were used effectively to identify children’s needs at an early age and to trigger the provision of individual support for children.
A children’s centre nursery’s meticulous assessment of children, which checked what they knew, identified any gaps in their skills and planned for their next steps, resulted in children making rapid progress and being confident and independent learners. An integrated health and early years review at 27 months of age, which involved the health visitor, the child’s key worker, the child and the parent coming together to jointly review the child’s health, development and learning, had a particularly positive impact on providing early intervention and support. Where there were concerns about a child’s progress the integrated review process ensured that these were quickly addressed through referrals to relevant agencies.  

**Improving the accuracy of baseline assessments**

17. One in four schools visited reported children arriving without having their special educational needs and/or disabilities identified and without any additional support in place. Improving the consistency of assessments helps to mitigate any loss of momentum in children’s learning at transition points and helps to ensure children’s special educational needs and/or disabilities are identified earlier.

18. In the best examples, staff from the early years setting and the school visited each other’s workplaces and discussed learning materials and assessment approaches so that continuity was assured. Comprehensive assessments of each child were shared, and children’s next steps identified and used to plan seamless transition in learning so that little time was lost. We might call this ‘institutional’ preparation for the transition to school, where the best providers in this respect developed very direct relationships through close working partnerships on a regular basis.

In a private nursery, a very good level of information was passed across to the next setting to ensure continuity and to prevent learning being lost. All children had an end-of-year report which covered their stage of development across all seven areas of learning, a copy of which was given to parents and passed on to the next setting. This captured what children had achieved and where they were currently operating in terms of early years milestones, evidenced by the observation in their learning journeys. A transition record included individual learning plans which were passed on, providing the next setting with the information necessary to plan activities closely matched to children’s abilities right from the first few days. Where appropriate, the setting provided excellent guidance and information for parents on how best to continue to promote their child’s learning over the summer holidays so that there was no break in the learning. This had a really positive impact for one child where speech and

7 Further details of good practice including an integrated 27-month check are to be found at our good practice site: *Ready for school: Ann Tayler Children’s Centre Nursery* (140070), Ofsted, 2014; [http://www.ofsted.gov.uk/resources/140070](http://www.ofsted.gov.uk/resources/140070).
language therapy were recommending the child transfer to a specialist unit. Through a great partnership between the school, nursery, SALT and parent, the child continued to make such rapid progress over the summer that mainstream school was accessible to him and he was able to settle extremely quickly.

19. Importantly, we found rigorous cross-moderation resulted in more consistent assessment practice that ensured children’s progress was uninterrupted and their special educational needs and/or disabilities identified. In over half of the settings visited, providers were working effectively to improve the accuracy of assessments through cross-moderation with similar types of providers. Pre-school settings were working with similar types of providers in early years networks, schools cross-moderated in small school clusters and across school academy chains, and staff running two-year-old-targeted provision met with other local providers for two-year-olds to develop consistency.

20. A strength of cross-moderation was in the care taken to ensure assessments of key areas of development were robust and accurate.

In a school, communication, language, listening and speaking issues were the main area of concern on arrival at the Reception or Nursery. The robust early identification of key skills were embedded through an ongoing assessment file from Nursery to Reception. All information was cross-moderated by staff from both age groups to establish that children were where they appeared to be. All staff articulated the frequency with which they were challenged and had to demonstrate, justify and explain why they had awarded an assessment level for any child.

21. Cross-moderation can be done across all types of settings and not just with similar settings or those on the same site. We found three notable examples where settings were reaching out to work in partnership with providers from across private, voluntary and independent early years settings to increase the accuracy of baseline assessments. Scrutiny of assessment was completed across a London borough, including with private, voluntary and independent (PVI) settings and schools. This included spot checks on documentation and monitoring of staff practice through termly observations. This led to professional development training to ensure quality was maintained.

In a local authority, school and pre-school staff met with Reception teachers to moderate judgements. Pre-school staff also had support from local authority advisers with moderation and to ensure the accuracy of assessments using early years consultants on a half-yearly basis. Staff were part of a local network made up of a mixture of school and PVI settings that shared best practice and included visits between different settings. Cross-moderation included all areas of learning. However, given the specific needs of the local community, additional time had been spent on looking at moderating assessments of the prime areas of personal,
social and emotional development (PSED) and communication and language.

One local authority held an assessment day attended by PVI settings to address variations in assessment and were introduced to a common assessment tool, ‘Child Assessment of Progress’. This was completed four times over the year and returned to the local authority to provide it with an overview of children’s progress across the local authority.

22. In summary, we found examples of best practice where settings worked in close partnership with others to improve the accuracy of assessments and ensure that there was no loss of momentum in children’s progress.

