
MID WESTERN HEALTH BOARD



REVIEW OF PRE-SCHOOL INSPECTION & INFORMATION SERVICES

1997-1999

CHILD CARE AND FAMILY SUPPORT SERVICES

MARCH 1999

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**MR GER CROWLEY ,
ASST. CHIEF EXECUTIVE OFFICER**

FOREWORD

The establishment of the Pre-school Inspection and Information Services in the Mid West region has been a major development for the Mid Western Health Board, for pre-schools and pre-school children in the region. The Board has not only responded to the statutory obligations of the Child Care Act, 1991 and the Pre-school Regulations, 1996 but has further progressed in promoting the health and welfare of all pre-school children in its responsibility.

This report provides a broad review of the developments of the Pre-school Inspection and Information Services and reflects the commitment of the Board to openness and accountability and the pursuit of quality in service provision.

The introduction of inspections to a previously un-regulated sector was long-awaited and is welcomed. While some service providers may have had some fears, this report highlights the sensitive and considered approach the Board has adopted the inspection process. The safety and needs of children is the continuous priority. The findings of the report also show that inspections have actually been a support to pre-school providers and have thus assisted in improving the quality of the service they deliver.

This report represents a significant development in child care and family services in the Mid West region. While acknowledging the progress that has been made by the Pre-school Inspection and Information Service, it has also enabled the Board to endorse the valuable contribution and commitment that pre-school providers have also made to children in the region.

This report will allow the Board to make more informed decisions regarding future policies, and service delivery and allocations.

I wish to commend all the staff involved in the production of this report and in this service.

S. DEBÚRCA
PRÍOMH OIFIGEÁCH FEIDHMEACHÁIN

EXECUTIVE SUMMARY

The Pre-schools Services Unit was established in 1997 by the Mid-Western Health Board in the context of Part VII of the Child Care Act, 1991 and to the ensuing 1996 Pre-school Services Regulations. A “pre-school service” is defined within the Act as any pre-school, play group, day nursery, crèche, day-care or other comparable service which caters for pre-school children, including those grant aided by health boards.

The main duties for Health Boards outlined by Part VII of the Act relate to the inspection of pre-school services in the Health Board’s area and the provision of information on those services. The Act obliges service providers to notify the Health Board of their service and as such, Health Boards also have the responsibility to receive those notifications.

SECTION 51 Notice must be given by persons who are carrying on a pre-school or proposing to carry on a service to the relevant health board.

SECTION 53 Health boards must visit pre-school services in its area to ensure that the person carrying on the service is fulfilling the duties imposed under the Act.

SECTION 54 Health boards are responsible for the appointment of authorised persons to inspect pre-school premises and the services provided therein.

SECTION 56 Health boards are obliged to make available information on pre-school services in its area.

The introduction of inspections in the pre-school sector was seen as a means of promoting and guaranteeing the health, safety and welfare of the children attending pre-school services. Inspections were also viewed as a way of measuring the quality of services being provided and towards the improvement of current services available.

This review is the first assessment of the Pre-school Services Unit since its establishment and is undertaken as a reflection of the Health Board’s commitment to pre-school children in the Mid West region and to the principles of evaluation and accountability. It was envisaged that the review would report on the developments of the Unit, identify the strengths and weaknesses and highlight areas where action was needed to improve the quality of the service.

The review was also perceived as a means of collating information on the general provision of pre-school care in the region. In the absence of previous inspections, the introduction of the inspections is highly significant in that it has

also provided the first opportunity for a comprehensive investigation of all pre-school services operating in the Mid West.

THE AIMS OF THE REVIEW

The aims of this review were as follows:

1. To examine the systems and structures established to supervise pre-school services;
2. To assess the outcomes of those structures particularly relating to the inspection process;
3. To identify areas that require further development to improve the quality of the Pre-school Services Unit and pre-school services generally;
4. To present an overview of pre-school provision in the Mid West region.

THE REVIEW METHODS

The review involved

- quantitative and qualitative analyses of the notifications received from the pre-school providers and the inspection reports completed;
- a self-evaluation by the inspection teams;
- an appraisal of the feedback from service providers and parents;
- consultations with other Health Board personnel who contributed to the Unit in management, administrative, advisory and support capacities;
- an assessment of complaints that were received by the Unit.

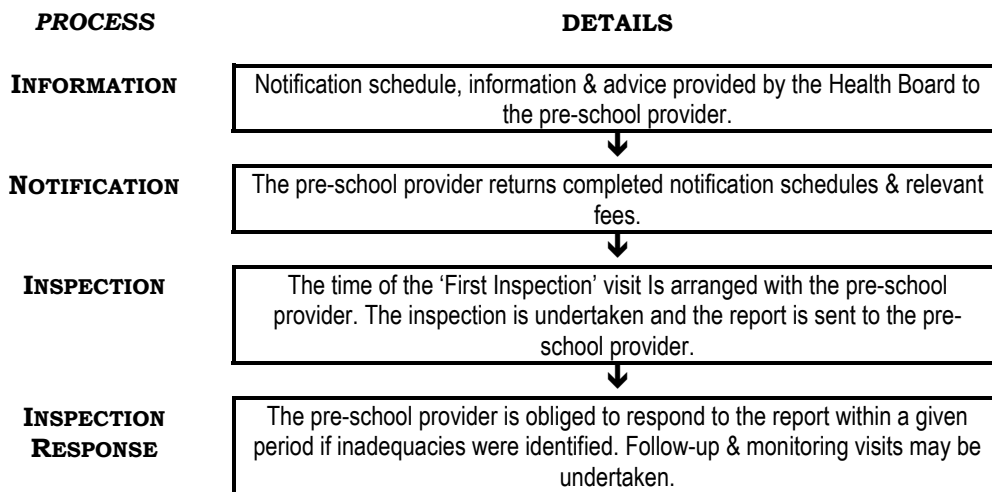
MAIN FINDINGS

The System and Structures

A service was established by the Mid Western Health Board in 1997 to enable pre-school services in the region to notify the Health Board. Structures were put in place to process the notification data and to enable subsequent inspection of the services.

On the establishment of the Unit, a strategy was devised to advise and inform providers of the forthcoming inspections. An information system was set up to record information on notifications and inspections and to disseminate information to the public on services in the region. A pamphlet entitled "Choosing Daycare for Your Child" was produced and circulated.

The following provides an overview of the process whereby information is provided, notifications are received and inspections are undertaken. It should be noted that the process does not involve a formal registration of services.



To develop a multi-disciplinary approach to the inspection process, a Steering Committee was also established involving different disciplines relating to social work, environmental health, public health nursing and pre-school services. This provided a forum whereby issues that arose during the course of the inspection process and relating to the interpretation of the Child Care Act, 1991 and 1996 Regulations could be identified and addressed. A number of inter-agency mechanisms were also initiated.

