

Dadansoddi ar gyfer Polisi



Analysis for Policy



Llywodraeth Cymru  
Welsh Government

Ymchwil gymdeithasol  
Social research

Number 66/2014

[www.cymru.gov.uk](http://www.cymru.gov.uk)

## Rapid Evidence Assessment: The childcare needs of parents/carers who work atypical hours or have additional needs



# **Rapid Evidence Assessment: The childcare needs of parents/carers who work atypical hours or have additional needs**

April 2014

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Views expressed in this report are those of the researchers and not necessarily those of the Welsh Government

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Welsh Government Social Research, 30 June 2014

ISBN: 978-1-4734-1750-2

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## **Glossary of acronyms and terminology**

<b>Additional needs</b>	Additional needs refer to an individual with physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.
<b>Additional learning needs (ALN)</b>	A learning difficulty that calls for additional provision to be made e.g.: a significantly greater difficulty in learning than the majority of children of the same age; a disability that prevents or hinders an individual from making use of educational facilities of a kind generally provided for children of the same age, in schools within the same local authority.
<b>Atypical working hours</b>	Atypical working hours refer to any hours worked before 8am, after 6pm, or at the weekend.
<b>Family Information Service (FIS)</b>	Usually located within the local authority, Family Information Services (FIS) provide information on all services available to parents of children up to 20 years or 25 years if the child has a disability. FIS also hold up-to-date details of childcare and early years provision in the local area. FIS can provide extra help with childcare for children with a disabilities or special needs, or out of hours childcare.
<b>Grey literature</b>	Broadly includes all literature except peer-reviewed books and journals (e.g. research reports published by charities and government).
<b>Formal childcare</b>	Formal childcare includes paid care provided in/ by: nursery school; nursery class attached to primary or infants' school; reception class; special day school or nursery or unit; day

nursery; playgroup or pre-school (including Welsh-medium); childminder; nanny or au pair; babysitter who came to home; breakfast/after-school club or activity; or a holiday club/scheme.

**Informal childcare** Informal childcare includes care (usually unpaid) provided by: Ex husband/wife/partner/the child's other parent (who does not live in this family); the child's grandparent(s); the child's older brother/sister; another relative; or a friend or neighbour.

**Labour Force Survey (LFS)** The Labour Force Survey (LFS) is a survey of the employment circumstances of the UK population. It is the largest household survey in the UK and provides the official measures of employment and unemployment.

**Peer reviewed article** An article that has been evaluated by scholars or journal editors in a similar field to ensure that it meets the necessary standards for publication.

**Publication bias** The selective or multiple publication or suppression of research results so that the scientific record is distorted. For example, the greater likelihood of studies with positive results being published.

**Special educational needs (SEN)** Some children have needs or disabilities that affect their ability to learn. For example: behavioural/social; reading and writing; understanding things; concentrating (e.g. Attention Deficit Hyperactivity Disorder); and or physical needs or impairments.

## Executive Summary

1. In March 2014, Miller Research Ltd was commissioned by the Welsh Government to undertake a Rapid Evidence Assessment (REA) to explore the experiences of parents/carers who work atypical hours, or who need additional support for children with disabilities in relation to their use of childcare provision.
2. The REA had five specific aims:
  - a) To identify and provide a detailed description of the main types of parents / carers who work atypical hours.
  - b) To capture and detail the childcare issues encountered by those parents / carers identified in a).
  - c) To examine and report on the barriers; (legislative or organisational) relevant to the provision of childcare, that are typically faced by those parents / carers identified in a).
  - d) To capture and detail the childcare issues encountered by those parents / carers who need additional support for children with disabilities in relation to their use of childcare provision.
  - e) To examine and report on the barriers; (legislative or organisational) relevant to the provision of childcare, that are typically faced by those parents / carers identified in d).
3. The review synthesises evidence from 15 studies published by academic, government and organisation/charity sources.
4. In relation to parents<sup>1</sup> who work atypical hours a number of common issues emerged from the evidence base:

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<sup>1</sup> The term 'parents' refers to all legal guardians of children including biological parents and legal carers.

- Parents who work atypical hours are not a homogenous group; experiences of, and barriers to, accessing childcare are linked to their social status, pattern of work and existing family networks;
  - Insufficient formal childcare provision available at atypical hours particularly overnight and early mornings;
  - The prohibitive cost of accessing the formal childcare; exacerbated by the strong link between jobs that require atypical working patterns and low pay;
  - The inability of the working tax credit system to respond to parents who have irregular working patterns;
  - The perceived quality and suitability of childcare provision available at atypical hours, particularly overnight provision; and
  - The inflexible nature of provision.
5. Childcare providers reported difficulties in maintaining the financial viability of providing childcare at atypical hours given the irregular demand and increased cost of staffing at these times.
6. Examples of best practice included the establishment of childminder brokering networks and the appointment of childcare coordinators by large employers whose staff have irregular work patterns.
7. In relation to childcare provision for children with disabilities or additional needs the following common themes emerged from the evidence base:
- Parents report insufficient childcare provision for children with additional needs; what provision is available is deemed to be insufficient in catering for individual needs;
  - Parental trust in childcare provision is a key issue with concerns voiced about a insufficiently adequately trained staff and appropriateness of settings;
  - Information and awareness of childcare provision was identified as a significant barrier: the research reported a lack of awareness of sources of information and support. It is not clear whether parents'

perceived lack of supply is in fact a lack of awareness of provision.;  
and

- Accessing childcare was also impeded by logistical barriers such as insufficient specialist transport or difficulties accessing funding.

8. A number of gaps were identified in the evidence base and further quantitative and qualitative research may help inform the Welsh Government's future work in this area. In particular further Welsh specific research relating to both groups is required in order to gain a better understanding of:

- The Welsh labour market – scope and geography of atypical working patterns;
- The geography of demand for, and provision of, childcare across Wales;
- In depth exploration of the key issues for both groups identifying specific contextual patterns e.g. differences between Welsh regions and urban or rural areas; and
- Best practice examples in Wales and the rest of the UK.



# 1 Introduction

## Introduction

1.1 In March 2014, the Childcare and Play branch of the Welsh Government's Department of Local Government and Communities commissioned Miller Research to undertake a Rapid Evidence Assessment (REA) of the evidence base relating to the childcare issues experienced by parents/carers who work atypical hours or who have children with additional needs. The aim of the review was to gain a better understanding of the needs of these groups as well as the extent to which they are being met by existing childcare models and provision. This will enable the Welsh Government to identify any issues relating to current provision, and inform actions to help overcome them.

## What is an REA?

1.2 REAs are based on the principles of systematic reviews – they apply a systematic and rigorous search of all relevant literature. However in recognition that users, such as policy makers, often need quicker access to the existing evidence than the timescales that a systematic review would allow<sup>2</sup>, REAs have been developed for use in public policy research and evaluation.

1.3 In an REA, concessions are often made in the search process and exhaustive searching is not immediately undertaken. They carry the caveat that their conclusions may be subject to revision once more systematic and comprehensive reviews of the evidence base have been completed (Butler et al. 2004). In short the REA process is aimed at capturing as accurate a picture of the literature as possible in the limited time available.

## REA Aims

1.4 The primary aim of this study is to gain an insight into the experiences of parents / carers who work atypical hours, or who need additional support for children with disabilities in relation to their use of childcare provision.

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<sup>2</sup> The Government Social Research Service Toolkit suggests that a full systematic review will take as a minimum between 8 and 12 months; a REA between 2 and 6 months.

1.5 The specific aims of the study are as follows:

- a) To identify and provide a detailed description of the main types of parents / carers who work atypical hours.
- b) To capture and detail the childcare issues encountered by those parents / carers identified in a).
- c) To examine and report on the barriers; (legislative or organisational) relevant to the provision of childcare, that are typically faced by those parents / carers identified in a).
- d) To capture and detail the childcare issues encountered by those parents / carers who need additional support for children with disabilities in relation to their use of childcare provision.
- e) To examine and report on the barriers; (legislative or organisational) relevant to the provision of childcare, that are typically faced by those parents / carers identified in d).

## **Context**

1.6 Affordable, accessible and high quality childcare is instrumental in driving economic growth, tackling poverty and reducing inequalities, benefitting parent and child by: enabling parents to work or access training; and supporting childhood development especially amongst those from a disadvantaged background according to the Welsh Government's *Building a Brighter Future: Early Years and Childcare Plan* (2013a) and *Building Resilient Communities: Taking Forward the Tackling Poverty Action Plan* (2013b). However accessing adequate and affordable childcare provision for some groups, such as parents who work atypical hours and parents of children with additional needs, can be challenging. Research indicates that care for both groups is limited and more expensive than comparable 'standard' provision (Singler 2011, Working Families 2012 and Daycare Trust 2007).

1.7 Improving access to affordable and quality childcare is a key priority in the Welsh Government's *Building a Brighter Future: Early Years and Childcare Plan* (2013a). Welsh Government programmes such as Cymorth and Flying Start have already supported the provision of high quality childcare for a

number of years, with the intention to increase the coverage of the latter. Work is also being done to improve the quality of childcare provision through both regulation and support for skills and qualification development within the sector. The Welsh Government has already recognised that the working patterns of parents are changing and has consequently proposed piloting different models of childcare approaches to meet the varying needs of parents. In addition, the Welsh Government is working with local authorities to prioritise childcare support for low income families and families with disabled children.

1.8 Adequate childcare provision for some groups is an increasingly significant issue. Within Wales, as with other labour markets, there has been an emergence – particularly in the growing service sector - of more flexible forms of work, often involving atypical working hours (e.g. outside the traditional 9am – 5pm / five-day week pattern). The *Statistical Bulletin: Average Hours Worked in Wales, 2011* (Welsh Government 2012) analysis of the Labour Force Survey shows that the proportion of people working non-standard working time arrangements has increased from 21.7% in 2005 to 25.4% of employed people in 2011 (p13). The breakdown of the kinds of non-standard working is shown below, the majority being flexible working arrangements such as flexitime.

**Table 1 Work patterns of persons in employment, aged 16 and over residing in Wales**

<b>Work pattern</b>	<b>Percentage 2009-11</b>
<i>Flexitime</i>	12.3
<i>Annualised hours contract</i>	5.3
<i>Term-time working</i>	4.3
<i>Job sharing</i>	0.6
<i>Nine day fortnight</i>	0.2
<i>Four and half day week</i>	0.7
<i>Zero hours contract</i>	0.6
<i>On-call working</i>	1.3
<i>None of these</i>	74.6
<i>All employees</i>	100.0

Source: Adapted from a table in Welsh Government (2012, p13) using data from the Labour Force Survey 2003-11

1.9 Childcare for children with additional needs can be limited and significantly more expensive than services for children without additional needs. In addition the scarcity of accessible, affordable childcare services means that parents of disabled children are less likely to be able to take up employment or undertake training (Working Families 2012, Daycare Trust 2007).

## **2 Methodology**

### **Introduction**

2.1 The REA was undertaken in line with the guidance provided by the Government Social Research Service toolkit protocol for an REA. The search criteria and strategy was developed by Miller Research Ltd and refined following discussions with the Welsh Government client group. The agreed search terms, inclusion and exclusion criteria were guided by the research aims (see Section 1.4 and 1.5) and a comprehensive list of evidence sources can be found in Appendix A.