**Working with parents and carers**

**Supporting parental engagement in children’s learning and development**

23. The best settings were acting to break any possibility of an inter-generational cycle of low achievement. We have reported previously that the most effective providers go out of their way to engage with parents who may themselves have had a bad experience of education.\(^8\) Evidence of good practice in engaging parents and carers was seen mainly but not exclusively through good and outstanding children’s centres, which were particularly effective in working with other agencies to engage vulnerable parents and target support where it was most needed.

24. The Tickell Review called for a greater emphasis on the role of parents and carers as partners in their children’s learning.\(^9\) Building parental engagement leads to improvements in their confidence and ability to provide a high-quality learning environment, which in turn has a major impact on children’s achievement.\(^10\)

An outstanding children’s centre provided play and language workshops to help parents and carers to understand and develop ways to support their children’s communication development. Over three separate sessions families covered the importance of communication, ideas on talking and playing with their children every day and on sharing books, rhymes and songs. The themes covered in the workshops linked and were reinforced in the centre’s regular play and communication sessions and their ‘Little

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\(^8\) Unseen children: access and achievement 20 years on (130185), Ofsted, 2013; www.ofsted.gov.uk/resources/unseen-children-access-and-achievement-20-years.


Rhyme Maker’ sessions. The centre’s tracking showed that of the children who matched the criteria of eligibility for free school meals and who attended 12 or more play and communication sessions, 12 percentage points more achieved a good level of development than children who met the FSM criteria but had attended fewer than 12 sessions. Of the children who attended 12 or more ‘Little Rhyme Makers’, 25 percentage points more achieved a good level of development than those who didn’t attend a children’s centre.

25. Robust research evidence confirms that good partnership and multi-agency arrangements are an essential factor in improving engagement with disadvantaged families. In the best practice, a local authority had organised a home learning programme to improve children’s progress in key aspects of their development and build parents’ confidence to support learning, while at the same time encouraging families to take up their early educational entitlement in local private, voluntary and independent settings.

26. We found outstanding examples of individual managers and leaders who played a key role in coordinating the provision of services and support for families.

In a playgroup, staff had persuaded a parent to attend a ‘positive changes’ course at a local children’s centre to improve their mental health and ability to maintain routines at home. Their child’s progress was reviewed with parents every three months. Parents and carers were encouraged to support their child’s learning at home through various strategies including ‘book start’ and using the centre’s ‘travelling teddy’. Staff worked with parents to get the child out of nappies and to help to develop communication and listening skills. Records indicate that the child had made good progress as a result of the support for parents. The two-year-old review showed that in the prime areas, physical development had progressed well, including sitting for short periods of time and listening; in communication the child had repeated words and phrases, understood simple instructions, and could put four words together; in personal, social and emotional development the child had explored independently, played with others, and with support was grasping the concept of sharing.

27. Increasingly, settings were using new software and technology as assessment tools which recorded images, allowed cross-reference to EYFS outcome statements and age bands, and were used to identify children’s next steps. In three settings the software was shared with parents and carers, which helped

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them to contribute to children’s learning journals, follow their progress and submit examples of children’s learning and development at home.

In one school they had introduced the software for the first time with the new cohort, which resulted in a greater level of parental contributions to children’s learning diaries. Parents and carers were able to sign up to receive the school’s assessment software and contribute their own assessments. These were printed off regularly into children’s learning journals and shared at parents’ meetings. Parents were introduced to this system at an initial transition meeting held in the summer term. Those parents with smartphones provided assessment information into ‘learning diaries’ and the initial ‘all about me’ profile. The school was considering a system to lend the technology to disadvantaged families, but this arrangement was not yet active.

28. In summary, inspectors observed the benefits of increasing parents’ and carers’ understanding of children’s learning and development. Software and technology have helped to make this process more immediate and allow parents to contribute examples of home learning. However, the introduction of technology requires settings to give careful consideration to confidentiality, to ensuring there are clear agreed protocols on sharing images, and overall to ensuring they are maintaining children’s safety and well-being.

Effective involvement of parents and carers in children’s transition

29. Parents and carers need clearer and more accessible information on how best to help with the transition from nursery to primary school.12 We found examples of very good practice where providers in disadvantaged areas worked closely with parents and carers through the transition period. These providers were helping to increase parental understanding of what was expected in terms of school readiness in their local area and were providing parents with information and guidance on how best to increase their child’s readiness for school.13

30. The majority of settings were involved in good transition practice. In the very best cases they maintained a continuity of provision that helped children to transfer confidently.