In developing the service, the Unit undertook systematic reviews of its performance and made the necessary changes where possible.

Implementation

The key structures established by the Unit were perceived to be effective within the context of the number of notifications received and the inspections undertaken. Previous research¹ undertaken for the Mid Western Health Board estimated that over 220 full-time and sessional pre-school services were operating in the area. This is a close approximation to the number of services notifying and inspected.

The number of notifications received and processed in the period under review (November 1997-December 1998) was 268 of which 261 were subsequently inspected. In a small number of cases, it was necessary for follow-up inspections and monitoring visits. Of the 261 inspections undertaken, the majority (79%) was sessional services.

However, while the number of services that notified the Health Board was considered to be a satisfactory target number, the Unit also believes that a significant number of services still remain unknown to the Health Board.

¹ *Pre-school Services in the Context of the Child Care Act, 1991*. Action Research Project by Barnardos for the Mid Western Health Board. July 1996 (Internal Document)

The overall number of children cared for by the services inspected was over 3,700. From an extensive local survey², it is estimated that of the 21,700 pre-school children in the Mid West, over 6,000 are likely to be attending pre-school services. Services that have notified the Board only care for approximately 60% of those children.

The Health Board believes that many of these services are likely to be operating within the childminding sector and are either outside the remit of the pre-school regulations or may be operating illegally.

Inspection Findings

The Inspection teams found that the majority of services inspected were characterised in the main by dedicated people committed to providing safe and nurturing environments for young children. Furthermore, service providers were seen to be responsive to the visits. Many demonstrated their willingness to look carefully at the service they offered and to make the necessary changes that were needed to bring their services to an acceptable standard.

In a minority of cases, where the inadequacies identified in the Inspection reports were not addressed, meetings were held with the providers, the Inspection Unit and Child Care management. Legal advice was obtained and providers were informed that the Health Board would take legal action should the provider fail to undertake the recommended improvements. No services, however, were brought to court in the period under review and the Health Board was not forced to close any services. Ten services closed voluntarily due to

REASON FOR CLOSURE	NUMBER OF SERVICES
Inability to respond to inspection findings ³	4
End of lease	1
Personal reasons	3
Retirement	1
Funding ceased	1
TOTAL	10

The most common needs relating to services identified by the Inspection Teams are as follows:

- The adult/child ratio and inadequate floor space allocated per child.
- The non-availability of a second person in premises.
- The absence of a structured programme of care for the children.
- Insufficient and inappropriate play and rest facilities and equipment.
- Hygiene standards and inadequate sanitary accommodation.

² O'Sullivan, M.: *Employment Potential within the Childcare Sector*. Barnardos, Dublin 1998.

³ Issues related to: restricted space (1), fire standards (1), absence of planning permission (2).

- Weak record keeping practices.
- Deficient safety and security measures.

Impact of Inspections

The inspections were clearly seen to have had a number of beneficial and positive consequences for children, providers, parents and the Health Board. These include the following:

- The quality of pre-school provision has improved for children given that the majority of services made improvements in response to the inadequacies identified by Inspection Teams.
- To a large extent, inspections have given recognition to the success and developments of pre-school providers in the region.
- Providers have had an important opportunity to engage in professional dialogue with the Health Board and to be involved in self-evaluation.
- Providers received professional advice and support in difficult and crisis situations.
- Parents are assured that a statutory body inspects services that their children are attending.
- Parents seeking a pre-school service for their child can contact an official office and gain a list of pre-schools that have been inspected in their area.
- The Health Board has had the opportunity to interact directly with service providers and to assess and advise providers on the safety and welfare of pre-school children.
- The Health Board is informed in making recommendations regarding the Unit, Health Board policy, the Regulations, service providers and parents.

General Provision of Services in the Region

The Inspection Teams found that generally the supply of affordable, high quality and accessible child care is inadequate in the region. The Unit received many requests for information from parents on the availability of services in their particular areas. Frequently, the Unit was only able to provide a limited list of services.

The Pre-school Services Unit views the lack of quality and accessible care in the region as a key social concern whereby the health, safety and development of some children are at risk and the needs of many families are not being met.

RECOMMENDATIONS

In reviewing the Pre-school Services Unit's procedures and structures, and in the context of anticipated significant development of pre-school provision, the following were identified by the Unit as areas requiring attention.

A. General Provision

- The pre-school sector has been traditionally under-funded with generally low profit margins.

Direct financial benefit to parents, subsidised placements in services and tax free allowances for child care costs are issues that should be considered at national level to assist parents in selecting high quality of care for their children.

B. The Resources of Pre-school Services Unit

- It is recommended that a permanent senior administrative post be created to co-ordinate the inspection, administration and information responsibilities of the Unit. Furthermore, a permanent Inspection Team and relevant secretarial /administrative support staff within the Pre-school Services Unit are required. (Estimated budget: £250,000 p.a.)

C. Information

- Additional administrative support and the development of an appropriate database within the Pre-school Services Unit are essential in order to provide a quality information service to parents and providers. (Estimated budget: £100,000 set-up costs.)

D. Training

- It is recommended that national initiative objectives should consider the provision of training for service providers relating to child protection and welfare issues and that funding be allocated to the Health Board to undertake such training. (Estimated Budget £50,000 p.a.)
- A review of Child Care Training in general is required.
- Further deliberation is required relating to the qualifications of all staff who supervise children and who impact on their development.

E. Legislation and Regulations

- While the 'Notification' system has operated successfully at a number of levels, a 'Registration' system is seen to be more effective in terms of regulating services to ensure quality in services.
- The strategy at national level to ensure uniformity between services in each health board requires further direction by the Department of Health and Children.
- Further clarification is required on terminology used in the Explanatory Guidelines.
- It is recommended that Section 58 of the Act, relating to exemptions, receive further consideration.
- The child /adult ratios has become a contentious issue for small home-based childminders and providers of sessional services and requires further attention and resolution.

F. Special Services

- It is recommended that in the event of pre-school services catering for children with special needs, the Inspection team should be assisted in their appraisals by having an appropriate assessment tool which would be developed through a consultative process involving parents, psychologists, paediatricians, special service providers, etc.
- It is recommended that inspections should be conducted and inspection reports written through Irish for those pre-school services operating through the medium of Irish.

THE PRE-SCHOOL SERVICES UNIT 1999-2000

From the findings of this review, it is envisaged that the structures, systems and procedures established by the Pre-school Services Unit will continue to develop. In tandem with the above recommendations, the following performance indicators have been identified as the minimum anticipated developments by the Pre-school Services Unit for 1999-2000.

INSPECTIONS	1. Each service that notifies the Health Board will be inspected within three months of receipt of the notification.
	2. A final report will be issued to a pre-school service within one month of the inspection taking place.
INFORMATION	3. There will be a comprehensive up-to-date list of pre-school services available for each Community Care Area in the Mid West region.
	4. Information leaflets on pre-school care will be distributed twice yearly.
SERVICE REVIEW	5. An Annual Report of the developments of the Pre-school Services Unit will be produced at the end of each calendar year.