### **Search strategy**

- 2.2 The timescales for this REA were significantly shorter than those recommended by the Government Social Research Service –and as a result the search strategy reflects the need to provide a high quality and systematic review in a short timescale.
- 2.3 It was agreed, for practical reasons, to limit searches to evidence only available in English. Searches were limited to evidence published after 2004 to ensure that only data relevant to currently policy contexts was considered. Grey literature was limited to evidence published by organisation from Wales and England only as scoping searches of the Scottish Government and Northern Ireland Assembly websites generated a high number of references which would have been difficult to screen in the timescales and quality parameters.
- 2.4 In general the issues addressed by the REA have been historically under-researched (Rutter and Evans 2012a) and this was particularly evident in relation to the lack of relevant peer-reviewed literature generated by the research. To counter this, searches of peer-reviewed literature were widened to include non-UK studies.

- 2.5 The REA was conducted between 10<sup>th</sup> and 19<sup>th</sup> March 2014. The initial search yielded 207 results including organisational and government research reports and surveys and journal articles. Using the inclusion and exclusion criteria, an initial title and abstract screening process was carried out leaving 43 references to proceed to a more in depth screening process.
- 2.6 The second screening process comprised a more thorough review of the literature to check relevance to the REA aims. Figure 1, Appendix A details the search and screening process, including reasons for exclusion. It was also agreed that literature of low methodological quality would also be excluded (see 2.8).
- 2.7 A total of 15 references were included in the final review: eight covering parents who work atypical hours; four relating to parents with children with additional needs; and three covering both groups. The majority of literature was from government sources (seven in total); six from charities/ organisations; and two peer reviewed journals. Appendix B presents bibliographic and study details and breakdown by group and source.
- 2.8 A shortened<sup>3</sup> version of the Chief Social Researcher Office's (2003) quality framework to assess credibility, rigour and relevance of qualitative research studies was used to assess the methodological quality of the literature. Any literature scoring less than 6 was ranked of low quality and excluded from the final review. See Appendix C for the quality assessment framework.
- 2.9 While the majority of research generated in the search process was wholly qualitative or included a significant qualitative element we also felt that this framework was appropriate for assessing the quality of any quantitative research as it includes references to sample size and

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<sup>3</sup> The original framework comprised 18 questions to assess studies, which was shortened to 12 key questions to reflect the length of time available to appraise the studies in this REA

selection, error and bias which are all important variables in quantitative research (See Appendix C for quality assessment tables).

## **Limitations**

- 2.10 REAs by their nature are likely to have limitations as they are driven by tight inclusion and exclusion criteria which are a necessary feature of the process and inevitably there may be gaps in the evidence base. However it is good practice to include an REA as part of a wider research process by adapting it to a full scale systematic review or using it to inform additional primary scoping activities.
- 2.11 The majority of literature generated by the search was from grey literature; however our quality assessment indicated that much of this was of high methodological quality and should not be considered inferior in comparison to the peer reviewed evidence. Six studies were ranked of high quality, scoring between 14 and 18 points on the quality assessment; the remainder were ranked as medium quality, scoring between 7 and 13 on our assessment.
- 2.12 The REA does include evidence of some significant quantitative studies (Huskinson et al. 2014, Booth et al. 2013, Rutter and Evans 2012a, Cheshire et al. 2011, Working Families 2010, Bryson et al. 2006); however the vast majority of the evidence generated has significant qualitative components. Consideration needs to be given to the extent to which data from such research can be generalised and applied to the population as a whole. However, qualitative research does allow an in depth exploration of and insight into the issues and experiences of the two groups which may not be obtained via quantitative enquiry. It may also identify key issues which could be tested further by quantitative research.

2.13 The findings from non UK evidence (Moss 2009, Le Bihan and Martin 2004) should be considered with the caveat that the social welfare system and provision of childcare is likely to be different to the UK context. Furthermore some of the older evidence (Daycare Trust 2007, Bryson et al. 2006, Dickens et al. 2005) included should be treated with caution because the economic and policy context is likely to have changed since the research was conducted.



### 3 Key Themes – Parents who work atypical hours

#### Introduction

- 3.1 The REA had three aims in relation to parents who work atypical hours (Welsh Government 2014):
- a. To identify and provide a detailed description of the main types of parents / carers who work atypical hours.
  - b. To capture and detail the childcare issues encountered by those parents / carers identified in *a*).
  - c. To examine and report on the barriers; (legislative or organisational) relevant to the provision of childcare, that are typically faced by those parents / carers identified in *a*).
- 3.2 The evidence base regarding the childcare issues and experiences for parents/ carers who work atypical hours was broadly split between studies commissioned by government departments and bodies (Huskinson et al. 2014, Booth et al. 2013, National Centre for Social Research (NatCen) 2009, Bryson et al. 2006, Dickens et al. 2005) and that commissioned by charities and other non-governmental organisations (Rutter and Evans 2012a and 2012b, Rutter and Stocker 2012 and Singler 2011) . There were two peer reviewed articles looking at experiences in New Zealand (Moss 2009) and France, Finland and Portugal (Le Bihan and Martin 2004). Only one Wales specific study was included (NatCen 2009); and a number of studies conducted research in England only (Huskinson et al. 2014, Dickens et al. 2005, Bryson et al. 2006).

**Table 2 Studies addressing childcare provision for parents/ carers who work atypical hours**

	<b>Study</b>	<b>Quality Assessment</b>
1	Rutter, J., and Evans, B. (2012a) <i>Improving our understanding of informal childcare in the UK</i> . London: Daycare Trust	High
2	National Centre for Social Research (2009) <i>Welsh Childcare and Early Years Survey 2009</i> . Cardiff: Welsh Assembly Government	High
3	Singler, R. (2011) <i>Open all hours: flexible childcare in the 24/7 era</i> . London: Daycare Trust	High
4	Dickens, S., Taylor, J., and La Valle, I. (2005) <i>Local childcare markets: A longitudinal study</i> . London: Department for Education	High
5	Moss, J. (2009) <i>Juggling acts: how parents working non-standard hours arrange care for their pre-school children</i> Social Policy Journal of New Zealand; Jun 2009,	High
6	Booth,C., Kostadintcheva, K., Knox, K., and Bram, B. (2013) <i>Parents' views and experiences of childcare</i> . London: Department for Education	Med
7	Huskinson, T., Kostadintcheva, K., Greevy, H., Salmon, C. Dobie, S.Medien, K., Gilby, N., Littlewood, M., and D'Souza, J. (2014) <i>Childcare and early years survey of parents 2012-13</i> . London: Department for Education	Med
8	Bryson, C., Kazimirski, A., and Southwood, H. (2006) <i>Childcare and Early Years Provision: A study of parents' use, views and experience</i> . London: Department for Education and Skills	Med
9	Le Bihan, B., and Martin, C. (2004). <i>Atypical working hours: Consequences for childcare arrangements</i> . Social Policy and Administration, 38(6), 565 - 590.	Med
10	Rutter, J. and Stocker, K. (2014) <i>Childcare Cost Survey 2014</i> . London: Family and Childcare Trust	Med
11	Rutter, J., and Evans, B. (2012b) <i>Childcare for Parents with Atypical Work Patterns: The need for flexibility</i> . London: Daycare Trust	Med

## Definitions

3.3 Prior to assessing the evidence base relating to the issues and experiences of parents/ carers who work atypical hours in accessing care, it is useful to explore and clarify a number of key concepts including what is meant by: atypical working; childcare; and childcare providers.

### *What are atypical working hours?*

3.4 While there were some variants in the exact definitions of atypical working hours in the evidence base, there was a broad consensus that it included any time outside of the hours 8am – 5pm, Monday to Friday. Huskinson et al. (2014), in their extensive survey of nearly 7000 parents of children under 15 in England, also considered the frequency of atypical working to make it more specific, and discounted participants who worked a small amount of overtime

that was unlikely to significantly impact on childcare arrangements, defining it as:

*“..working before 8am or after 6pm at least three days a week or every Saturday and Sunday” (p.23)*

3.5 In the Welsh Childcare and Early Years Survey (NatCen 2009), atypical working was defined as ‘usually’ or ‘sometimes’ working early morning and/or evening during the week, and/or ‘usually’ or ‘sometimes’ at any time of the weekend. Bryson et al. (2006) defined atypical working hours as before 8am, after 6pm, or at the weekend. Le Bihan and Martin’s (2004) definition states:

*”by atypical working hours we mean all situations where people have to work at times which are usually reserved for family or rest: working very early in the morning (before 8 a.m.), late in the evening (after 6 p.m.), during the night, on Saturdays and/or on Sundays” (pp.566-7)*

3.6 Singler (2011) was a little more specific defining atypical hours as:

*“..any hours worked outside of the standard day (8am – 6pm) including early mornings, late evenings, overnight, weekends and irregular shift work “ (p.3) .*

3.7 Moss’ (2009) New Zealand based research viewed atypical hours as anything outside the hours of 8am and 5pm, Monday – Friday or where hours are irregular, (for example, rotational shift-work), and may be unpredictable. Rutter and Evans (2012 a and b) make reference to:

*“...agency working, zero hours contracts, workers who have only been able to secure short-term employment, some of those working in the informal economy and some self-employed workers” (2012b p.4).*

3.8 They also argued that hour long periods spent travelling to work can turn ‘typical’ hours into atypical hours and how atypical work patterns can be both planned and presented at short notice (ibid).

### *Types of care*

3.9 Childcare can be formal and informal and within each type of care there can be a variety of providers. The Welsh Childcare and Early Years Survey (NatCen 2009) provides a useful typology of types of childcare provider, which is summarised in Table 3 below.

**Table 3 Typology of childcare providers**

<b>Formal providers</b>	<b>Informal providers</b>
<ul style="list-style-type: none"><li>• Nursery school</li><li>• Nursery class attached to primary or infants' school</li><li>• Reception class</li><li>• Special day school or nursery or unit Day nursery</li><li>• Playgroup or pre-school (including Welsh-medium)</li><li>• Childminder</li><li>• Nanny or au pair</li><li>• Babysitter who came to home</li><li>• Breakfast/After-school club or activity</li><li>• Holiday club/scheme.</li></ul>	<ul style="list-style-type: none"><li>• Ex-husband/wife/partner/the child's other parent (who does not live in this family)</li><li>• The child's grandparent(s)</li><li>• The child's older brother/sister</li><li>• Another relative</li><li>• A friend or neighbour.</li></ul>

Source: National Centre for Social Research 2009, p14-15

3.10 The evidence base indicated that there is a considerable unmet demand for formal childcare at atypical times (Singler 2011, NatCen 2009, Bryson et al. 2006). Singler (2011) and Moss (2009) found that while parents preferred to access formal care (day nurseries were particularly popular), it was often supplemented by informal care at atypical hours reflecting a strong relationship between the increase in parents working atypical hours and the greater use of informal care compared to formal care (Rutter and Evans 2012a and b, Bryson et al. 2006). In addition, Bryson et al. found that working after 6pm was associated with increased use of both types of childcare, while working before 8am and at the weekend was linked with more use of just informal care. This highlights the role of informal care at times when formal care is less accessible.

### **Scope of atypical working**

3.11 The frequency scope of atypical working identified in the final evidence base varied. Huskinson et al. (2014) survey of parents in England parents found that

51% of working mothers worked atypical hours. NatCen (2009) research in Wales found that 67% of mothers participating in their survey worked atypical hours.