A children’s centre nursery held ‘transition events’ for parents and carers. They invited them to workshops: ‘Prepare your child for school’ was a

12 M Coghlan, C Bergeron, K White, C Sharp, M Morris and R Wilson, Narrowing the gap in outcomes for young children through effective practices in the early years, Centre for Excellence and Outcomes in Children and Young People’s Services,2010; www.c4eo.org.uk/themes/earlyyears/ntg/default.aspx?themeid=1.
13 Further details of good practice in helping families and children get ready for school can be found at Ofsted’s good practice site: Helping families and children get ready for school: Mayflower Primary School (140067), Ofsted, 2014; www.ofsted.gov.uk/resources/140067.
three-and-a-half-hour workshop for parents held at the centre. The workshop covered a range of topics: ‘Understanding the emotions of transitions’, presented by the child psychology service; ‘How it felt for us’, presented by parents whose child started the previous year; ‘Preparing your child and what to expect’, presented by the children’s centre teachers; and ‘How to help your child with language development’, presented by the speech and language service.

31. Settings provided a good level of support for parents and carers during transition, with a responsive level of additional support for vulnerable families. The best practice included a clear and well-organised programme of informal and formal meetings.

When children moved on to school, the pre-school had begun the transition process the previous March and the programme ran up until September. During March and early April they began speaking to parents to ascertain which school they had been allocated. They sent a letter to parents detailing what they could do in transition to support their child and what parents could do at home – for example, read stories to their child about school and talk to their child about their future teacher. Letters sent to feeder schools in April requested an opportunity for the child and their key worker to visit the school. This was followed up by phone calls. In May the staff in the pre-school room provided more information for children and parents about the move to school.

Changes were made to the provision in the pre-school, for instance there was a role play area which was made into a school classroom with school uniforms, and staff shared books with children about going to school. Parents were invited to take these home and staff provided suggestions of the things to discuss with their child. For example, talking through the journey to school, who would take them, the look of the new classroom and the teacher’s name, the school uniform.

32. Senior leaders emphasised the importance of involving families through the transition period so that parents and carers were engaged from the start of their child’s new setting. In the best practice, settings make specific action plans that evaluate previous practice and look to improve their support for parents.14

The children’s centre included specific actions in their development plan to support parents and carers during transition, with a particular focus for families who speak English as an additional language. They responded to

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14 Further details of involving parents and carers in supporting transition by discussing their child’s current stage of development as well as their likes and dislikes are captured on the good practice site: A smooth transition: The Village Nursery (140069), Ofsted, 2014; www.ofsted.gov.uk/resources/140069.
parents’ questions – ‘What should we be doing at home?’ – and helped parents to support their child’s learning, for instance looking at the early stages of reading and writing. As children prepared for transition to school they held ‘transition events’ for parents, and invited parents from the year before to speak about what it is like when your child moves on to school. They encouraged feedback from parents and children and evaluated their responses to improve transition in the future.

33. Partnerships with parents, carers and external agencies, including children’s services, speech and language therapists, portage, and local hospitals’ paediatric teams, had been vital in ensuring continued support was provided to children and families as they moved from one early years setting to another or on to school. Transition records from the pre-school setting, including speech and language therapy involvement, had been used effectively to maintain professional support from therapists. The school had been able to maintain the previous level of support including the use of pictorial visual images and to continue to ensure close tracking of phonetic learning and development. The effective use of a school ‘home link’ worker had helped to develop the close engagement of parents and carers. Effective information sharing between the settings identified the child’s special educational needs prior to arriving at the school. Attendance at the pre-visit sessions had enabled parents to share additional information, for staff to observe the child in the home, and had led to the immediate transfer of professional support.

34. In summary, in the best practice, settings went out of their way to provide additional support for parents and carers of children less likely to make a secure start. They accompanied families to their new settings, helped families to choose the most appropriate settings, reacted swiftly to provide different arrangements for parents who did not attend organised transition events, and completed their own ‘transition’ records to ensure continuity of professional support.

Adapting provision to children’s needs

35. In the settings we visited, a significant majority of children experienced learning and developmental delays, working below typical levels on arrival. Providers reported three common areas of developmental delay in children:

- social and emotional development
- physical development

15 Further details of good practice in providing families with a wide range of professional support and guidance: Helping families get ready for school: Little Stars Childcare Centre (140071), Ofsted, 2014; http://www.ofsted.gov.uk/resources/140071.
communication delay.

36. The very best practice ensured children made rapid progress by frequently providing activities to improve their development in their weaker areas. They provided daily specific adult-directed sessions to address weaknesses and surrounded these throughout the day with purposeful and interesting activities that children could independently access to continue to learn and develop.