CONCLUSION

In a climate where evaluations are increasingly seen as providing essential information from which improvement in services can be made, this review is intended to inform all those committed to quality services for pre-school children.

It is hoped that this review will complement and influence the decisions and policies at Department and Health Board levels in terms of progress achieved to date and in terms of future planning of resources and policies.

INTRODUCTION

The Child Care Act, 1991 conferred new powers on the Mid-Western Health Board in terms of promoting the welfare of children and providing child care and family support services. Part VII of the Act, which was implemented in 1996⁴ imposes a statutory duty on Health Boards to inspect and supervise pre-school services. These regulations stipulate the supervisory role for Health Boards in ensuring that pre-school services in their region take all reasonable measures to guarantee the health, safety and welfare of the pre-school children attending services.

Prior to the introduction of the regulations in 1996, the Mid-Western Health Board has been committed to the pre-school sector that has formed an important part of the Health Board's child care and family support services. In its commitment, the Board has recognised the benefits for children, families and the wider community of quality pre-school services. For many years, the Board has funded and supported a range of pre-school services, local playgroups and family support services provided by various community and voluntary groups. A Pre-school Advisor has also been resourced in each of the CCAs to co-ordinate community-based pre-schools and offer advice and information to pre-school providers and parents.

Furthermore, as part of the Health Board's wider strategy to promote the welfare of children in its region, prevention and support initiatives have been devised for children of families deemed to be 'at risk' of child abuse and in disadvantaged circumstances. Considerable value has been placed on pre-school care as an element in those prevention services.

The Health Board has also collaborated closely with local and national organisations in promoting and providing quality care for children. In 1996, the Board made a submission to the Department of Health in association with Barnardos in preparation for the pre-school regulations. Following the introduction of the regulations, the Health Board established the Pre-school Services Unit in Limerick.

While pre-school services are available in a variety of settings, the Pre-school Services Unit is primarily concerned with those services defined by the regulations covering community and home based playgroups, crèches, day care services, naoinraí and childminders in specified circumstances.

THE ESTABLISHMENT OF THE UNIT

The introduction of the regulations as a legal framework for supervising pre-school services was welcomed by the Health Board. Providers and users alike saw it as a major step forward towards the provision of improved quality

⁴ The Child Care (Pre-School Services) Regulations, 1996.

services for children. However, the context, as in other regions, in which the Unit was set up was also one of uncertainty and complexity.

Like other Health Boards, pre-school services had not previously been designated a Pre-school Officer or Unit. Without a model to follow and no points of reference, the Unit was breaking new ground. It was therefore faced with the challenges of a newly established service in terms of procedures, management and administration. Moreover, the Unit was confronted with a number of other external issues, outlined as follows:

1. There was no accurate measure of the number of pre-school services in the region. Data on provision and number of children attending pre-school services was based on estimates. Without an exactly defined target group, planning by the Unit was made difficult.
2. The regulations and guidelines, in some sections, were general and non-specific in nature. Without precedence, there were difficulties in their interpretation.
3. In a sector previously unregulated and traditionally under-funded, there was also concern expressed by providers in anticipation of the inspection process. Given the relatively low profit margins for many providers, it was feared that these would give rise to costly requirements or closure.
4. Some parents were also apprehensive that the already inadequate supply of services would be further diminished.

THE FORMAT OF THE REPORT

This is the first review of the developments of the Pre-School Services Unit since its establishment in June 1997. Central to the review is an analysis of the extent to which the Mid-Western Health Board has fulfilled its statutory duties under Part VII of the Child Care Act, 1991 in terms of the supervision of pre-school services.

With a particular focus on the notification and inspection process, the review examines and reports on the following:

- The systems and structures established to supervise pre-school services;
- The outcomes of those structures particularly relating to the inspection process;
- The areas that require further development to improve the quality of the Pre-school Services Unit and pre-school services generally.

The report is divided into three chapters as follows:

Chapter 1 presents the Health Board's statutory obligations in terms of pre-school services and the target group of the Unit. It also outlines the procedures involved in establishing structures by the Health Board to implement those obligations.

Chapter 2 focuses on the inspection process and examines the adequacy of the procedures and structures in place to ensure effective inspections.

Chapter 3 outlines the main recommendations by the Pre-school Services Unit following an assessment of the Unit's developments to date.

THE REVIEW METHODS

The review involved

- quantitative and qualitative analyses of the notifications received from the pre-school providers and the inspection reports completed;
- a self-evaluation by the inspection teams;
- an appraisal of the feedback from service providers and parents;
- consultations with other Health Board personnel who contributed to the Unit in management, administrative, advisory and support capacities;
- an assessment of complaints that were received by the Unit.

CHAPTER 1

This chapter outlines the main statutory obligations placed on the Mid-Western Health Board by the Child Care Act, 1991. It describes the target group for which the Act relates and presents an account of the key developments by the Health Board to implement those statutory obligations.

THE CHILD CARE ACT, 1991

Part VII of the Child Care Act, 1991 provides the legal framework for the 'Supervision of Pre-School Services' from which the Child Care (Pre-School Services) Regulations, 1996 came into operation in December 1996. The following table is a brief summary of Part VII of the Act.

DETAILS

- | | |
|-------------------|---|
| SECTION 49 | This section defines key terms such as 'authorised person' 'national school', 'pre-school child', 'pre-school service' and 'relevant health board'. |
| SECTION 50 | The Minister for Health is authorised to make regulations governing the provision of pre-school services. The regulations are to secure the health, safety and welfare and promote the development of pre-school children. The regulations may prescribe for <ul style="list-style-type: none"> • The provision of proper and adequate premises, facilities and equipment; the authority of the health boards to execute the regulations; and the annual fees. • Different provisions and requirements for the different pre-school services; and exemptions. |
| SECTION 51 | Notice must be given by persons who are carrying on a pre-school or proposing to carry on a service to the relevant health board. |
| SECTION 52 | Persons carrying on a pre-school service have an obligation to safeguard the health, safety and welfare of pre-school children attending the service and the conduct of such services must be in accordance with the regulations. There is no mention of the requirement to promote the development of children. |
| SECTION 53 | Health boards must visit pre-school services in its area to ensure that the person carrying on the service is fulfilling the duties imposed under Section 52. |
| SECTION 54 | The health board is responsible for the appointment of authorised persons to inspect pre-school premises and the services provided therein. |
| SECTION 55 | This section confers the right of entry by an authorised person to inspect and examine a pre-school service. This is subject to the premises in question having notified the health board. Where a service has not notified, the right of entry to inspect must be by a warrant issued by the District Court. The nature and extent of an inspection is also covered, relating to the condition of the premises and the care of provided. |
| SECTION 56 | This section covers the provision of pre-school services by the health board and the obligation to make available information on pre-school services in its area. |
| SECTION 57 | Offences and resulting sanctions are specified for breach of the provisions of the Act and the Regulations. |
| SECTION 58 | A number of exemptions are stated relating to the care provided by relatives, care of children of the same family and the care of three children from different families. |

ESTIMATED TARGET GROUP

The pre-school population of the Mid Western Health Board represents almost 7% of the overall region's population. In 1996, the census figures show that there were over 21,700⁵ children under 5 years of age. Table 1 outlines the pre-school population for each Community Care Area (CCA) and illustrates that the Clare CCA has a marginally higher proportion of under 5 year olds as a percentage of all age groups.