3.12 Rutter and Evans (2012b) undertook a sub-analysis of Labour Force Survey (LFS) data for their Daycare Trust commissioned research, finding that 35.8% of those in employment had worked overtime with the self-employed most likely to work more than 45 hours a week.

3.13 Singler's (2011) also analysed LFS data on behalf of the Daycare Trust<sup>4</sup> and found that: 16% of parents worked shifts; 10% worked over 40 hours a week; and 40% parents worked hours that varied week to week. They acknowledged that while not all of these working patterns may take place during atypical hours they were still likely to have an impact on demand for childcare, making it irregular and unpredictable.

3.14 Atypical working hours is neither a new phenomenon nor one solely confined to the UK; for example, Moss (2009) draws on New Zealand government data from 2004 that found that 80% of 2,000 survey respondents worked variable or atypical hours. Le Bihan and Martin (2004) conducted research on the impact of atypical working hours on parents in Finland, France and Portugal, finding that, at the time, Finland had a higher than the European Union average proportion of families where at least one parent worked atypical hours<sup>5</sup>.

### **Patterns of atypical working**

3.15 Nearly 40% of LFS respondents were estimated to be in temporary forms of work with 21% of these self reporting as casual workers, 18% undertaking agency work and 4% seasonal workers (Rutter and Evans 2012b, p.5). 14% of LFS respondents worked shifts for most of their time in their main job and shift working was more common amongst those who worked in the health and social care, hospitality and manufacturing sectors (ibid).

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<sup>4</sup> In 2012 the Daycare Trust and Family and Parenting Institute merged to become the Family and Childcare Trust.

<sup>5</sup> The fact the fact that Finland has statutory 24 hour childcare provision should be borne in mind.

3.16 A very small proportion (0.4%) of LFS participants had zero hours contracts; a few more (1.8%) were required to be 'on call'. Zero hours contracts were most common in unskilled occupations, hospitality and health and social care (ibid, p.5)

3.17 The Welsh Childcare and Early Years Survey found that evening work was the most common atypical working, followed by Saturdays; working mornings (before 8am) or Sundays was less common (NatCen 2009). This reflects Rutter and Evans' (2012b) sub analysis of LFS data that found nearly 30% of those in work usually worked on a Saturday.

### **Who works atypical hours?**

3.18 There was limited information regarding the types of jobs or sectors in which parents who had atypical working hours were employed. Singler's (2011) sub analysis of the LFS found that managers and senior officials were the group most likely to work over 40 hours a week, followed by those working in process, plant and machine occupations and those in the professional occupations. Those working in the skilled trade occupations were also likely to work these hours (p.14).

3.19 The evidence base provided mixed evidence with regard to the marital status and/ or income of those working atypical hours. For example, while the NatCen survey (2009) found no statistically significant difference in the prevalence of atypical working between partnered and lone mothers; Singler (2011) found that lone parents are more likely to be found in jobs that demand they work atypical hours, particularly if they have a mix of dependent (under 16) and non-dependent children (over 16), suggesting that informal childcare may be provided by older children in these cases (p.59).

3.20 Singler (2011) suggested that parents in a weak labour market position are more likely to be concentrated in jobs which demand they work at least some atypical hours, indicating that low-income groups form a large part of the demand for atypical hours childcare (p.60). Consequently, while acknowledging

further research is needed, Singler indicated that being a lone parent or from an ethnic minority background may be a predicting factor for working atypical hours because both groups tend to be in a weak labour market position (ibid). Furthermore, lone parents who worked atypical hours were less likely to access informal care as they are not in a position to share childcare duties with their partner (Singler 2011). Earlier research by Bryson et al. (2006, p.142) also suggested that while the income of families had little bearing on whether their atypical working hours caused them childcare problems, the use of childcare at night and at the weekend was more associated with lower income families and lone parents, with lone parents in particular choosing to use informal childcare at these times.

### **Issues and experiences**

- 3.21 Unsurprisingly the evidence base confirmed that working atypical hours did cause problems for parents in making childcare arrangements (Huskinson et al. 2014, Singler 2011, NatCen 2009, Bryson et al. 2006, Booth et al. 2005). Dickens et al. (2005) found even in areas where shift and weekend work was common, childcare provision did not offer the flexibility needed.
- 3.22 Parental perceptions that there is insufficient childcare for those who work atypical hours was confirmed by Rutter and Stocker's 2014 survey of all local authority Family Information Services (FIS) in England, Scotland and Wales. They found the percentage of local authorities reporting adequate childcare provision at atypical hours was 13% across the three nations as a whole and 14%, 9% and 6% for England, Scotland and Wales, respectively (p.16).
- 3.23 Bryson et al. (2006, p. 141) found that problems in accessing childcare(?) were greatest for lone parents who worked weekends. In addition dual earner families who worked atypical hours and dual earner families with an early morning worker were more likely than their single earner couple family counterparts to find that working before 8am caused them problems with childcare arrangements.

3.24 Parents participating in Singler's (2011) research commented (p. 21):

*"The childcare facility is not open before 8.00am and shuts at 6.00pm – nothing [is] available before or after these hours. I start a shift at 8.00am and finish shifts at 8.00pm."*

*"Childcare is only available Monday to Friday, 7.30am–6.00pm. I work weekends which can cause an issue."*

*"Most nurseries/crèches only open at about 7.30 or 8.00am and close at 6.00pm. I have had to alter my working day to allow me to pick up my son from the nursery"*.

3.25 The extent of problems differed according to the time of day childcare was required. For example, accessing childcare before 8am and after 6pm in the week was perceived to cause more difficulty than at weekends, and accessing overnight care was a significant issue for parents (Huskinson et al. 2014, NatCen 2009, Singler 2011, Moss 2009).

3.26 Many parents addressed childcare issues through a system of 'shift parenting' often choosing to mirror shifts or working patterns so they could cover all childcare requirements (Rutter and Evans 2012b, Singler 2011, Moss 2009, Le Bihan and Martin 2004). Unsurprisingly Rutter and Evans (2012a and b) found that income influenced the childcare strategies adopted by families, with higher income families able to afford nannies in their package of childcare whereas lower income families tended to rely on shift parenting and informal provision (2012b, p. 9).

3.27 Furthermore, the type of care parents want may differ depending on the time they want it. For example, participants in Singler's research who worked early mornings tended to want carers who could come to their home at these times to reduce disruption to their children (2011, p.23). Rutter and Evan's (2012b) research also found that many parents and shift workers in particular had a preference for in-home care for the same reasons.



3.28 The review of the evidence base identified a number of common themes regarding the issues and experiences of parents/ carers working atypical hours in relation to their use of childcare provision:

- insufficiency of joined up care;
- inflexibility of provision;
- suitability of care; and
- financial barriers.

#### *Insufficient joined up care*

3.29 Insufficient joined up care, such as breakfast and after school clubs, was identified as an issue in a number of studies reviewed (Singler 2011, Moss 2009, Booth et al. 2005).

*“Between 3.00 pm and 5.00 pm is my real Achilles heel. It’s quite stressful actually. Because I’ve got no immediate care. From 5.00 pm the previous night till 3.30 pm the next day I’ve got care and I’m covered. Between 3.00 pm and 5.00 pm it’s a bit of a stressful time so if anything were to happen between those times it’s going to take me longer to get someone to come and look after them.” (Moss 2009, p.76)*

3.30 Parents reported joined up care could cover many parents’ atypical working hours and was perceived as being a safe environment and considerably more affordable than atypical hours provision in a nursery (Singler 2011).

#### *Inflexible provision*

3.31 As section 3.15 highlights, many parents working atypical hours have variable working patterns and as a result their childcare needs also vary. Consequently many parents reported that they had trouble accessing childcare, as formal providers are not flexible enough to meet this need, often requiring regular places to be booked and paid for while childminders are often unavailable at short notice (Singler 2011, Moss 2009). Moss (2009) noted that on-call and seasonal work in particular meant parents were significantly less able to plan ahead and make childcare arrangements. Parents reported:

*“Although we have daycare, it doesn’t really help us at all with work as such. The hours just don’t cover what we do ... it is not ever going to cover the hours that I work.”* (Moss 2009, p. 70)

*“My experience is that childcare providers have little ability to respond to changes in schedule or extra days needed. Bookings need to be made far in advance and they need to be the same each week.”*  
(Singler 2011, p.21)

### *Suitability of care*

3.32 Singler (2011) found that parents who required formal childcare overnight had a preference for childminder provision in the home as it was seen to be more convenient. However not all parents were comfortable with childminders, perceiving them to be less reliable and less subject to checks than group settings. One parent in Singler’s research stated (p. 23):

*“If there is only one person providing care, it is difficult to know they are giving the right care, resulting in a situation where it would be the word of the carer’s against the children’s.”*

### *Financial barriers*

3.33 The cost of accessing childcare at atypical hours was a common issue across the evidence base (Singler 2011, Moss 2009, Le Bihan and Martin 2004). One in ten of the participants in Singler’s research commented about the prohibitive cost of childcare provision at atypical times, particularly in comparison to the cost of ‘standard’ hours provision (p.21):

*“It costs more to put my child in nursery before 8.00am.”*

*“Most day care settings do not provide affordable childcare beyond sociable hours.”*

3.34 Rutter and Evans (2012b) also identified perceptions that the nature of tax credit support for childcare was not responsive to parents with intermittent or unpredictable hours. As a result parents with unpredictable work patterns may tend to rely on informal rather than formal care:

*“My partner is self employed; he’s a window cleaner. He had three weeks off because of the snow and I was trying to keep the house going on just my income. I tried to get more on the tax credits, but they froze my claim. I’m being paid by then on what I was earning last year and now I’m not earning as much.... You work 16 hours, but if you drop down to 12 hours, you don’t get it [childcare element of Working Tax Credit] at all then. It’s difficult if your hours aren’t the same every week, my hours are all over the place.” (ibid, p.11)*

3.35 The development of Universal Credit<sup>6</sup> through the merging of tax credits and out of work benefits between 2013 and 2017 may offer opportunities for simplifying the system (ibid).

### **Impacts on employment**

3.36 A small number of parents in Singler’s (2011) research were unemployed and access to childcare was cited as the biggest barrier to their employment. The majority said they could not find the affordable childcare that would make working worthwhile. Locating childcare for the hours or days that they wanted to work and the difficulty in finding flexible hours to cover their preferred childcare choice were also cited as reasons. This echoes earlier research by Booth et al. (2005) who also found that parents’ difficulties with childcare arrangements had prevented them from doing paid work or working the hours they wanted.

3.37 Supporting the view that access to childcare is a significant barrier to employment, is Huskinson et al. (2014) finding from their research that among the mothers who had started work (both standard and atypical working hours of working ) within the last two years the availability of reliable childcare (formal and informal) was key factor influencing the change in their working status.

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<sup>6</sup> Universal Credit will be available in all parts of the UK by 2016 and will replace Universal Credit will eventually replace: Income-based Jobseeker’s Allowance, Income-related Employment and Support Allowance, Income Support Working Tax Credit, Child Tax Credit and Housing Benefit with one single monthly payment.