37. At the end of each day staff in high-quality settings were expected to look at and revise planning as necessary to ensure that activities provided sufficient challenge to move children’s learning forward in their weaker areas. In an outstanding primary school, assessments and planning were completed and recorded frequently, often daily, against specific targets for every individual child. When a child had met a specific target on three separate occasions, then targets were immediately reset at a higher level.  

**Developing communication skills**

38. A child who has limited vocabulary and difficulty communicating will not be ready for school and will often lag behind their peers for the rest of their time in education. In over three quarters of the settings we visited, a number of children arrived with significant weaknesses in their expressive and receptive language skills.

39. In describing literacy as a fundamental part of the agenda and crucial in narrowing the gap between those who do well and those who do not, the Rose Review clearly stated the importance of developing communication skills: ‘Without the ability to communicate effectively in speech and through reading and writing, children and young people are seriously disadvantaged for life.’  

40. All of the settings made reference to specific actions taken to address developmental delays in children’s communication skills. Such actions were a significant factor in helping children to develop their speaking, listening and communication skills.

In response to many children arriving in their reception class speaking only 30 to 40 words, the school expected adults to model activities in their role play area. In the doctor’s surgery, for example, teachers played and pretended to be a doctor or nurse, modelling the kinds of questions that encourage children to respond. The school videoed this role play and put

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16 Further details of good practice in adapting provision to meet children’s needs can be found at Ofsted’s good practice site: Ready from the word go: Stanton Bridge Primary School (140066), Ofsted, 2014; www.ofsted.gov.uk/resources/140066.

it on an interactive white board so children were continually exposed to the language and the type of role play that staff were expecting. Children were able to copy, learn the vocabulary and then extend the role play using their creativity and imagination. Once the children became more confident, they were encouraged to take on the role of an adult, leading activities. The school was training children to use an area and learning environment appropriately to improve their language. Where children did not respond to the model, a member of staff intervened and pointed children to appropriate practice, often using other children as the secondary modelling cue. The school was clear that providing secure modelling significantly accelerated children’s readiness for learning.

41. Early communication and language needs were carefully analysed very early in the transition period. Specific programmes of support and appropriate interventions were then identified and delivered by well-trained and qualified staff. This process was very well overseen, and in many settings was led and managed by speech and language therapists, enabling children to acquire new skills rapidly and gaps to be closed.

In a primary school, throughout an observed session the teacher was modelling simple language constructions slowly and clearly, and used praise and challenge to coax and encourage, rather than demand the solution. Alongside a determination to keep the children thinking positively, the children were aware that only a sentence would be acceptable. The session involved the small group taking a card with a picture of an item of household furniture and posting it in a letterbox. The child’s communication target was to verbalise more throughout the school day, so staff modelled communication skills, asked children to put their hands up to give an answer and to say more than one word. The teacher used a sentence to explain which room the item would be found in, enunciating her words well and used eye contact to ensure the child was concentrating fully. The child crafted a sentence – ‘I have an oven and you find it in the kitchen.’ The child was having specific phonic and numeracy lessons that were at their level. The child was still working in phase 1 phonics and had not got the listening skills to really ‘hear’ the phonemes. The setting was providing the children with a daily listening walk to develop receptive language and knowledge of letters and sounds. Children were expected to draw a letter in the sand – a ‘b’ for a bird they had seen. Assessment was detailed, using photos and a ‘sticky note’ system. The evaluation of the lesson was picked up and included in a small-group action plan target for the next day. There was a fluidity of assessment, daily observations and one long-term observation per half term, following the child for 10–15 minutes. The children made good progress from their starting points.

42. The best settings tracked each child’s progress and then used this information to shape the professional development of their staff. Successful training built upon the setting’s good practice and addressed children’s barriers to learning or
gaps in their achievement. Inspectors noted the impact on children’s communication development when every member of staff displayed clear skills and understanding of the importance of promoting opportunities for children to speak in sentences and initiate questions, and of engaging in children’s imaginative role-play scenarios.

All staff were qualified to at least NVQ level 3. The manager of the pre-school regarded good-quality staff with a good qualification level as key to ensuring the high quality of provision that they provided. Staff completed some training through e-learning; other training was provided through the local authority’s early years consultants or through the children’s centres. The manager undertook analysis of children’s progress in relation to different areas of learning. Staff had completed specific courses where there had been a recognised need to improve practice in specific areas – for example linking letters and sounds. Investment in training with a speech and language therapist was the setting’s response to a high number of children coming in with delay in their speech development.