Table 1.: 1996 Mid Western Health Board Pre-School Population

CCA	0-4 Years	All Ages	0-4 Group as % of All Ages
Limerick	8,288	123,481	6.7%
Tipperary N.R.	6,720	99,582	6.7%
Clare	6,701	94,006	7.1%
TOTAL	21,709	317,069	6.8%

Source: Census of Population 1996

While the Health Board has responsibilities for all children in its area, not all children of the pre-school age come under the auspices of the Pre-school Services Unit. Estimates in recent years show that over 55% of 4 year olds and over 99% of 5 year olds attend national schools, and consequently fall within the responsibility of the Department of Education. Based on these estimates, the '*potential*' number of pre-school children i.e. those who are under 5 years and not attending a national school, is approximately 19,200. The '*actual*' number of children attending pre-school services, however, is estimated to be lower than this figure.

Research, at national and local levels, has attempted to establish more accurately the number of children attending pre-school services. A national survey undertaken in 1997⁶ estimated that over 21% of households used the services of a nursery, crèche, etc. In a more localised survey undertaken in the Mid West region also in 1997⁷, it was estimated that approximately two thirds of parents with pre-school aged children had used some form of pre-school services⁸. Estimates thus suggest a target group of over 6,000 children in the region availing of such services.

Further difficulties existed in estimating the '*number of services*' in the area, as again there are no mechanisms established for collating such data. In a study

⁵ Source: Census of Population, 1996

⁶ Williams, J. & Collins, C.: *Child Care Arrangements in Ireland*. A Report to the Commission on the Family, June 1997.

⁷ O'Sullivan, M.: *Exploring the Employment Potential within the Child Care Sector*, 1997 Report Prepared for ADM Ltd. (Awaiting publication.)

⁸ 9.5% of the children surveyed attended a crèche or nursery and a further 22.5% were cared for by a childminder in the childminder's home or by a neighbour. If these latter two figures were applied to the region, it may be inferred that the number of children attending a crèche or nursery could be approximately 2,000; over 4,300 could be cared for by a childminder in the childminder's home.

undertaken for the Health Board in 1996, approximately 220 services were estimated to be operating in the region⁹.

IMPLEMENTATION PROCEDURES

The key developments by the Health Board in response to the obligations of the Child Care Act, 1991 and the complementary Pre-school Regulations aimed to ensure that

- effective notification and inspection systems were in place and operative;
- information was provided to the public regarding the Regulations.

The aim of this section is to provide an overview of those developments, which are identified within the context of five phases. These phases follow the implementation strategy of an earlier study commissioned by the Health Board¹⁰.

PHASE	ACTIVITY	TIME SCALE
PHASE 1	<i>The Structural Stage:</i> The establishment of management, administration, information and inspection structures.	3 – 6 months
PHASE 2	<i>The Information Stage:</i> The provision of information on notification and inspection procedures.	3 – 6 months concurrently with Stage 1
PHASE 3	<i>The Notification Stage:</i> The recording and processing of notifications.	3 – 6 months
PHASE 4	<i>The Inspection Stage:</i> The inspection of services.	Within 3 months of receipt of inspection notice.
PHASE 5	<i>The Review Stage:</i> The review of the developments of the Unit.	On-going.

PHASE 1 – STRUCTURES ESTABLISHED

The Pre-School Services Officer was appointed in June, 1997 to set up and co-ordinate the service. The service administration and information base was located at the Child Care Unit, 87 O'Connell St., Limerick. Three inspection teams were appointed to cover the three CCAs on a full time basis for a six-

⁹ This figure emerged as a close approximate based on the number of notifications subsequently received.

¹⁰ Barnardos: *Pre-school Services in the Context of the Child Care Act, 1991- Action Research Project.* July 1996 (Internal Document).

month period from November 1997 to April 1998. Each team comprised of an Environmental Health Officer and a Public Health Nurse.

To develop a multi-disciplinary approach to the implementation of the Regulations, a Steering Committee was established involving different disciplines relating to social work, environmental health, public health nursing and pre-school services. This provided a forum whereby issues that arose during the course of the inspection process and the interpretation of the Child Care Act, 1991 could be identified and addressed.

A number of inter-agency mechanisms were initiated including the following:

- The Unit established links with the various child care personnel and agencies in the region such as the Pre-school Advisors, the I.P.P.A., N.C.N.A., An Reamhscolaíochta Teo, Barnardos, etc. It is acknowledged that this co-operation was seen as an important contribution to the success of the Unit.
- Liaison was initiated with the Department of Health and Children.
- The Pre-School Services Officer represented the Health Board on the Department of Health Working Group to monitor the implementation of the Act relating to pre-schools and on the Subgroup on Standards and Regulations reporting to the Expert Working Group on Child Care.
- The Unit collaborated closely with counterparts in other Health Boards, to ensure uniformity with inspection procedures and on formulating a 'Guide to Good Practice'¹¹.

PHASE 2 – THE PROVISION OF INFORMATION

A strategy was devised to inform the public and particularly service providers of the requirements of the Regulations. This included:

- (a) information on the notification process provided extensively in the local press in each CCA,
- (b) public meetings organised throughout the region which were attended by recipients and providers of pre-school services, health board personnel and other groups involved in child care.

A provisional system was set up to advise and respond to requests for Notification Schedules and Regulation booklets. Requests for information and advice came from different sources and was provided in a variety of ways:

¹¹ It should be noted that at present the Guide to Good Practice is viewed by the Mid Western Health Board as being in draft form only, and requires considerable more discussion and input from other child care professionals.

TYPE OF REQUEST	MEANS OF PROVIDING INFORMATION/ ADVICE			
	During Inspection Visits	Advisory Visits	Telephone Service	Booklets/ Leaflets
Enquirer				
Pre-school providers	✓	✓	✓	✓
Prospective pre-school providers		✓	✓	✓
Others e.g. parents, other health boards, etc.			✓	✓

A pamphlet entitled “*Choosing Daycare for Your Child*” was produced and circulated throughout the region. The pamphlet was intended to assist parents to make an informed decision in choosing a pre-school service for their child.