## **Barriers to provision**

- 3.38 Several issues relating to the supply of childcare provision to parents working atypical hours were identified which may be of use to future policy work in this area. The National Centre for Social Research found that while policy practitioners had acknowledged short-falls in atypical hours provision they admitted finding a sustainable policy solution was challenging (Dickens et al. 2005). Policy practitioners recognised that while the provision of better advice to providers on how they could provide more flexible places at atypical hours may help, in reality at the time of the research many providers were struggling to establish core hours provision and unable even able to consider extending services beyond that (Dickens et al. 2005).
- 3.39 The problems identified with the provision of a service at non-standard times included: finding a high enough number of parents needing childcare during the same atypical hours to make it financially viable; the nature of some atypical work (e.g. shift work) means that parents' requirements might change frequently, and sometimes at short notice, making it hard for providers to utilise their staff efficiently; difficulties in finding childcare staff to work atypical hours, particularly as many have young families themselves; and providing childcare at atypical hours is more expensive as staff may need to be paid at a higher rate. In addition, in relation to the latter point, the link between jobs that have atypical working hours and low pay means that many of the parents who need this kind of provision are the least likely to be able to afford high costs (Dickins et al. 2005, Singler 2011). Furthermore providers in Singler's research reported registration processes for overnight care as a barrier to provision.

## **Addressing the issues: best practice**

- 3.40 The evidence base included some exploration of potential solutions and examples of best practice to address the issues in both accessing and providing childcare for those who work atypical hours (Rutter and Evans 2012b, Singler 2011).
- 3.41 Rutter and Evans (2012b) suggest a range of options for formal childcare provision for those with atypical work patterns: nursery and breakfast clubs that

are open from 7.30am to 7pm; school holiday childcare that is open from 7.30 to later in the evening; nurseries that run over the weekend or are open late in the evening; nurseries that allow flexibility in booking; and seasonal crèche provision to help parents with irregular work and study patterns (p.12). In addition, they suggested that childminders have the greatest capacity to accommodate out of hours or changeable needs; however they also noted the year on year fall in the number of registered childminders in England (ibid).

3.42 A number of best practice examples regarding the provision of childcare at atypical hours was identified in the evidence base (Singler 2011, pp.48-58). These are summarised by study in Table 4.

**Table 4 Examples of best practice**

Study	Initiative Summary
<p><b>Rutter and Evans (2012b)</b> p.12</p>	<p><b>‘At home’ childcare services</b> In some parts of the UK, private childcare providers and a small number of employers have started to provide registered ‘at home’ childcare services. Registered childminders or other groups of people who regularly work with young children provide childcare in their own home. The carers are registered with Ofsted so low income parents are also able to apply for the childcare element of Working Tax Credit. The organisation that runs the service – a private company or large employer – brokers the relationship between the parent and the ‘at home’ carer. Such services do incur small set up and administrative running costs.</p>
<p><b>Singler (2011)</b> pp. 48-29</p>	<p><b>Southwark At Home Childcare Service (AHCS)</b> The aim of AHCS is to provide flexible childcare for parents or carers who work unsociable hours and those who wish to access training or education, so that they can progress into employment. Additionally, the service can provide respite care to families in need. It’s one main coordinator works full time, matching childcare providers and families. The coordinator has established contact with around 50 self-employed providers – mostly registered childminders (who are already working from 9.00am–5.00pm in their own homes), the self-employed and some nursery nurses who work a standard day shift. These childminders work with AHCS because they are looking for some extra, essentially atypical hours, to supplement their main income. In terms of providing care in the child’s home, there are no additional checks necessary, other than the usual enhanced CRB checks conducted by Ofsted for all childminders (all childminders on the network are already registered). If childminders intend to provide overnight care, then they will also need to mention this to Ofsted and they are also required to purchase their own insurance to work in the family home as they are self-employed. The care will mainly be provided in the child’s own home from 6.00am–11.00pm, seven days a week, with the option of overnight care. Parents can decide whether childminders come to their home or the child goes to the childminder’s home.</p>
<p><b>Singler (2011)</b> p.50</p>	<p><b>London Early Years Foundation (LEYF)</b> LEYF is a charity and provider of early years care and education for young children in London. In one of its care settings, the opening hours are later than any of its others (until 10.30pm on Monday and Tuesday, 7.30pm on Wednesday and 6.30pm on Thursday). Any care that is provided after 6.00pm is charged at a slightly higher rate, although the cost is in line with average prices for London. In addition staff who work after 6.00pm are paid time-and-a-half for their efforts. The setting has opened at these hours because the major employer in the area recognised that there was a staff requirement for this service. As a result of this, the organisation could assure the provider that there was sufficient demand. LEYF did not have any trouble in finding staff that were willing to work in the evenings for a number of reasons: increased time-and-a-half pay rate for evening shifts; staff who were able to work flexibly, could work later the next day if they chose; and staff were recruited locally from nearby LEYF nurseries.</p>
<p><b>Singler (2011)</b> p.51</p>	<p><b>Honeybeez – private nursery</b> Honeybeez Nursery is a privately run nursery that is open from 7.00am– 8.00pm. Having previously worked in the NHS and found that there was no childcare for people who work later into the evening, its manager decided to found a nursery to meet this gap. One of the most significant aspects of the setting is the flexibility that it provides to parents. Officially they ask for a notice period of two weeks from parents. However, in reality they accept that many parents cannot give this, particularly those working for the NHS (who have much shorter working hours notice periods). Usually parents can give around one week’s notice. This enables the manager to work out her own staff rota, to ensure that enough staff members are available, particularly in the early mornings or late evenings. The centre is able to respond to</p>

	<p>changing shift patterns and demand by employing two groups of staff. Recruiting staff has been relatively easy, as the nursery workers who work flexible hours are usually students, or do not have children of their own and so are happy to work evenings.</p>
<p><b>Singler (2011) pp. 52-53</b></p>	<p><b>NHS childcare coordinators East Midlands</b></p> <p>The overall role of the childcare coordinator in this particular NHS trust, is to give parents who work for the trust the information they need to find the right childcare for them. Their role is also to negotiate with providers to help meet any gaps, as far as this is possible, for example: the trust is in contact with two or three childminders who are registered to care for children overnight and also provide care in the evenings and at weekends upon request; responding to Where they demand when informal arrangements have broken down (e.g. grandparents have been taken ill) by negotiating with a private nursery which had just opened (and so was in the process of building its customer base), to keep a full-time place open for half the cost enabling the trust to offer emergency care, for one parent at a time.</p> <p><b>Sunderland</b></p> <p>The coordinator works with local childminders and nurseries to ensure that they meet the demand of NHS staff in the area. Another aspect of this role is to coordinate childcare for parents who do not have the time to do it themselves. The coordinator asks staff to complete questionnaires in order to assess demand. Through this questionnaire it became apparent that many staff had a problem finding childcare in the school holiday period. The coordinator responded to this problem by liaising with ‘playschemes’ – private settings with registered carers. The trust pays for this care upfront and then deducts it from their pay packet the following month – they also receive a £5 discount per day. Additionally, the coordinator has had some success negotiating with private nurseries to increase their opening hours to fill gaps in care. These providers are also fairly flexible with the days that parents can use them – on the basis that NHS staff can usually only give one week’s notice. Parents can use the nursery on different days each week – with very little notice. There is no extra cost incurred for using the nursery outside of standard hours.</p>
<p><b>Singler (2011) pp. 56- 58</b></p>	<p><b>Local authority examples</b></p> <ul style="list-style-type: none"> <li>• A number of local authorities (Swindon, Derbyshire, Bromley, Barnsley and Rochdale) have sought address the issues around flexible childcare provision in their CSA) action plans.</li> <li>• Nottinghamshire Council has listed the childminders who were registered to offer overnight care in the county – with a more detailed breakdown listed in the full CSA. It was carried out to help identify how many providers were working atypical hours in the county, which they felt was useful when working with partners such as the NHS, Police Authority and so on. As these are organisations with employees who work in 24/7 operations and require childcare at all times.</li> </ul>

## Summary

3.43 Parents who work atypical hours are not a homogenous group; both their issues and experiences of accessing childcare are linked to their social status, pattern of work and existing family networks.

3.44 Atypical working is often associated with the hospitality, health and social care and manufacturing sectors. The evidence base on childcare issues experienced by those working in such sectors is limited and worthy of further exploration.

3.45 Accessing childcare at atypical hours was identified as a key issue in the evidence base with particular difficulties experienced overnight and early mornings. Lone parents reported more difficulties than partnered parents in accessing childcare. In comparison to England and Scotland and the average across the three nations, Wales is reported to have the least sufficient provision of childcare for parents who work atypical hours.

3.46 Common issues reported by parents who worked atypical hours included:

- The cost of accessing the formal childcare provision; exacerbated by a link between jobs that require atypical working patterns and low pay;
- The inability of the working tax credit system to respond to parents who have irregular working patterns;
- The perceived quality and suitability of childcare provision available at atypical hours, particularly overnight provision; and
- The inflexible nature of provision.

3.47 Providers of childcare reported a number of issues in responding to the demand for childcare provision at atypical hours, including: the availability and cost of employing staff at atypical times; the variable demand for childcare at atypical hours making it difficult to use staff efficiently; the registration processes, particularly for overnight provision.



The above factors make it difficult for providers to maintaining a financially viable service.

3.48 Examples of best practice to address these issues include: childminder brokering networks; and the coordination of childcare provision by large organisations which guarantee a certain level of demand and subsidised costs.

## 4 Key Themes - Childcare for children with additional needs

### Introduction

- 4.1 This section focuses on the experiences of parents of children with additional needs and aims;
- d. To capture and detail the childcare issues encountered by those parents / carers who need additional support for children with disabilities in relation to their use of childcare provision.
  - e. To examine and report on the barriers; (legislative or organisational) relevant to the provision of childcare, that are typically faced by those parents / carers identified in *d*).
- 4.2 The evidence base on the childcare experiences of parents of children with additional needs was less extensive and methodologically robust than the studies on childcare experiences for parents that work atypical hours discussed in the previous section (see Table 5). Three of the four studies focusing specifically on childcare for children with additional needs were commissioned by charities/organisations (NCMA Wales<sup>7</sup> 2009, Daycare Trust 2007, and Working Families 2012). The scoping search did not identify any peer-reviewed studies on the subject. Only one study focused on Wales (NCMA Wales 2009), with the remainder on England, the UK, and one on a specific sample area involved in the Disabled Children's Access to Childcare (DCATCH) pilot evaluation (Cheshire et al. 2010).

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<sup>7</sup> National Childminding Association, now known as Professional Association for Childcare and Early Years (PACEY)

**Table 5 Studies addressing childcare provision for children with additional needs**

	<b>Study</b>	<b>Quality Assessment</b>
1	Rutter, J., and Evans, B. (2012b) <i>Improving our understanding of informal childcare in the UK</i> . London: Daycare Trust	High
2	Cheshire, H., Brown, V., Wollny, I., Ireland, E., Scott, S., and Jessiman, P. (2011) <i>Impact evaluation of the Disabled Children's Access to Childcare Pilot (DCATCH)</i> . London: Department for Education	High
3	Huskinson, T., Kostadintcheva, K., Greevy, H., Salmon, C., Dobie, S., Medien, K., Gilby, N., Littlewood, M and D'Souza, J. (2014) <i>Childcare and early years survey of parents 2012-13</i> . London: Department for Education	Med
4	NCMA Wales (2009) <i>Childcare for disabled children and young people</i> . Cardiff; NCMA Wales	Med
5	Rutter, J. and Stocker, K. (2014) <i>Childcare Cost Survey 2014</i> . London: Family and Childcare Trust	Med
6	Daycare Trust (2007) <i>Listening to parents of children with disabilities and special educational needs</i> . London: London Development Agency	Med
7	Working Families (2012) <i>Finding Flexibility: parents of disabled children and paid work</i> . London: Working Families	Med

## Definitions

4.3 Although this REA has taken a broad approach to additional needs, including both SEN and disabilities, the scope of topics covered varied. Some research focused on disabilities alone (Working Families 2012, NCMA Wales 2009, Cheshire et al. 2011, Evans and Rutter 2012), whilst other differentiated between SEN, disabilities and/or long term illness (Daycare Trust 2007, Huskinson et al. 2014).