**Personal, social and emotional development**

43. Delays in social, emotional and behavioural development were noted as a particular feature in nearly one in three settings and in each of the providers working with two-year-old children. Children who arrived with low personal and social skills were often not ready to play, cooperate and share. They found it difficult to make relationships with their peers. Importantly this often prevented the development of their communication skills because their difficulties in sharing and cooperating meant they spent less time playing and learning in small groups and, consequently, less time developing their language skills through speaking and listening to other children.

When the child joined the nursery, she was unwilling to play and would simply look and move things around the room. She did not communicate with adults or peers and would push and pull other children in silence. It would take a lot of support from adults to calm the child, who would get visibly distressed when other children tried to join in with her activity. Visual timetables and regular routines were provided, enabling the child to get a clear understanding of the structure of days and events. Staff completed an individual education plan with specific adult support, providing daily sessions in a small ‘nurture’ group. Regular opportunities to play and learn with the same small group of children under close adult supervision supported her to build relationships with adults and peers. Her

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18 Further examples of good practice in providing coaching and professional development can be found at Ofsted’s good practice site: Raising standards through high-quality leadership of teaching: St Mary’s Church of England Voluntary Controlled Primary School (140068); www.ofsted.gov.uk/resources/140068.
Are you ready?

April 2014,

No.

140074

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Confidence and self-esteem started to grow after the first few weeks, along with her ability to listen to instructions. During the first term, she started to join in with group activities and began using language, speaking in short sentences and showing increasing independence, moving around the setting to access different activities. By the end of the first half-term in Reception she was settled, building personal relationships with adults well and regularly involved in small-group activities, further developing her social skills.

44. The best settings continually monitored and adapted provision in the light of sophisticated tracking of children’s social and emotional progress and development. Data analysis was thorough and used to raise expectations and in the performance management of staff. Thorough feedback by phase leaders evaluated the effectiveness of initiatives well and adapted provision continuously in the light of these assessments.

The pupil progress meetings at a primary school were focused on individual children, their achievements and potential barriers to making good progress. The emphasis of these meetings was primarily on what help can be provided rather than ‘Why are children not making progress?’ The information provided came from staff, not senior leaders. Staff indicated what their children could and couldn’t do and hypothesised as to the reason why. This mature state of discussion required high levels of understanding and information from staff. This deep understanding of children and their families was matched by their high expectations. This led inexorably to the identification of problems as well as agreement on the children’s next steps in learning and development. The impact of the school’s work came through in children’s excellent social development and behaviour, and in making an appreciable difference to pupils’ achievement.

45. Staff were employed and trained to develop children’s social and emotional development and provide pastoral support programmes. In one school this had a notable impact on helping children understand their feelings and emotions and had led to the development of the school’s own nurture group for six children. Class teachers reported significant improvements in behaviour for pupils who attend these sessions. Specialist play provision was provided at lunchtime through training and the employment of qualified meal-time assistants.

46. Parents and carers were viewed by the best settings as integral to children’s behavioural, social and emotional development.

A playgroup developed close links with a children’s centre to ensure they were able to break down some of the barriers for parents and carers that had hindered their ability to support their children effectively. The provider described how the partnership had helped to develop adults’ literacy levels, self-esteem and communication skills, and address their previous
experiences of education. The providers felt that the development of parents’ confidence had had a significant impact on children’s progress and they could point to evidence of excellent progress in children’s personal, social and emotional development.

Physical development

47. Over one in eight settings providing for young children from disadvantaged areas reported children arriving with low levels of physical development on entry. In the best practice, settings looked to develop the quality of the environment indoors and outdoors and provided access to a broad range of materials to develop children’s fine and gross motor skills.

48. Physical development in terms of children’s fine motor control and ability to care for themselves in toileting, dressing and drinking from a cup was a priority focus area for three pre-school settings. In one pre-school, staff rearranged the outdoor space because the majority of three-year-old children were behind in their physical development, some by up to 12 months, and could not manage activities like riding a trike or scooter, or throwing, catching or kicking a ball.

The pre-school attended by children aged three years provided high-quality materials and resources. They reported that many children were unused to playing outside, so they placed particular emphasis on developing the pre-school’s outdoor areas. Resources were altered frequently to help children develop their motor skills using cones, hula hoops, balls and large trikes. Additional staff were deployed to play outdoors and to show children how to use the equipment. Two to three days after children had joined, the setting removed large pedal toys because children found these too difficult to propel. Instead they provided other large outdoor toys that could be propelled by children pushing their feet against the ground. When pedal toys were reintroduced, older children were allowed to access the outdoor area for short periods to show younger children how the toys could be used. Within 10 weeks of children starting, a pedal trike was successfully reintroduced into the outdoor area.