PHASE 3 – NOTIFICATIONS

The Notification system is a means for pre-school providers to inform the Health Board of the services they are providing in the area and in so doing are meeting their statutory duties under Section 51 of the Act. As Health Boards are obliged to inspect each pre-school in its area, the notification system also provides the Health Boards with the information for identifying the services they are obliged to inspect.

The procedures involved in the Notification System require the provider to submit a completed ‘Schedule’ as prescribed in the Regulations. Following receipt of the ‘Schedule’, the Unit processes the Schedule ensuring all relevant data and requisite fees are enclosed. Notifications are then acknowledged and a follow-up procedure was formulated to deal with notifications received incomplete.

A basic computerised database was put in place to record summary details on providers from the notifications and files were then transferred to the relevant Inspection Team. The number of notifications received and processed by the Unit during the review period was 268.

PHASE 4 – INSPECTIONS

The general procedures of the inspection commenced with a ‘First Inspection’ followed by a written report to the pre-school provider. The findings of the report determined the nature of the action, if any, to be taken by the provider.

Where serious deficiencies in services were identified, follow-up and monitoring visits ensued, firstly, in order to ensure the safety and well being of children and secondly, in order to support providers in improving their services. Legal advice was sought in a small number of cases where serious concerns existed for the welfare of children.

PHASE 5 – REVIEW OF DEVELOPMENTS OF THE UNIT

Each stage of the implementation process received on-going reviews by staff and management. These reviews were highly important to the Unit as they included close monitoring of comments and complaints from parents, providers and provider organisations. Therefore, the contributions from all stakeholders, with the exception of the children, were positively incorporated into the on-going development of the Unit.

An internal appraisal of the Unit was undertaken at the end of the first year of implementation to determine the extent to which the objectives of the Unit were being satisfactorily met and to identify any difficulties that might arise in meeting those objectives. This review involved an in-depth analysis of all aspects of the Unit in terms of policy, procedures and the management of the service. The views of child care personnel, the pre-school advisors and local representatives of provider organisations regarding the impact of the inspections on local services were also included.

Consideration has also been given to an external evaluation of the inspection process in the coming year and to assessing the impact that the inspection has had on raising the quality of pre-school services in the region. It is also envisaged that more in-depth evaluations will ensure that the children availing of the services, where possible, will be able to make a more direct contribution and that there will be more active engagement of service providers and users throughout the evaluation process.

CHAPTER 2

THE PURPOSE AND NATURE OF THE PRE-SCHOOL INSPECTION

The purpose of pre-school inspections is to ensure that the health, safety and welfare of children in pre-school services are secured in line with the statutory pre-school regulations. In so doing, inspections help to promote and raise standards in the quality of provision in three important ways:

1. by offering opportunities for providers to review their own services,
2. by providing information for parents to find out more about the standards of services provided to their children
3. by contributing to the reviews undertaken by the Health Board in order to assess the extent and quality of pre-school provision in the region.

In serving this purpose, the inspection teams of the Pre-school Services Unit in the Mid West region aimed to ensure that the inspection process was primarily as informative to service providers as possible and a contribution to providers' own efforts towards further improvement.

A number of principles were fundamental to the Unit's inspections:

- The first obligation in all assessments was the interests and welfare of the children.
- Inspections were as fair and objective as possible and consistent in the judgements made.
- Inspection findings were accurate and based on the first-hand professional observations of the Inspectors.
- Findings were informally discussed with providers at the end of inspections and then clearly outlined in a written report shortly afterwards.
- Recommendations to providers sought to be reasonable in terms of the specified requirements and the time periods fixed to undertake improvements.
- While requiring basic standards in all services, inspectors also recognised that each pre-school service operates within its own individual circumstances and may not fit the common pattern.
- Confidentiality was assured in handling information. However, in the event of child abuse concerns, the relevant Health Board personnel were notified.

THE FORM AND PROCESS OF THE INSPECTIONS

The inspection format was based on the requirements of the Pre-school Services Regulations, 1996 and was designed to provide an evaluation of a pre-school across eleven broad categories: child/staff ratios, space ratios, rest facilities, structured care programmes, food, sanitary accommodation, play facilities and developmental materials, general safety, first aid, and records.

The starting point for the inspection was an assessment of the basic information furnished by the provider in the Notification Schedule. The provider was then contacted to arrange a time for the 'First Inspection'¹². Prior to the agreed date, the provider had the opportunity to avail of advice from the Unit. In certain situations, an inspection team member may have made an Advisory Visit to the provider's service. Over 50 such Advisory Visits were made.

The duration of an inspection visit was between two hours to a full day. Where a service provider was caring for a child with a disability or special needs, the Unit may have visited more frequently to provide additional advice and support in consultation with the designated Public Health Nurse for disabilities and special needs.

During an inspection, inspectors in each team¹³ focused on the particular aspects of the pre-school provision based on their professional expertise. They then furnished one general report. Among their duties, the members of the inspection undertook the following:

- Assessed the nature, condition and suitability of the premises and resources;
- Examined the staffing and staff qualifications and experience;
- Observed the attitude and relationship of the staff and children;
- Engaged with the children;
- Evaluated whether the environment and materials were suitable and age appropriate for the children cared for;
- Examined the records;
- Regarded the management arrangements and the daily organisation of the service;
- Took account of daily or weekly activity plans and the structured programme.

However, the broad scope of the inspection has meant that the main emphasis of the inspection has been on child/staff ratios, space allocations and the safety of premises in which the service operates. To date, the inspection process did not involve a quality assurance component. While this absence of quality testing was in line with the regulation requirements, the Unit saw it as a serious limitation to the inspection process.

¹² Follow-up and monitoring visits, however, were not pre-arranged.

¹³ In the Mid-Western Health Board, inspection teams comprised Environmental Health and Public Health disciplines.

REPORTING AND FOLLOW-UP PROCEDURES

At the end of an inspection, the team met with the provider or person in charge to give an oral report of the main findings of the inspection, highlighting the strengths of the service and any issues that needed to be addressed. The issues were then discussed and the provider was offered the opportunity to provide clarification on the shortcomings identified and to note any factual errors. However, the findings were not negotiated statements of view and they represented what the inspection team had found from their first-hand observations.

The inspection team then prepared the written report, which was sent to the provider. In making their findings, the inspection team also drew on what they had seen and known to be achievable in a broad range of pre-schools similar elsewhere. Only those factors that clearly adversely affected the safety, welfare and development of children were outlined in the report.