4.4 Definitions of 'disability' varied between studies, for example the Daycare Trust (2007) in their report about the childcare experiences of parents of disabled children used the Disability Discrimination Act (1995) definition of 'disabled', where a person has any 'physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities'. In this instance, the

study considered disability to encompass all physical, mental or special educational needs (p.8).

In the NCMA (2009) research however, disability was defined by the 'Social Model of disability' which "regards disability as a normal aspect of life, not as a deviance and rejects the notion that disabled children are in some inherent way 'defective'." (p6). This differs from the medical model because it suggests that disability is caused by the way society is organised rather than by a person's impairment or difference. Disabled children covered in the DCATCH Pilot study by Cheshire et al. (2011) were defined as meeting Limiting Long term Illness criteria (LLI), which is defined as: "any longstanding physical or mental condition, illness of disability which is likely to affect them substantially over a period of 12 months" (p21).

#### **Use of childcare for children with additional needs**

- 4.5 Both Cheshire et al. (2011) and Huskinson et al. (2014) have explored the use of childcare based on the severity of disability. Cheshire et al. (2011) found that the more complex the child's needs, the greater the take-up of formal provision (p.24).
- 4.6 Other research found that the more severe or complex the needs, the less likely parents are to use formal childcare. Huskinson et al. (2014) found no difference between children with a health problem or disability, and those without, however this varied depending on the severity of the disability. Those with a disability that 'did not disrupt daily life' were much more likely to use formal childcare, whereas those with disabilities that 'disrupt daily life to a greater extent' were less likely than all those surveyed to use formal childcare.
- 4.7 The Daycare Trust's (2007) qualitative research found that there was low childcare use amongst some parents with severely disabled children

primarily because some children's needs were too complex and required high medical or one to one support. Parents of severely disabled children were less likely to use formal childcare other than care workers, where the parents are obliged to remain in the home with the carer. This was particularly the case for parents of autistic children, with the majority of focus group participants reporting that they did not use childcare at all because of insufficient provision of appropriate care (p.15).

- 4.8 The use of informal childcare for disabled children is, according to Rutter and Evans (2012), inconclusive and the picture is less clear than the take-up of formal childcare. They found that formal nursery provision was the most frequently used type of childcare for disabled children under the age of five. However in a study by NCMA Wales (2009) only a few parents interviewed in Wales used formal childcare, with fewer still using informal childcare.

## **Issues and experiences**

### *Finding childcare*

- 4.9 In many of the reports reviewed as part of the REA, finding suitable childcare for children with additional needs was reported as a significant problem facing parents. In the DCATCH pilot evaluation, over 60% of respondents had experienced difficulties in finding suitable childcare (Cheshire et al. 2011, p.39). The Working Families (2012) survey found similar trends, with around half of respondents finding it 'difficult' or 'impossible' (p.6).
- 4.10 Evidence from the Early Years and Childcare Survey 2012-13 (Huskinson et al. 2014), however, somewhat contradicts these studies, suggesting that more parents perceive there to be suitable childcare available than not. This study, which is regularly undertaken, surveyed 6393 parents of children under 15, sampled from Child Benefit records, of which 6% were parents of children with disabilities. Of the parents with disabled children, 28% disagreed or strongly disagreed that there

were childcare providers in the area which could cater for their child's disability, whilst 38% agreed or strongly agreed. This study represents the most robust quantitative study reviewed as part of this REA because it is the only randomly sampled study of parents taken from the UK population (i.e. everyone in receipt of Child Benefit)<sup>8</sup>.

4.11 The Daycare Trust (2007) discovered that finding suitable childcare often required the ability to persevere, with those less able to 'fight' feeling less equipped to find childcare (e.g. lone parents, parents with English as a second language etc.), leading many to give up:

*"When parents were asked to describe their childcare situations, they frequently spoke of the 'struggle', 'battle', 'push' and 'fight'."*  
(p.27)

4.12 Insufficient information and support to find childcare was cited in all of the studies as a barrier to parents accessing childcare. Cheshire et al. (2011) found that parents tended to find information by 'word of mouth', their child's school or professionals, before using information sources such as the internet or community places (e.g. local library, doctor's surgery). Most families had not used the Family Information Service (FIS) to access information about childcare. These findings are supported by the Early Years and Childcare Survey 2012-13 (Huskinson et al. 2014) which reported that, in general, parents expressed that they needed to make a significant effort in order to find information about suitable childcare.

4.13 NCMA Wales (2009) also found that few of the parents interviewed had used the FIS, or were even aware of the service. They tended to rely on 'word of mouth' to find relevant information. They noted that the availability of comprehensive information about childcare for families with disabled children was patchy in Wales, and that consistency in

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<sup>8</sup> Please see Appendix C for further details about the quality assessment of research.

information from various agencies (e.g. health, education, social services) was lacking.

- 4.14 In instances where information was available, the Daycare Trust (2007) found that it had been misleading in some cases:

*“Many parents recalled occasions when they had been given lists of childminders who, when called, said they could not care for their disabled child.”* (p.16)

Similarly, NCMA Wales (2009) found that in many cases where childcare settings said that they were able to accommodate disabled children, they were actually unable to cater for their specific needs.

#### *Supply and availability of childcare*

- 4.15 In the studies reviewed, parents reported encountering difficulties in finding suitable childcare due to a lack of available places suitable for their child’s needs. Roughly half of parents in the DCATCH pilot evaluation (Cheshire et al. 2011) noted ‘lack of places’ as the reason for difficulties in finding childcare (p41)
- 4.16 The studies reviewed suggest that availability varied depending on location. In a study of experiences of finding childcare for children with disabilities in London, The Daycare Trust (2007) found inconsistency in the availability of childcare for disabled children between boroughs. When it came to availability of appropriate childcare, there was a perception from parents that it was down to ‘luck’.
- 4.17 A disparity in the availability of suitable childcare for disabled children was evident across the UK. Rutter and Stocker (2014) surveyed Local Authorities and found that the percentage of Local Authorities reporting sufficient childcare for disabled children was 28% in England, 18% Scotland and only 6% in Wales (p.16).

- 4.18 Several studies highlighted a lack of formal childcare for older disabled children and young people (Daycare Trust 2007, Rutter and Evans 2012, NCMA Wales 2009). Many parents had struggled to find childcare appropriate for their child's age, given that some disabled children and young people's care requirements continue or increase with age (NCMA Wales 2009).
- 4.19 This was supported by findings in Rutter and Evans (2012) who found that, because children with disabilities often require childcare until they are 18, there is very little suitable childcare for older disabled children and young people compared to the formal childcare available for younger disabled children. This was particularly the case for children with severe disabilities. However few of the studies provided details on what was meant by 'older children' apart from Rutter and Evans (2012) which noted that some parents reported fewer opportunities for children over 11 years of age. The Daycare Trust (2007) research also found insufficient childcare for disabled teenagers.
- 4.20 A barrier most often cited by parents was finding childcare that catered for the specific needs of the child. In exploring the reasons why parents had been unable to find suitable childcare, Cheshire et al. (2011) found that a 'lack of appropriate childcare' (e.g. lack of skilled staff or facilities) was the reason why 84% of parents had been unable to find suitable childcare. NCMA Wales (2009) also noted that despite parents wanting to find childcare, many said that it was difficult to find childcare to meet their child's needs.
- 4.21 Most of the studies implied that the difficulty in finding childcare which caters for the needs of the child varied depending on the severity of the child's disability; however the studies reviewed did not explore this variation in detail. Although not indicative of finding childcare, many studies have looked at childcare use based on the severity of disability (see paragraph 4.5 – 4.7).



### *Parental trust*

- 4.22 Trust in providers and their ability to deal with specific conditions or behaviours appears to be a key factor in parental confidence to use formal childcare. Several studies found reluctance by parents to use childcare because of a perception that their children were uniquely vulnerable (Daycare Trust 2007, NCMA 2009). In many cases, confidence in the childcare setting was based on whether there were trained workers, or enough staff to provide the right staff to child ratio (Daycare Trust 2007). Rutter and Evans (2012) found that parents of disabled children often favoured informal childcare because they felt they could trust family members or people who were already familiar with their child and their needs.
- 4.23 Many of the concerns expressed by parents were based upon a perception that staff are not sufficiently trained, or that the setting lacked adequate facilities for their child. Parents' belief that workers were inadequately trained or lacked understanding and experience appeared to reduce the trust and confidence that parents had in childcare providers (Daycare Trust 2007, NCMA Wales 2009, Cheshire 2011).
- “With a child with special needs I’ve struggled with specialists who lack...never mind if they’re qualified, lack an understanding and patience to deal with them. That statement doesn’t even touch the sides.”* (Daycare Trust 2007, p18).
- 4.24 Working Families (2012) found that respondents felt there was a lack of understanding of their children/young people’s needs within childcare settings. In particular, this was true for parents of those with high medical needs, on the autistic spectrum and older children/young people.
- 4.25 The NCMA Wales study (2009) also surveyed providers in the three authorities in Wales (Powys, Merthyr Tydfil and Newport) and found that although most staff had received basic training for working with disabled

children and young people it was usually part of a more general vocational childcare course. Few providers had more in-depth training and the level of training staff had received was inconsistent across the three sample areas. However, most providers did not consider additional training necessary because they were not currently caring for any disabled children and young people.

4.26 Parents in the Daycare Trust's (2007) study expressed concern over the potential detrimental effects of the wrong childcare for a child with additional needs, emphasising the need to find childcare best suited to their child's needs. Examples of how childcare was considered to be detrimental included a lack of consistency in support worker/s, particularly for autistic children, given the importance of building good relationships with the child. In some cases, parents had chosen to remove their child from childcare because it was not suitable, which affected both the child and parents, particularly if they were dependent upon childcare to work. In the Cheshire et al. (2011) evaluation, 29% of parents had used some form of childcare in the past but had stopped because the child was unhappy or did not like it (p.40).

4.27 Parents also noted that there are also times when ad-hoc or emergency childcare is needed, and this, particularly in the case of disabled children, is very difficult to find given the need for consistency and sufficiently trained staff (Cheshire 2011).

4.28 The studies reviewed suggest that when parents were able to find appropriate childcare, they were usually very satisfied. Parents believed that the right childcare can significantly benefit their children, particularly because it provided an opportunity to spend time with other children (Daycare Trust 2007). Rutter and Evans (2012) also found that regular childcare (albeit informal) was an important protective factor for families, giving parents and other children time, space and ability to cope as a family.

4.29 Huskinson et al. (2014, p.142) found that parents using formal childcare were generally happy with the staff's ability to deal with their child's condition, with the majority reporting that they 'agree' or 'strongly agree' that staff were sufficiently trained. Parents in the evaluation by Cheshire (2011) who were using formal childcare deemed it to be of a very good standard and stable and to meet their family's needs well. Furthermore, 94% of parents were satisfied or very satisfied with their main provider of childcare (p.52).