49. The best settings worked with other professional agencies to agree the specific strategies to put in place. They worked closely to ensure children’s progress in key areas was regularly reviewed, and importantly that all agencies agreed children’s next steps and the best approach to reaching them.

Following a visit by the inclusion officer, the pre-school nursery worked with the child’s parent to draw up an individual education plan (IEP) with some specific targets, particularly around developing physical development and communication. This ensured a consistent approach to the planned intervention both at the setting and at home. The IEP was reviewed on a six-weekly basis and detailed the child’s next steps, which
were picked up in the setting’s weekly planning. The child’s key worker continued to make observations and assessments (formative and summative) and enter these on the tracking system. This way the preschool was able to track the child’s progress accurately. Planning documents clearly show planned and focused activities in which the child would play and explore outside, and use fine motor control to paint and make marks. In the short time the child was at nursery, tracking records and observations on the day clearly showed him catching up in his physical development and PSED (making relationships). He was now happy to paint and play in the sand, and to go into the outdoor environment by himself for short periods of time. As his confidence improved so did his ability to explore and try new things, which in turn had a positive impact on his other areas of learning.

50. Over one in four settings, including settings providing for children aged four years, reported children arriving without toilet training.

Staff in one two-year-old setting reported that all 16 children wore nappies and were not toilet trained on arrival. The supervisor carefully evaluated the length of time children took to perform simple self-care activities including visiting washrooms, washing their hands and preparing for snacks. They introduced ways to ensure children became familiar with routines around using the washroom and used a percussion shaker to signal times to prepare for snacks and other group activities. By the time of our survey visit 10 weeks after children had started at the setting, only one child was still in nappies.

51. Other settings worked closely with parents to establish a common approach at home and in the setting to help children develop their self-care skills, toilet training and drinking from a cup. Initial assessments were shared and importantly agreed with parents so that they understood what was expected of children at their child’s age and how to help their child to be more ready for school.

During a home visit, nursery school staff discussed toilet training with parents and gave them guidance on the process. They showed them website links and provided helpful information including access to child-friendly training videos. Staff discussed using rewards for their children to provide positive reinforcement. The school lent parents an adaptor for the toilet seat and a stepping stool. Initially, an extra member of staff worked with the child in the setting to establish routines and help with developing toileting.

**Adult-directed teaching**

52. In ensuring children from disadvantaged areas are helped to catch up and be better prepared for school, the best settings regularly evaluated how to deploy staff to ensure they were utilised effectively.
53. Almost all primary schools and the majority of pre-schools and children’s centres increased the proportion of adult-directed teaching over the academic year to increase children’s readiness. Without exception, we encountered adult-led discrete sessions for groups of children in all settings. Apart from a small minority of providers working with very young children and providing a balance of adult- and child-initiated learning throughout the year, all providers increased the proportion of adult-directed group sessions over the course of the academic year.

An outstanding childminder increased the level of challenge and the frequency of adult-focused activities as children got older or as they showed indications that this met their individual needs. The childminder provided a wide range of more adult-directed activities, retelling and recalling stories using props, and then got children to retell the story in their own words, played a range of sound and listening games and frequently introduced new vocabulary, extending their knowledge, understanding and vocabulary through more complex discussions.

54. Direct teaching should not be taken to imply a certain style of teaching. It is a broad term which covers the many different ways in which adult-led sessions explicitly help young children to learn.

55. We encountered outstanding practice with excellent examples of staff working effectively through leading sessions directly and through high-quality interactions with children during planned and child-initiated play and activities. The most successful practice in developing children’s communication skills involved adult-led sessions in combination with adults communicating and modelling language, showing, explaining, demonstrating, questioning, encouraging, facilitating and stimulating children throughout the day.

56. All headteachers working with children in disadvantaged areas saw the benefit of providing discrete direct teaching sessions, often to small groups of children. The settings we visited were effective in improving the achievement of disadvantaged children, more so than the majority of other primary schools. Put simply, it worked for their children.

School children in a reception class were prepared for transition through an explicit programme of lessons. Children were grouped by the school’s assessment of their readiness to access adult-led teaching sessions. This resulted in the formation of three groups of children, the most able being taught in sessions which required them to concentrate for longer periods of time. The most able Reception-age children were expected to write the date and the learning objective in an ‘exercise book’ and were introduced to a regular structure and routine. In the meantime, the children assessed as least ‘ready’ were provided with a more child-initiated play-based provision, with additional adults to communicate and interact with children. The school’s pupils regularly arrive in Reception between 12 and
24 months behind expected levels of development and make strong and rapid progress so that they are in line with national standards of attainment by the time they finish Year 2.