While the outcome of each inspection may have differed depending on individual circumstances, the following provides a general overview of the follow-up procedures:

<i>CIRCUMSTANCE</i>	<i>ACTION</i>
1. In services where the provision was exceptionally good with very few inadequacies -	Advice was given on the weaknesses and a follow-up visit was planned for within the year. However, in such situations the inspection team was more likely to decide that the actions to be taken were minor and did not require monitoring until the annual inspection of the following year.
2. Where the inspection team found that the provision was generally satisfactory but that there were important issues to be addressed -	<p>The provider was obliged to respond to the findings of the report within a given period documenting how these deficiencies would be addressed. The provider and Unit agreed a time period in which to undertake the improvements.</p> <p>An unannounced follow-up visit took place within a number of days, weeks or months depending on the severity of the issues. A further brief report was sent to the provider outlining whether sufficient progress had been made or if further action was required. Where the follow-up inspection found that a provider had not made adequate progress, the report indicated that further follow-up action would ensue.</p>
3. Where the service was assessed as being substandard with serious weaknesses in fundamental areas -	<p>The report was promptly sent to the provider, to the Director of Child Care Services and in future will also be sent to Child Care Manger of the specific CCA. The case was discussed at the Steering Committee. The provider was required to draw up an action plan and to directly put in place improvements relating to all major safety deficiencies. A series of follow-up and monitoring visits ensued. When the visits indicated that most inadequacies had been addressed sufficiently, the monitoring became less frequent and a final report was written indicating the progress made.</p> <p>In extreme situations, where inadequate improvement was made and serious concerns continued to exist for the children’s safety and welfare, legal advice was obtained and the service was notified of the Health Board’s intention to take action. It was not necessary to commence legal proceedings in any case.</p>

INSPECTIONS IN THE MID WEST REGION

261 'First Inspection' visits were made by the inspection teams in the Mid West region between November 1997 and end of December 1998. In certain situations as outlined above, 46 services required review and follow-up visits. The following table gives a broad outline of the type of services inspected:

Type of Service	Number of Services	Number of Children	Number of Staff
Sessional	206	2,676	379
Full-day	39	893	124
Drop-in	7	91	12
Childminders	9	61	12
TOTAL	261	3,721	527

Of the total number of services inspected, 26% were in the Clare CCA, 41% were in Limerick CCA and 32% were in Tipperary N.R. CCA.

The estimated time involved in inspecting services during a 'First Visit' amounted to over 1,000 hours. Between the three teams, this amounted to 29 weeks or 10 weeks per team. This excluded travel time to and from the teams' bases, the time involved in arranging visits and administration time, cancelled visits, visits extending to more than one day, the time involved in documenting findings, writing inspection reports and partaking in review meetings.

In the exceptional cases, where the overall provision of services was assessed as being substandard with serious weaknesses in key areas, substantial additional time was involved in communicating with the provider and with other child care professionals within the Board and with consulting with the legal profession. It is not feasible to currently calculate the staff time involved in such cases.

The foregoing sections gave a general outline of all services inspected in the Mid West region in terms of procedures and numbers. Appendix 1 provides a short summary of inspections undertaken in three different services. The case studies illustrate the extent to which issues have differed for individual services in terms of the level of staff time involved, the different responses by the service providers and the outcomes for each.

OTHER INSPECTIONS UNDERTAKEN

It should also be noted that additional inspections were undertaken where

- a) notifications were not received but where there were reasonable indications to suggest that a pre-school service was in operation;
- b) the provider intended to make changes to the facility originally notified and inspected. These changes may have included structural changes to the building, increase in numbers of children catered for, changes from sessional to full day care service etc.
- c) complaints were received.

Fundamental to the functions of the Unit, was the capacity to record, assess and investigate complaints made regarding any service in the region. Complaints were received about services from parents, staff in services, other providers, child care agencies, neighbours, anonymous callers and from one bogus caller.

The following outlines the types and numbers of complaints received and dealt with:

Type of Complaint	Staffing	Over-crowding	Hygiene	Planning permission	Discipline	Diet	No notification
Numbers	8	8	3	4	5	2	86

The procedures involved a range of measures depending on the type, nature and severity of each individual complaint but generally, the Unit undertook the following:

- requested that the complaints were put in writing by the complainant,
- documented the complaints,
- noted complaints for attention at future visits,
- informed the provider about the complaint,
- visited and inspected the service,
- advised and provided information to the provider on the particular issue,
- linked the service with a health board advisor,
- advised the complainant of the outcome.

In the case of complaints received from an unidentified 'bogus' caller, the provider was informed and the Gardai were contacted to investigate the caller.

THE OUTCOME OF THE INSPECTIONS

In the majority of services inspected, the Unit commended the quality of services provided in the region and found that there were few services with major serious inadequacies. Service providers were seen to be generally responsive to and welcomed the visits. Moreover, many were compliant and enthusiastic in making the necessary improvements to bring their standards to an acceptable level.

Given the manner in which inspections were carried out and the preparatory information provided by the Unit, much of the fears expressed by providers prior to the inspection process were alleviated. The majority of providers made improvements to their services within the fixed period.

In a minority of cases, where the inadequacies identified in the findings were not addressed and the Unit involved advice from child care professionals and senior management within the Health Board in responding to individual cases, legal counsel was also sought. No services, however, were brought to court in the period under review and the Health Board did not close any services.

At the outset, providers feared closure subsequent to the findings of the inspections. The Unit was aware of only ten services that closed. Four of which closed due to the *providers'* views that they were unable to meet the recommendations of the inspection findings. Closure was therefore on a voluntary basis.

REASON FOR CLOSURE	NUMBER OF SERVICES
Inability to respond to inspection findings ¹⁴	4
End of lease	1
Personal reasons	3
Retirement	1
Funding ceased	1
TOTAL	10

A number of providers scaled down the level of their services following their inspection visits. The more staff intensive services for babies were curtailed in order for providers to focus more on a quality service for the older age groups. In consulting with such providers, it emerged that the inspections actually provided them with the pretext to reduce their services that they were previously unable to do¹⁵.

In situations where complaints were received, the issues raised were subsequently dealt with. In a number of cases, the complaints were unsubstantiated and the Unit was able to alleviate any concerns expressed by the complainant.

Furthermore, issues that would not normally have come to the attention during an inspection visit were also acted on. For example, there were outbreaks of impetigo and gastro-enteritis that parents had not been informed of and which did not occur during the inspection visit. The Unit provided information on procedures to be followed if further outbreaks of infectious disease occurred in the service. In another service, complaints were received on the lack of nutritious and varied menu that was not apparent in the course of one visit.

¹⁴ Issues related to restricted space (1), fire standards (1), absence of planning permission (2).

¹⁵ One provider ceased her service for the baby age group and welcomed the inspections, as an excuse she could use in order to tell parents that she could no longer care for their babies. It emerged that she had wanted to do this for some time but feared loss of business as she was caring for older siblings.

Sample menus were provided by the Unit and the provider was referred to a Health Board nutritionist for guidance.

Two children died in services during the period under review. The deaths were attributed to Sudden Infant Death Syndrome. The Unit was able to offer those providers on-going support and referred them to the Irish Sudden Infant Death Association and the Cot Death Association for additional advice and information. The Inspection Team in both cases also undertook a number of visits to ensure that the providers were taking appropriate measures to ensure the health and welfare of other children attending their services.