#### *Cost*

4.30 Respondents in the Working Families (2012) study reported that childcare was expensive, with some paying more than twice or three times the national average. NCMA (2009) noted that cost was the most significant barrier for parents wanting to work. Even when they were able to access financial help, the additional resources and support required made childcare prohibitively expensive. The Daycare Trust (2007) also found that around 40% of those not currently using childcare said it was due to cost, particularly when additional support workers were needed.

4.31 Where financial support was available, some parents had found negotiating the system difficult. The Daycare Trust (2007) found that knowledge and take-up of allowances available to parents (such as Working Tax Credit, childcare vouchers and other funding) was quite low. Even with financial support from mainstream channels, the parents interviewed by NCMA Wales (2009) had found it difficult to cover the higher fees that some providers were charging for additional support.

#### *Transport and logistics*

4.32 NCMA Wales (2009) found that transport and logistics was a barrier to childcare for two reasons: children needed specialist transport to access local childcare settings; and the only suitable childcare place was a significant distance and required additional travel. Cheshire et al. (2011) and the Daycare Trust (2007) also found that some parents were unable

to use childcare due to lack of suitable transport. However the Huskinson et al. (2014) survey suggests that in general, parents of disabled children find it easy to travel to their nearest suitable childcare provider, with only 17% finding travel difficult or very difficult (p. 141).

#### *Childcare for working parents*

4.33 Evidence from a number of studies shows that the lack of childcare for disabled children is prohibiting parents who want to work from working (NCMA Wales 2009, Working Families 2012, Daycare Trust 2007). Some of the studies reviewed highlight the need for not only suitable childcare, but also flexible and understanding employers to enable parents of disabled children to work.

4.34 The Daycare Trust (2007) found that parents of disabled children found commitment to work very difficult because of the numerous hospital visits that many have to attend with their child and the fact that their children regularly suffered from ill health. Parents therefore need a high level of flexibility in their employment to cover these instances.

*“What happens when your child is in hospital? My daughter has spent four months twice as an inpatient. It was planned hospital admission and the lack of flexibility of my boss that eventually made me give up work.”* (Working Families 2012, p.8)

#### **Summary**

4.35 Many of the issues around childcare for children with additional needs centre upon supply, and particularly the availability of childcare appropriate to the child’s needs. The evidence suggests that finding places for children with complex or high medical needs is particularly difficult, and that there is geographical variation in availability of suitable care for children with additional needs.

4.36 However, there are some inconsistencies in the evidence which require further investigation particularly around perceived availability of suitable

care, and the actual level of childcare usage for children with additional needs. Both issues need to be researched based upon the level of disability or additional need, because the evidence suggests a significant variation in both the availability and usage depending on the needs of the child e.g. SEN, high medical needs etc. It is also not clear whether parents' perceived lack of supply is due to a lack of awareness of provision (see 4.35).

4.37 The evidence points to a lack of awareness of information and support for parents wishing to find childcare. Many parents reported that finding suitable childcare was a struggle, and evidence has shown that awareness of information and support is low, with few parents using the government funded information services (such as the Family Information Service) and instead favouring word of mouth.

4.38 Practical barriers are also mentioned in many cases, mostly around the elevated cost of childcare, transport and fitting childcare around working arrangements. Some parents reported negotiating the financial support systems a barrier to accessing necessary funding. Ad-hoc or emergency childcare for children with disabilities was found to be especially difficult given the importance of carers being familiar with the child's needs and behaviour.

4.39 Finally, and this is particularly the case for children requiring additional support, the evidence suggests that parental concern around quality, staff training and experience and lack of adequate facilities is a key barrier in the take-up of formal childcare. However, the studies reviewed suggest that when parents were able to find appropriate childcare, they report high levels of satisfaction with the care provided.

## **5 Conclusions and recommendations**

### **Introduction**

- 5.1 In this section - the evidence generated by the review will be used to address the research aims:
- a. To identify and provide a detailed description of the main types of parents / carers who work atypical hours.
  - b. To capture and detail the childcare issues encountered by those parents / carers identified in a).
  - c. To examine and report on the barriers; (legislative or organisational) relevant to the provision of childcare, that are typically faced by those parents / carers who identified in a).
  - d. To capture and detail the childcare issues encountered by those parents / carers who need additional support for children with disabilities in relation to their use of childcare provision.
  - e. To examine and report on the barriers; (legislative or organisational) relevant to the provision of childcare, that are typically faced by those parents / carers identified in d).
- 5.2 Firstly, the robustness of the evidence base will be assessed in the context of the REA aims. A series of recommendations will then be made with regard to further work the Welsh Government could undertake in this area.

### **How robust is the research evidence**

- 5.3 While the number of peer reviewed studies included in the review was minimal, the methodological quality of the grey literature included was assessed to be very good.
- 5.4 There is a lack of evidence that incorporated research in Wales therefore care should be taken when applying it to the Welsh context. The socio-economic profile of Wales as a whole, in its component regions as well

as the devolved powers relating to childcare and early years provision, may mean that evidence is not directly applicable.

### **Atypical hours**

*a) To identify and provide a detailed description of the main types of parents / carers who work atypical hours.*

5.5 Atypical work patterns are more associated with low paid jobs; atypical work patterns (including zero hours contracts and shift working) were particularly associated with the hospitality, manufacturing and health and social care sectors. People in better paid jobs often work atypical hours but are in a better position to supplement their childcare package with nannies. The most common atypical working patterns were in the evening and on Saturdays. However the evidence base regarding these characteristics is limited.

*b) To capture and detail the childcare issues encountered by those parents / carers identified in a).*

5.6 A common set of issues and experiences were encountered by the parents identified in a) although the extent to which they cause difficulties may be linked to social status, patterns of work and existing family networks.

5.7 Common issues reported by parents who worked atypical hours included: insufficient supply of formal childcare available at atypical hours – most formal provision does not offer extended hours; the cost of accessing formal childcare provision that is available, exacerbated by the strong link between jobs that require atypical working patterns and low pay; the perceived quality and suitability of childcare provision available at atypical hours; and, the inflexible nature of provision which often requires regular places to be booked in advance.

5.8 Problems tended to be worse for lone parents because they were less able to rely on partners to provide childcare. Accessing provision overnight and early in the morning posed particular problems, and, where accessed, childminders were seen to be more convenient than group settings. There were concerns however regarding quality and reliability.

*c) To examine and report on the barriers; (legislative or organisational) relevant to the provision of childcare, that are typically faced by those parents / carers who identified in a).*

5.9 Wales has the least sufficient childcare provision for people who work atypical hours in comparison with Scotland and England.

5.10 The working tax credit support system for childcare was perceived to be unresponsive to parents with intermittent or unpredictable hours.

5.11 Providers of formal childcare struggled with the financial viability of providing childcare at atypical hours due to the irregular nature of demand and the availability and cost of staffing such provision.

5.12 Examples of best practice to address these barriers included the establishment of childminder brokering networks and the appointment of childcare coordinators and subsidisation of atypical provision by large employers.

### **Additional needs**

*d) To capture and detail the childcare issues encountered by those parents / carers who need additional support for children with disabilities in relation to their use of childcare provision.*

5.13 Parents report a lack of childcare provision for children with additional needs; what provision is available is deemed to be insufficient in catering



for individual needs. Provision for older children with additional needs is deemed to be extremely inadequate.

5.14 Parental trust in childcare provision is a key issue with concerns voiced about a lack of adequately trained staff and appropriateness of settings.

*e) To examine and report on the barriers; (legislative or organisational) relevant to the provision of childcare, that are typically faced by those parents / carers identified in d).*

5.15 Information and awareness of childcare provision was identified as a significant barrier: the research reported a lack of awareness of sources of information and support. It is not clear however whether parents' perception about the lack of supply is in fact a lack of awareness of provision.

5.16 The cost of childcare for parents of children with disabilities was reported to be higher than the national average and parents reported difficulties in accessing financial support.

5.17 Accessing childcare was also impeded by logistical barriers such as lack of specialist transport.

## **Recommendations**

5.18 This REA has identified some gaps in the evidence base on the experiences of both groups relating to the Welsh context. Welsh Government should consider the key themes and barriers identified by this report and the potential to explore these further through additional research. More peer review or research conducted by independent agencies would go some way to complement the existing evidence base.

5.19 Quantitative methodologies with appropriately powered samples, in addition to sub-analysis of existing data sets such as the LFS will enable findings to be generalised within the general population. Well designed

qualitative research will enable an in depth exploration of the issues and barriers and will provide rich contextual information with which to inform the development of policy solutions.

*Further research – atypical hours*

5.20 A research programme could look at the following issues and inform future policy and practice aimed at addressing gaps:

- The Welsh labour market – scope and patterns of atypical working across Wales (by region; urban/ rural areas) and industry sectors;
- The demand and supply for different types of childcare across Wales;
- The issues and experiences of parents and providers;
- Further exploration of best practice to address these issues both in Wales and the UK.

*Further research – additional needs*

5.21 The evidence has revealed a number of areas for further research which could include:

- Wales-specific data around supply and demand;
- Issues of availability and whether there is a lack of awareness of the supply (and why and how this can be addressed) or simply is there not enough supply to meet the demand (and looking at how providers can be supported to meet this demand). This should be explored based on the level of additional need, given that the evidence suggests significant variation;
- Parents' perceptions and views about their ability to trust providers, the level of staff training and experience and how trust can be built to improve take-up;
- How best to overcome barriers such as transport, accessing funding or awareness of information and support;

- Further exploration of best practice addressing the issues relating to access to childcare provision for children with additional needs both in Wales and the UK.

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## Appendix A: Methodology

**Table 6 Search terms**

<b>Parents who work atypical hours</b>	<b>Childcare for children with disabilities</b>
Childcare and Atypical working hours Reconciliation between work and family Work* pattern* Work* mother* Work* father* Work* parent* Work* carer* Parent* perception* Carer* perception* Shift work* Weekend work* Overtime Zero hours contract* Overnight / evening work	Childcare and Child* disab* Child* with SEN Child* with Special Educational Needs Child* with ALN Child* with Additional Learning Needs