57. We found the best leaders and managers were determined to grow high-quality practitioners and make staff as effective as possible. They developed clear and systematic procedures that improved the quality of adult-led sessions. Regular monitoring by senior leaders of individual members of staff, frequent formal and informal discussions and regular supervision all contributed to clear performance management targets that built staff expertise.

Staff working in a children’s centre had regular supervision every six weeks. Professional development and training needs were identified through supervision and performance management. Annual appraisals were used to set targets with a clear link to developing work with the project. Once a week, a supervisor got together with the team to discuss any concerns or issues with the children in their room, and the team’s training was discussed in relation to the provision within the project. All four staff working in the project have gained qualifications to at least level 5 (Foundation degree). The inspection report noted the effectiveness of the centre’s supervision and appraisal systems in encouraging staff to continue to enhance their professional development by accessing additional training opportunities. Staff were passionate about their work and demonstrated an inspirational approach towards their role with the children. They actively sought out training that would support the individual needs of the children attending the setting.

58. In summary, we do not advocate any particular style or approach to teaching, nor do we suggest that direct teaching is undertaken to the exclusion of child-initiated activities. The statutory EYFS framework states that play is essential for children’s development, building their confidence as they learn to explore, think about problems and relate to others. The best settings implement this framework effectively.

59. Increasing the provision of direct teaching over the course of the year was an effective part of the process in preparing children from disadvantaged areas to be ready for school. Importantly it was used by the majority of providers who have a proven record in helping disadvantaged children to make more rapid progress and catch up with their peers. In schools, where longitudinal data is readily available, we found clear evidence that narrowing gaps for disadvantaged pupils was maintained over time and continued through to Key Stage 1 and 2.

Using Pupil Premium to provide for disadvantaged children in schools

60. Recent policy has focused on targeting resources at increasing access for children from low-income backgrounds. The Pupil Premium was introduced in April 2011 for children from low-income families who were eligible for free school meals, looked after children and those from families with parents in the Armed Forces. The funding is provided annually based on the numbers of children and pupils in the school from Reception age upwards, and allocated each financial year. On 17 July 2013 the government announced an increase in Pupil Premium funding for maintained schools to £1,300 per child in 2014/15.

61. An earlier survey found that over two fifths of the schools had used the Pupil Premium at least in part to fund new or existing teaching assistants and over one quarter to fund new or existing teachers. To a lesser degree, schools had used the funding to pay for new or existing parent support workers, behaviour support workers or counsellors.

62. The most common use of the Pupil Premium funding in those schools visited in this school readiness survey was to pay for teaching assistants to increase the adult ratios in Reception. Half of the schools employed additional teaching assistants to deliver specific intervention programmes to Reception-age children.

63. We found the most effective schools provided teaching assistants with clear and specific roles, and trained them to deliver specific intervention programmes or high-quality activities, including developing language through the quality of their interactions or through recognised programmes; supporting problem-solving in mathematics; and developing children’s social and emotional skills.

In one outstanding school, small-group interventions were clearly timetabled to provide booster sessions for reading, writing and mathematics. Inclusion in these groups was fluid, depending on need and regular assessment. Over half the pupils were eligible for Pupil Premium. Results for pupils eligible for the Pupil Premium were better than for other pupils across all phases in 2013. Attainment on entry to Nursery was well below national age-related expectations, but progress was rapid so that over 90% of children met Early Learning goals at the end of their Reception year.

21 The Pupil Premium: How schools are using the Pupil Premium funding to raise achievement for disadvantaged pupils, (120197), Ofsted, 2012; www.ofsted.gov.uk/resources/pupil-premium.
64. Five schools used the funding to pay for specialist speech and language therapists to support the early identification of communication delay and to organise individualised support programmes. One school employed a bilingual speech and language therapist to work with a high proportion of children speaking English as an additional language.

A speech and language therapist employed part time in one school was also an early years specialist. Supply cover was provided through Pupil Premium funding so that teachers received specific feedback about each child with communication delay, and they discussed and planned for children’s next steps.

65. Two schools employed an early years special educational needs coordinator who was responsible for providing specialist support and overseeing intervention groups. The schools reported this had led to faster identification of children with special educational needs and/or disabilities, but also that the quality of their work had led to a more rapid deployment of external agency support.

66. In two schools, the funding was used to set up a small ‘nurture’ group to develop children’s social and emotional development. One school had bought more professional input from an educational psychologist, so instead of completing 11 core visits the school had completed 21 in a year. The educational psychologist had also completed INSET for all staff that had made a difference to the whole-school outlook on inclusion. Tracking of interventions show that children had made significant improvements in their achievement.