A summary of the main impact of the inspection process is set out below.

CARE FOR CHILDREN	<ul style="list-style-type: none"> ▪ The quality of pre-school provision has improved for children given that the majority of services made improvements to the inadequacies identified by Inspection Teams.
PRE-SCHOOL PROVIDERS	<ul style="list-style-type: none"> ▪ To a large extent, inspections have given recognition to the success and developments of pre-school providers in the region. ▪ The providers have had an important opportunity to engage in professional dialogue with the Health Board and to be involved in self-evaluation. ▪ Providers receive professional advice and support to enhance their services.
PARENTS	<ul style="list-style-type: none"> ▪ Parents are assured that a statutory body inspects services that their children are attending. ▪ Parents seeking a pre-school service for their child can contact an official office and gain a list of pre-schools that have been inspected in their area.
THE HEALTH BOARD	<ul style="list-style-type: none"> ▪ The Health Board has had the opportunity to interact directly with service providers and to assess and advise providers on the safety and welfare of pre-school children. ▪ The Health Board is informed in making recommendations regarding the Unit, Health Board policy, the Regulations, service providers and parents.

Chapter 2: Appendix 1

CASE STUDY 1	DETAILS
SERVICE	Type: Full Day Care; Number of Children: 50; Number of Staff: 8
AREAS OF DEFICIENCY	<ul style="list-style-type: none"> ◦ Inappropriate use of discipline. ◦ Overcrowding ◦ Staff/child ratios not adhered to. ◦ Food provision inadequate. ◦ Ventilation unsuitable. ◦ No fire safety precautions in place. ◦ Lack of external play area. ◦ Very poor record keeping.
ACTION TAKEN BY UNIT	<ul style="list-style-type: none"> ◦ Findings reported to provider outlining deficiencies. ◦ 11 monitoring and follow-up visits of 1-4 hours in duration undertaken by inspection team. ◦ Sample records provided. ◦ Legal advice sought. ◦ Case referred to Social Work Department. ◦ Director of Child Care Services met with the provider discuss the issues and to outline the gravity of the situation.
ACTION TAKEN BY PROVIDER	<ul style="list-style-type: none"> ◦ Number of children reduced to 35. ◦ Service provided to under one year olds withdrawn and the need for sleeping facilities subsequently reduced. ◦ Additional staff employed and the high ratio of staff previously involved with babies allocated to toddler age group. ◦ Newly equipped kitchen installed to ensure adequate food preparation and storage. ◦ Menu planning introduced. ◦ Children visit the park daily on a rota basis, weather permitting. ◦ New cleaning and fire safety procedures organised. ◦ Suitable ventilation system installed. ◦ Improvements undertaken by provider over 1 year period, amounting to £40,000.
OUTCOME	<ul style="list-style-type: none"> ◦ The outcome was considered very positive by the Inspection Team and welcomed by the provider. ◦ Complaints made by parents and received by the Unit on a regular basis ceased completely.

Case Study 2	DETAILS
Service	Type: Full Day Care; Number of Children: 34 Number of Staff: 3
AREAS OF DEFICIENCY	<ul style="list-style-type: none"> ◦ Overcrowding. ◦ Creche facilities located in kitchen cum dining area. ◦ Staff/child ratios not adhered to. ◦ Unsafe food preparation facilities. ◦ Inadequate toilet facilities. ◦ Inappropriate nappy changing facilities. ◦ Security unsuitable. ◦ Unsupervised sleeping facilities.
ACTION TAKEN BY UNIT	<ul style="list-style-type: none"> ◦ Findings reported to provider outlining deficiencies. ◦ Fire and Safety Officer made a number of recommendations. ◦ 6 monitoring and follow-up visits of approximately 2 hours in duration undertaken by inspection team.
ACTION TAKEN BY PROVIDER	<ul style="list-style-type: none"> ◦ Suitable nappy changing facilities provided. ◦ New children's toilet facilities installed. ◦ Fencing was erected and the front door was fitted a viewing panel. Locks were also fitted to the outside gates. ◦ The recommendations outlined by the Fire and Safety Officer were implemented. ◦ No action was taken regarding the over-crowding, the location of the child care facility in the kitchen, or the sleeping accommodation.
OUTCOME	<ul style="list-style-type: none"> ◦ The changes made by the provider were considered to be substantial improvements. However, the outstanding inadequacies remain a serious concern to the Unit in terms of children's safety and welfare. The Unit is working closely with the Health Board's law agents in defining further appropriate action to be taken.
CASE STUDY 3	DETAILS
Service	Type: Sessional Number of Children per Session: 16 Number of Staff: 4
Areas of Deficiency	<ul style="list-style-type: none"> ◦ Inadequate toilet facilities. ◦ Minimum safety precautions. ◦ Record keeping.
ACTION TAKEN BY UNIT	<ul style="list-style-type: none"> ◦ Findings reported to provider outlining deficiencies. ◦ 2 monitoring and follow-up visits of approximately ½ -2 hours in duration undertaken by inspection team.
ACTION TAKEN BY PROVIDER	<ul style="list-style-type: none"> ◦ 3 children's toilets with wash hand basins installed. ◦ All safety issues were addressed. ◦ Faultless record systems were put in place.
OUTCOME	<ul style="list-style-type: none"> ◦ The changes were made enthusiastically by the provider and the service was considered as being at a standard of excellence.

CHAPTER 3

CONCLUSIONS AND RECOMMENDATIONS

INTRODUCTION

This chapter attempts to bring together the key developments of the Mid-Western Health Board regarding the implementation of the 1996 Pre-School Services Regulations and the recommendations arising from those developments. The developments are illustrated within the context of the activities undertaken by the Pre-school Services Unit. This Unit, as outlined in this review, was primarily set up by the Health Board to be responsible for the inspection of services in the region.

It should also be understood that the activities of the Unit extended beyond the duties of inspections exclusively to a range of other supervisory and support functions. The following table presents a summary of the Unit's structures within the context of the progress made and difficulties identified.

PHASE 1: MANAGEMENT & ADMINISTRATION STRUCTURES
<p>PROGRESS:</p> <ul style="list-style-type: none"> ▪ A Pre-school Services Officer was appointed to manage the Unit. ▪ Appropriate systems were designed to ensure <ol style="list-style-type: none"> i. an efficient processing and recording of Notifications and Inspections; ii. the reporting of inspection results to service providers iii. the recording of and responding to complaints. ▪ A Child Care Manager was designated to offer advice to the Unit and to approve appropriate management decisions. <p>DIFFICULTIES AROSE DUE TO:</p> <ol style="list-style-type: none"> 1. <u>Planning</u> as actual numbers of services were unknown at the outset. Furthermore, it was not anticipated that there would be a need for such a number of follow-up visits.
PHASE 1: INFORMATION STRUCTURES
<p>PROGRESS:</p> <ul style="list-style-type: none"> ▪ A system was established to deal promptly with provider enquiries and requests for notification schedules and regulations. ▪ A database was used for recording basic data on the providers who notified and were inspected. <p>DIFFICULTIES AROSE DUE TO:</p> <ol style="list-style-type: none"> 1. The limitations of the <u>database</u>. 2. The absence of an <u>Information Officer</u> in post.