**Table 7 Inclusion and exclusion criteria**

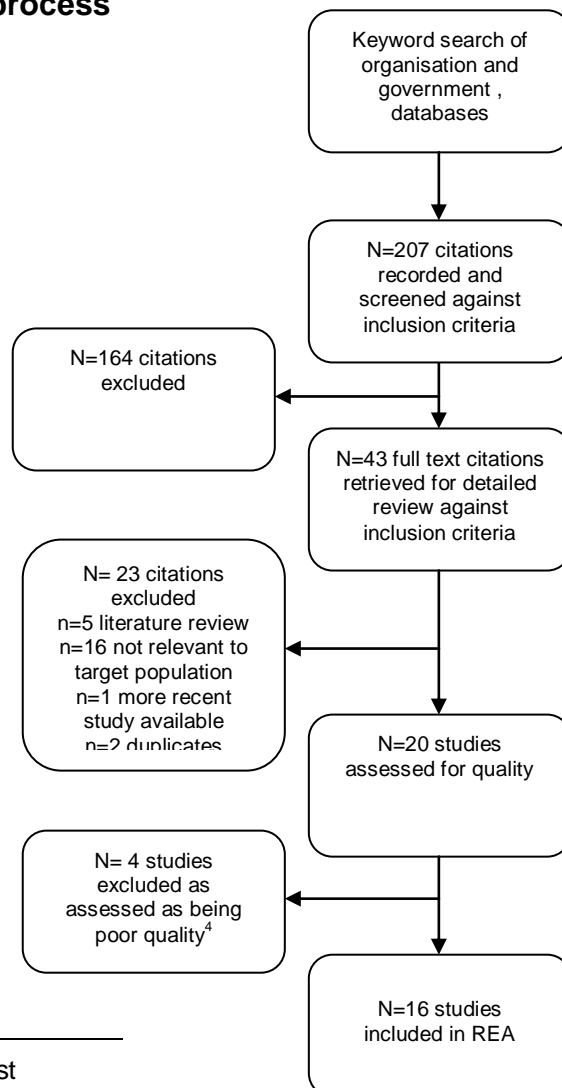
<b>Inclusion criteria</b>	<b>Exclusion criteria</b>
<b>Geographic coverage</b> Grey literature that relate to Wales or Wales and England. Peer reviewed literature from countries with comparable welfare state systems.	Literature that relates to countries outside these parameters
<b>Date</b> The REA will initially focus on literature published from 2004 onwards.	Literature published before 2004
<b>Language</b> Literature published in English or Welsh.	Literature in languages other than English or Welsh.
<b>Population</b> Literature that relates to a) the experiences of parents <u>and legal</u> carers who work atypical hours b) childcare for children with disabilities	Literature that do not relate to a) the experiences of parents <u>and legal</u> carers who work atypical hours b) childcare for children with disabilities
<b>Type of literature</b> Literature that includes a range of research approaches but must include empirical evidence: peer reviewed papers, research reports and conference papers, professional reports and articles; grey literature. Peer reviews documents should be prioritised within the REA. If the document is from a series, the most recent of the series to be included.	Book reviews, discursive opinion and literature reviews. Previous studies from a repeat series.



**Table 8 Evidence sources**

Government dept and bodies	Organisations/charities	Universities	Database
Welsh Government Department of Education Department for Work & Pensions Estyn/Ofsted Children's Commissioner Family Information Services The Equality and Human Rights Commission Care and Social Services Inspectorate Wales	Working Families Family & Childcare Trust <sup>9</sup> Joseph Roundtree Foundation Resolution Foundation 4 Children Council for Disabled Children Mencap Action for Children PACEY Contact a Family National Day Nurseries Association Wales Pre-school Providers Association's	Childhood Wellbeing Research Centre Norah Fry Research Centre	ASSIA (ProQuest) Web of Knowledge (Web of Science)

**Figure 1 Search process**



<sup>9</sup> Former Daycare Trust

## Appendix B: Studies included in the REA

Key:

Atypical working only	Children with additional needs only	Both children with additional needs and atypical working hours
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**Table 9 Full list of studies included in REA**

Document No.	Title	Committer of Research	Category of quality	Quality score (max 18)
1	Rutter, J., and Evans, B. (2012a) Improving our understanding of informal childcare in the UK. London: Daycare Trust	Charity/organisation	High	16
2	Cheshire, H., Brown, V., Wollny, I., Ireland, E., Scott, S and Jessiman, P. (2011) Impact evaluation of the Disabled Children's Access to Childcare Pilot (DCATCH). London: Department for Education	Government	High	14
3	National Centre for Social Research (2009) Welsh Childcare and Early Years Survey 2009. Cardiff: Welsh Assembly Government	Government	High	14
4	Singler, R. (2011) Open all hours: flexible childcare in the 24/7 era. London: Daycare Trust	Charity/organisation	High	14
5	Dickens, S., Taylor, J., and La Valle, I. (2005) Local childcare markets: A longitudinal study. London: Department for Education	Government	High	14
6	Moss, J. (2009) Juggling acts: how parents working non-standard hours arrange care for their pre-school children Social Policy Journal of New Zealand; Jun 2009, Issue 35, p68	Academic	High	14

Document No.	Title	Commissioner of Research	Category of quality	Quality score (max 18)
7	Booth, C., Kostadintcheva, K., Knox, K., and Bram, B. (2013) Parents' views and experiences of childcare. London: Department for Education	Government	Med	14
8	Huskinson, T., Kostadintcheva, K., Greevy, H., Salmon, C., Dobie, S., Medien, K., Gilby, N., Littlewood, M., and D'Souza, J. (2014) Childcare and early years survey of parents 2012-13. London: Department for Education	Government	Med	13
9	Bryson, C., Kazimirski, A., and Southwood, H. (2006) Childcare and Early Years Provision: A study of parents' use, views and experience. London: Department for Education and Skills	Government	Med	12
10	Le Bihan, B., and Martin, C. (2004, December). Atypical working hours: Consequences for childcare arrangements. <i>Social Policy and Administration</i> , 38(6), 565 - 590	Academic	Med	8
11	NCMA Wales (2009) Childcare for disabled children and young people. Cardiff; NCMA Wales	Charity/organisation	Med	8
12	Rutter, J., and Stocker, K. (2014) Childcare Cost Survey 2014. London: Family and Childcare Trust	Charity/organisation	Med	8
13	Daycare Trust (2007) Listening to parents of children with disabilities and special educational needs. London: London Development Agency	Government	Med	8
14	Rutter, J., and Evans, B. (2012b) Childcare for Parents with Atypical Work Patterns: The need for flexibility. London: Daycare Trust	Charity/organisation	Med	7
15	Working Families (2012) Finding Flexibility: parents of disabled children and paid work. London: Working Families	Charity/organisation	Med	7

**Table 10 Breakdown of studies by research focus and commissioner**

<b>Study breakdown</b>	<b>Research focus</b>			<b>Total</b>
	<b>Atypical</b>	<b>Additional needs</b>	<b>Both</b>	
<b>Academic article/ peer reviewed</b>	2	0	0	2
<b>Charity/ organisation</b>	2	3	2	6
<b>Government department</b>	4	1	1	7
<b>Total</b>	<b>8</b>	<b>4</b>	<b>3</b>	<b>15</b>

**Table 11 Study details**

Document No.	Title	Country of origin	Focus	Study design	Method	Main findings (atypical working hours)	Main findings (additional needs)	Any examples of best practice/solutions?
1	Rutter, J., and Evans, B. (2012a) Improving our understanding of informal childcare in the UK. London: Daycare Trust	UK	Use of informal childcare and its impacts	Mixed methods	10 parent focus groups (n=50) Parent interviews (n=50) Literature review and sub analysis of existing datasets	Atypical hours working was strongly associated with social grade with the likelihood of working atypical hours falling down the social grades Shift working most common type of atypical working Families with lower incomes working atypical hours tend to solely use informal childcare.	Parents of school-aged disabled children often find it very difficult to find formal childcare, particularly if the child has a severe disability	No
2	Cheshire, H., Brown, V., Wollny, I., Ireland, E., Scott, S and Jessiman, P. (2011) Impact evaluation of the Disabled Children's Access to Childcare Pilot (DCATCH). London: Department for Education	UK	The identified and tested ways of improving access to childcare for disabled children and young people.	Quantitative study	CATI telephone survey (n=1270) in both DCATCH areas and matched non-DCATCH areas. Sampled from the National Pupil Database and the Child Tax Credits data.		Take-up of formal childcare was found to be higher than informal childcare. Perceived accessibility of childcare had improved as a result of DCATCH activities in pilot areas. Parents reported difficulties in finding suitable local childcare due to lack of: skilled staff, and appropriate facilities; information; places; good quality childcare; provision at the right times; and transport. Cost was also a prohibitive factor	Yes

Document No.	Title	Country of origin	Focus	Study design	Method	Main findings (atypical working hours)	Main findings (additional needs)	Any examples of best practice/ solutions?
3	National Centre for Social Research (2009) Welsh Childcare and Early Years Survey 2009. Cardiff: Welsh Assembly Government	Wales UK	Parents' use of childcare and early years education, and their views and experiences of childcare	Quantitative survey	Interviews with parents of children under the age of 15 (n=600)	Majority of mothers surveyed worked atypical hours most commonly evening work (after 6pm) and Saturday morning Problems with finding childcare associated with those working evenings and early mornings than those working weekends		No
4	Singler, R. (2011) Open all hours: flexible childcare in the 24/7 era. London: Daycare Trust	UK	Understand the demands for and barriers to childcare during atypical hours	Mixed methods	Survey of parents (n=400) Parent case studies (n=10) Secondary data analysis of the Labour Force Survey1 5) Parent interviews (n=15) Provider interviews (n=10) Childcare Sufficiency Assessments analysis	Just under one-fifth of the population work shifts with the majority of working times that vary week to week Difficulties accessing care associated with those working before 8am and after 6pm in particular Preference for group settings ahead of childminders and after school/ breakfast clubs. Informal care less popular and when accessed it tended to be provided by family members Ad hoc or irregular demand and cost were also cited as reasons that made it difficult to access formal care		Yes

Document No.	Title	Country of origin	Focus	Study design	Method	Main findings (atypical working hours)	Main findings (additional needs)	Best practice examples
5	Dickens, S., Taylor, J., and La Valle, I. (2005) Local childcare markets: A longitudinal study. London: Department for Education	UK	Assess the impact of policy intervention on four childcare markets one year after implementation	Longitudinal qualitative study	One year follow up of four case studies of contrasting areas comprising interviews with childcare providers, local authority and jobs agencies	Strategists reported reluctance of many childminders to offer atypical hours; Better advice to providers regarding the balance they need to achieve between the number of stable places and level of flexible provision might partly help. Similarly, while childminders are probably best placed to provide atypical hours care, local authorities were struggling to persuade them to do so.	Strategists talked about a number of shortfalls in their areas in relation to childcare and the difficulty of persuading providers to offer places to children with SEN because of the intensity of this type of care and gaps in staffing qualifications and experience.	No
6	Moss, J. (2009) Juggling acts: how parents working non-standard hours arrange care for their pre-school children Social Policy Journal of New Zealand; Jun 2009, Issue 35, p68	New Zealand	Gain an understanding of how some parents juggle the complexity of their family and non-standard work commitments.	Qualitative - case studies	Exploratory case study approach comprising interviews with parents (n=22), grandparents (n=3) and employers (n=7)	Overnight, weekend and early morning shifts most problematic for childcare On-call and seasonal work, meant parents were significantly less able to plan ahead and make childcare arrangements There was a reliance on informal care and a urban-rural split in the use of formal care		No

Document No.	Title	Country of origin	Focus	Study design	Method	Main findings (atypical working hours)	Main findings (additional needs)	Best practice examples
7	Booth, C., Kostadintcheva, K., Knox, K., and Bram, B. (2013) Parents' views and experiences of childcare. London: Department for Education	UK	Understand demand for childcare at particular times	Telephone survey	Survey of parents of children under the age of 15 (n=1000)	Lone working parents were significantly more likely to use childcare between 7am and 9am, between 3pm and 7pm and during school holidays. Informal childcare used in evening, at weekends, at short notice, and during the school holidays. Difficulties with childcare arrangements had prevented some parents from undertaking paid work.		No
8	Huskinson, T., Kostadintcheva, K., Greevy, H. Salmon, C., Dobie, S. Medien, K., Gilby, N., Littlewood, M., and D'Souza, J. (2014) Childcare and early years survey of parents 2012-13. London: Department for Education	UK	Use of childcare and early years provision; views and experiences	Quantitative	Face -to- face interviews with parents of children under 15 in England (n=6393)	Over half worked some atypical hours at least three times a week or sat or sun; third of lone parents worked these patterns Most common atypical working patterns were working after 6pm and before 8am at least three days a week.	A greater proportion of children without SEN attended formal providers during the school holidays compared with those with SEN (22%; 18%). There was no difference in receipt of formal childcare between children with SEN and other children or in use of formal or informal providers	No