67. Schools highlighted that the identification of children who were eligible for Pupil Premium took some time unless they had older siblings in the school. However, senior leaders also acknowledged that the onus was on them in the first instance to improve information-sharing with early years settings.

68. In the best practice, spending was carefully monitored and evaluated, and these evaluations were shared with school staff to improve the quality and impact of provision.

A noteworthy aspect of the school’s work was around the evaluation of the impact of Pupil Premium funding. The Pupil Premium pupils were used as case studies for the professional development of teaching assistants. This involved staff compiling case studies which were used in a seminar with staff concerned to discuss the findings. The case studies seen during the survey visit formed a compelling and useful assessment tool and identified what had been successful with individual pupils. Staff had been very motivated by this as it had empowered them to see, very much for themselves, how the impact of specific interventions was measurable, and varied for individual pupils.
69. The summer school programme aims to help disadvantaged pupils make a successful transition from primary to secondary school, so they attend in the summer months between the end of Year 6 in their primary school and the beginning of Year 7 in their secondary school. There are currently no summer schools to help disadvantaged children to transfer from early years into school. However, in an innovative local arrangement, one group of schools had worked in close partnership with a children’s centre to provide additional support for disadvantaged children over the summer holidays.

A children’s centre acted as the provider of a holiday club which was funded in a partnership arrangement by Pupil Premium funding from three local primary schools and a secondary. The holiday club was specifically set up to provide support for disadvantaged pupils, it was attended by pupils of a range of ages and not solely for children transferring from the children’s centre into primary schools.

70. In summary, schools were using Pupil Premium funding to ensure the early identification and specialist support for children from their starting points. In an example of excellent practice, schools and a children’s centre were working in partnership to ensure gains made by disadvantaged children in early years settings were not set back over the summer holidays.

Notes

Between 23 September 2013 and 15 December 2013, Her Majesty’s Inspectors conducted survey visits to 43 different settings, 23 pre-schools, children’s centres and childminders, and 20 infant and primary schools. All of the settings visited were located in areas with high levels of deprivation. The schools visited had varying proportions of pupils known to be eligible for Pupil Premium funding (additional funding for looked after children, pupils known to be eligible for free school meals and children of service families).

We looked at the inspection reports of 50 outstanding early years providers inspected between April 2013 and July 2013.

All primary schools in the survey were selected on the basis that they were successfully narrowing the gap by the time children left primary school.

During the survey visits we selected case studies of disadvantaged children, conducted observations of their learning and development in the setting, and looked


23 Deprivation is measured using the Office of National Statistic’s Income Deprivation Affecting Children Index (IDACI) 2010. All providers visited were in the ‘most deprived’ or ‘deprived’ bands of the five deprivation bands.
at their assessment records, learning journals and transfer records. In smaller pre-
school settings and with childminders we completed one case study, in larger pre-
school settings we completed two case studies. In schools we completed three case
studies, one of a child eligible for free school meals, one of a child with special
educational needs and/or disabilities and one of a child in Year 1 who had previously
been working at emerging levels at the end of the Reception year.

Further information

Publications by Ofsted

Ready for school: Ann Tayler Children’s Centre Nursery (140070), Ofsted, 2014;
www.ofsted.gov.uk/resources/140070.

Unseen children: access and achievement 20 years on (130185), Ofsted, 2013;
www.ofsted.gov.uk/resources/130155.

Helping families and children get ready for school: Mayflower Primary School
(140067), Ofsted, 2014; www.ofsted.gov.uk/resources/140067.

A smooth transition: The Village Nursery (140069), Ofsted, 2014;
www.ofsted.gov.uk/resources/140069.

Helping families get ready for school: Little Stars Childcare Centre (140071), Ofsted,
2014; www.ofsted.gov.uk/resources/140071.

Ready from the word go: Stanton Bridge Primary School (140066), Ofsted,2014;
www.ofsted.gov.uk/resources/140066.

Raising standards through high-quality leadership of teaching: St Mary’s Church of
England Voluntary Controlled Primary School (140068); www.ofsted.gov.uk/resources/140068.

The Pupil Premium: How schools are using the Pupil Premium funding to raise
achievement for disadvantaged pupils (120197), Ofsted, 2012;
www.ofsted.gov.uk/resources/120197.

Other publications

Early years foundation stage profile attainment by pupil characteristics, England,
Department for Education, 2013; www.gov.uk/government/publications/eyfsp-
attainment-by-pupil-characteristics-2013.

G Allen, Early intervention: the next steps, report of the independent review of early
intervention, Cabinet Office, 2011; www.gov.uk/government/publications/early-
intervention-the-next-steps--2.


Annex: Providers visited

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