Document No.	Title	Country of origin	Focus	Study design	Method	Main findings (atypical working hours)	Main findings (additional needs)	Best practice examples
9	Bryson, C., Kazimirski, A., and Southwood, H. (2006) Childcare and Early Years Provision: A study of parents' use, views and experience. London: Department for Education and Skills	UK - England	Parents use, views and experiences of childcare and early years provision	Quantitative - surveys	Semi-structured face - to - face interviews with parents (n=8000)	Families with parents who worked after 6pm were more likely to have used formal childcare than other working families. Weekend and early morning work caused most problems especially amongst lone parents Little correlation between income and difficulties finding childcare		No
10	Le Bihan, B., and Martin, C. (2004, December). Atypical working hours: Consequences for childcare arrangements. Social Policy and Administration, 38(6), 565 - 590	Finland, France and Portugal	Care arrangements of those dual-earner couples and lone-parent families who have of atypical/unpredictable working hours.	Qualitative	Qualitative interviews (n=12) with parents working atypical hours.	In situations where working hours are both predictable and negotiable, atypical hours can be a solution to reconcile professional and family life. On the other hand, in situations where working hours are non-negotiable and unpredictable, atypical hours can make the two spheres of daily life incompatible.		No

Document No.	Title	Country of origin	Focus	Study design	Method	Main findings (atypical working hours)	Main findings (additional needs)	Best practice examples
11	NCMA Wales (2009) Childcare for disabled children and young people. Cardiff; NCMA Wales	UK - Wales	Experiences of parents of disabled children in finding childcare	Mixed methods	Childcare provider interviews (n=97) Sub-analysis of childcare sufficiency survey (n=10,000) Two focus groups with parents (n=26) Telephone survey with parents (n=71)		Flexible and appropriate childcare is simply not available; compounded by a lack of any childcare provision at all in rural areas. Many families cannot afford childcare – which for disabled children often costs more – and so cannot work, and this problem often worsens as children get older and fewer services are available. Childcare providers can struggle to provide places for disabled children because of the premium that they have to charge to cover additional costs. Concern about meeting specific needs and quality mismatch between parents expectations and providers provision.	No
12	Rutter, J., and Stocker, K.(2014) Childcare Cost Survey 2014. London: Family and Childcare Trust	UK	Cost of Childcare across the UK	Quantitative survey	Survey sent to all local authority FIS. Response rate of 89% achieved (n=184)	Percentage of LAs reporting sufficient childcare for children of parents with atypical work patterns (14% England, 9% Wales, 6% Wales, 13% average).	Percentage of LAs reporting sufficient childcare for particular groups of children: Disabled children (28% in England, 18% Scotland and only 6% in Wales, 25% average). Majority sufficient childcare for disabled children.	Yes

Document No.	Title	Country of origin	Focus	Study design	Method	Main findings (atypical working hours)	Main findings (additional needs)	Best practice examples
13	Daycare Trust (2007) Listening to parents of children with disabilities and special educational needs. London: London Development Agency	London	The use, experiences and perception of childcare, gaps and needs and the cost of childcare.	Mixed Methods	Questionnaire (n=64) and focus groups/interviews with parents and workers in the field (n=25 and n=6 respectively)		Lack of appropriate care available particularly for those with very complex needs Low childcare use among parents of autistic children - who the parents felt require one to one attention.	No
14	Rutter, J., and Evans, B. (2012b) Childcare for Parents with Atypical Work Patterns: The need for flexibility. London: Daycare Trust	UK	Childcare issues for people with atypical work patterns	Mixed methods	Sub analysis of the Labour Force Survey; Parents survey (n=1413) Informal carers survey (n=857) 12 focus groups	Parents with unpredictable work patterns relied on informal childcare Non-responsive nature of tax credit support for childcare		No
15	Working Families (2012) Finding Flexibility: parents of disabled children and paid work. London: Working Families	UK	The experiences of parents of finding childcare for disabled children and barriers to working.	Online survey	Online survey open to any parents of disabled children under 25 yrs (n=1008)		Finding suitable childcare was regarded as the main barrier to paid work Childcare seen as expensive but more than half did not pay for childcare as it was provided by family or paid by direct payments Lack of understanding of their children's needs on the part of care providers and Local Authorities: in particular, the those with high medical needs, on the autistic spectrum and older children	No

## Appendix C: Quality assessment

Table 12 Quality Assessment Framework<sup>10</sup>

	a) Appraisal questions	b) Quality indicators (possible features for consideration)
Findings	1. How has knowledge/ understanding been extended by the research?	i. Literature review (where appropriate) summarising knowledge to date/key issues raised by previous research ii. Discussion of limitations of evidence and what remains unknown/unclear or what further information/research is needed
	2. How well does the evaluation address its original aims and purpose?	iii. Clear statement of study aims and objectives
	3. Scope for drawing wider inference – how well is this explained?	iv. Discussion of what can be generalised to wider population from which sample is drawn/case selection has been made
Design	4. How defensible is the research design?	v. Discussion of rationale for study design vi. Discussion of limitations of research design and their implications for the study evidence
Sample	5. How well defended is the sample design/ target selection of cases/documents?	vii. Description of study locations/areas and how and why chosen viii. Rationale for basis of selection of target sample/settings/documents ( <i>e.g. characteristics/features of target sample/settings/documents, basis for inclusions and exclusions, discussion of sample size/number of cases/setting selected etc.</i> ) ix.
	6. Sample composition/case inclusion – how well is the eventual coverage described?	x. Detailed profile of achieved sample/case coverage xi. Discussion of limitations of the sampling method.
Data collection	7. How well was the data collection carried out?	xii. Discussion of how fieldwork was conducted
Analysis	8. How well has the approach to, and formulation of, the analysis been conveyed?	xiii. Clear rationale for choice of data management method/tool/package xiv. Discussion, with examples, of how any constructed analytic concepts/typologies etc. have been devised and applied

<sup>10</sup> Chief Social Researcher's Office (2003) *Quality in Qualitative Evaluation: A framework for assessing research evidence*. Cabinet Office. London. [Online]. Available at: [http://www.civilservice.gov.uk/wp-content/uploads/2011/09/a\\_quality\\_framework\\_tcm6-7314.pdf](http://www.civilservice.gov.uk/wp-content/uploads/2011/09/a_quality_framework_tcm6-7314.pdf) [Accessed 26<sup>th</sup> February 2014]

Reporting	9. How clear are the links between data, interpretation and conclusions – i.e. how well can the routes to any conclusions be seen?	xv. Clear conceptual links between analytic commentary and presentations of original data (i.e. commentary and cited data relate; there is an analytic context to cited data, not simply repeated description)
	10. How clear and coherent is the reporting?	xvi. Provides accessible information for intended target audience(s) xvii. Key messages highlighted or summarised
Reflexivity and Neutrality	11. How clear are the assumptions/theoretical perspectives/values that have shaped the form and output of the evaluation?	xviii. Discussion of how error or bias may have arisen in design/data collection/analysis and how addressed, if at all
Auditability	13. How adequately has the research process been documented?	xix. Discussion of strengths and weaknesses of data sources and methods

**Table 13 Quality assessment scores**

	Questions Indicator	Findings				Design		Sample				Data collection	Analysis			Reporting			Reflectivity and Neutrality	Auditability	Total score	Ranking
		1	2	3	4	5	6	7	8	9	10	11	12									
1	Evans, B. and Rutter, J. (2012) Improving our understanding of informal childcare in the UK. London: Daycare Trust	1	1	1	1	1	0	1	1	1	1	1	1	0	1	1	1	1	1	1	16	High
2	Cheshire, H. Brown, V. Wollny, I. Ireland, E. Scott, S and Jessiman, P. (2011) Impact evaluation of the Disabled Children's Access to Childcare Pilot (DCATCH). London: Department for Education	1	0	1	1	1	1	1	1	1	1	1	0	0	1	1	1	0	1	1	14	High
3	National Centre for Social Research. (2009) Welsh Childcare and Early Years Survey 2009. Cardiff: Welsh Assembly Government	1	0	1	1	1	0	1	0	1	1	1	1	0	1	1	1	1	1	1	14	High
4	Dickens, S, Taylor, J. and La Valle, I. (2005) Local childcare markets: A longitudinal study. London: Department for Education	1	0	1	1	1	0	1	1	1	1	1	1	1	1	1	1	0	0	1	14	High
5	Moss, J (2009) Juggling acts: how parents working non-standard hours arrange care for their pre-school children Social Policy Journal of New Zealand, Jun2009, Issue 35, p68	1	0	1	0	1	1	1	1	1	1	1	0	1	1	1	1	0	1	1	14	High
6	Booth, C. Kostadintcheva, K. Knox, K and Bram, B. (2013) Parents' views and experiences of childcare. London: Department for Education	1	0	1	1	1	1	1	1	1	1	1	0	0	1	1	1	0	1	1	14	High
7	Huskinson, T. Kostadintcheva, K. Greevy, H. Salmon, C. Dobie, S. Medien, K. Gilby, N. Littlewood, M and D'Souza, J. (2014) Childcare and early years survey of parents 2012-13. London: Department for Education	1	1	1	1	1	0	1	0	1	0	1	1	0	1	1	1	1	0	0	13	Med
8	Singler, R. (2011) Open all hours: flexible childcare in the 24/7 era. London: Daycare Trust	1	1	1	1	1	0	1	1	1	1	1	0	0	1	1	1	0	0	1	13	Med
9	Bryson, C. Kazimirski, A. and Southwood, H. (2006) Childcare and Early Years Provision: A study of parents' use, views and experience. London: Department for Education and Skills	0	0	1	1	1	0	1	1	1	0	1	1	0	1	1	1	1	0	0	12	Med
10	NCMA Wales. (2009) Childcare for disabled children and young people. Cardiff, NCMA Wales	1	0	1	0	0	0	1	1	1	0	1	0	0	0	1	1	0	0	0	8	Med
11	Rutter, J. and Stocker, K. (2014) Childcare Cost Survey 2014. London: Family and Childcare Trust	1	0	1	0	1	0	1	1	1	0	0	0	0	0	1	1	0	0	0	8	Med
12	Daycare Trust (2007) Listening to parents of children with disabilities and special educational needs. London: London Development Agency	1	0	1	0	1	0	1	0	1	0	1	0	0	0	1	1	0	0	0	8	Med
13	Le Bihan, B and Martin, C. (2004, December). Atypical working hours: Consequences for childcare arrangements. Social Policy and Administration, 38(6), 565 - 590.	1	0	1	0	0	0	1	1	1	0	1	0	0	1	1	0	0	0	0	8	Med
14	Working Families. (2012) Finding Flexibility: parents of disabled children and paid work. London: Working Families	1	0	1	0	1	0	0	0	1	0	0	0	0	1	1	1	0	0	0	7	Med
15	Rutter, J and Evans, B. (2012) Childcare for Parents with Atypical Work Patterns: The need for flexibility. London: Daycare Trust	1	1	1	0	0	0	0	0	1	0	0	0	0	1	1	1	0	0	0	7	Med