PHASE 1: INSPECTION STRUCTURES

PROGRESS:

- A team of Inspectors was assigned to each of the three CCAs.
- Inspectors had expertise in environmental health and public health.
- Induction training for Inspectors was provided at the outset.
- An Environmental Health Officer was designated to assist the Pre-school Services Officer with the follow-up visits and inspections for newly established services.
- A checklist was used to record adequacies and deficiencies of services.

DIFFICULTIES AROSE DUE TO:

1. Training of staff. As the inspection of pre-school services was a new function for the Health Board, all the issues relating to inspections were not apparent at the outset. The training for the teams was therefore not adequate in the light of the issues to subsequently emerge.
2. The checklist was limited in assessing the quality of the services.
3. The administrative support. The administration demands were greater than anticipated and absorbed significant time from the Inspection Team in preparing reports etc.

PHASE 2: PROVISION OF INFORMATION

PROGRESS

- Information and advice was provided through advisory visits, seminars, a telephone service, newspapers and information leaflets.

DIFFICULTIES AROSE DUE TO:

1. The absence of an adequate database system or designated Information Officer.
2. Inspection vs. support: The role of the Pre-school Services Officer not only involved inspection duties but also the provision of advice and information. It is felt that these two roles can be difficult for one person to be a supportive/ understanding advisor and an objective inspector at the same time.
3. Public awareness: It is felt that more systematic quality information should be available to the public particularly in terms of assisting parents in selecting a suitable service and in making better assessments of the care their children are receiving.
4. Public hostility: Some providers and parents felt confused and hostile prior to the new regulations.

PHASE 3: NOTIFICATIONS

PROGRESS:

- To date, the Unit identified few difficulties with the Notification Schedule itself and providers did not appear to have any significant problems with its completion.

DIFFICULTIES AROSE DUE TO:

1. In a small number of cases, providers did not include fees.
2. Some providers were not clear that 'Schedule' related to the notification form.

PHASE 3: INSPECTIONS**PROGRESS:**

- Inspections of all services were undertaken within the required period of services notifying the Unit.
- Follow-up and monitoring visits were undertaken regularly where deficiencies were identified or concerns raised.
- Meetings were convened with the providers as requested to discuss the issues raised in the Inspection reports.
- Legal advice was sought in a small number of cases arising from the inspections to ensure accurate interpretation of the Regulations.
- Cases were referred to the Social Work Department where serious child protection concerns arose.
- In a minority of cases where providers did not address the recommendations of the inspection reports, the Unit held meetings with the providers and Child Care Management.

DIFFICULTIES AROSE DUE TO:

1. The Regulations and Explanatory Guide are not exacting enough for use in the inspection process and inspection criteria relates more to staff ratios and premises rather than the quality of care provided to the children.
2. In a small number of cases, inspections were made difficult when the Unit was faced with public hostility and pressure due to negative Inspection Reports.
3. The capacity of the inspections is considered to be undermined as the Unit must resort to the District Court in order to take any punitive measures. Such legal actions are considered to be both time and financially unnecessary.
4. Inspections are limited without the involvement of the parents in receiving systematic feedback on services their children attend.

PHASE 4: REVIEW**PROGRESS:**

- Each stage of the implementation process received on-going reviews by staff and management.
- An overall internal assessment of the Unit was undertaken at the end of the first year of implementation.
- Attention has been given to an external evaluation.

DIFFICULTIES AROSE DUE TO:

1. The absence of systematic views of parents and children is a limitation for the reviews to date.

It is important to note the context in which the Unit was established and that the period under review was very much a start-up phase. While the key structures were put in place to effectively meet the stated aims and requirements of the Unit, a number of issues emerged for resolution, which could not have been anticipated and were without precedence to follow. This undoubtedly affected the running and effectiveness of the Unit on occasions.

Furthermore, numerous reports have highlighted the issues facing parents, providers and policy makers in terms of the demand and provision of quality affordable pre-school services for children. These wide-ranging issues have influenced the environment, into which the Unit was working and to some extent exacerbated the dilemmas it faced. Such issues related to

1. the absence of regulations to date;
2. the lack of statutory funding and the resulting inadequate availability of affordable and accessible quality services;
3. the low level profit margins of providers without the benefits of paid holidays, sick leave, maternity or pension cover and the lack of financial resources to improve premises;
4. providers operating in the informal economy and fearing tax repercussions;
5. the increasing demand for quality services resulting from
 - the increased use of childcare as a form of family support by statutory and non-statutory agencies;
 - the changing patterns of the family structure and demographics;
 - the increasing numbers of women in the workforce, training and education.

It is within this context that the Unit faced the various and at times conflicting roles of

- (a) supervising services to ensure that the welfare and safety of children were secured and
- (b) supporting and encouraging providers in their valuable and frequently low paid work to ensure quality in the services they provided.

Despite the above mentioned constraints, the Unit, through extensive preliminary and on-going consultations with child care personnel, voluntary agencies and provider organisations, operated. Furthermore, the Unit was effective and to a large extent achieved an appropriate balance between inspection and support.

THE INSPECTION FINDINGS

The impact of the inspections on pre-schools in the Mid West region was viewed not only as being positive regarding the improvement of service provision generally, but also introduced opportunities by which providers and parents could interact directly with the Health Board on pre-school issues and needs.

In the course of its work, the Pre-school Services Unit found that there was a general demand for all types of pre-school provision and that the pre-school services in the Mid West region provide a valuable service to parents with babies and young children. The supply of high quality and affordable care was, however, limited. Parents continuously expressed their concerns in their

inability to source suitable care arrangements for their children. This was particularly stated where services were obliged to reduce child placement numbers in line with ratios of the Regulations and parents had to seek care arrangements elsewhere. It was also felt that the demand for services would continue to grow significantly and the issue would intensify as a serious social concern.

While the standard of care in a number of services inspected was seen to be of a high standard, the standard in services generally was considered to reach only a basic and satisfactory level. In most cases, providers were dedicated and caring people but with insufficient resources and low profit margins, were limited in their capacity to provide higher quality in their services. Although few concerns exist in terms of the safety and welfare of children in such services, minimum requirements were judged as being met and the majority of services made many improvements following inspections. Nevertheless, the Unit considers that with additional support, much more could be provided by services in terms of quality of care for children.

The future partnership between the Health Board and providers is thus seen as essential in order to continue to monitor the needs of and to support providers. Moreover, this partnership would ensure that the demands of the inspections do not become so great to drive providers out of service or into illegal arrangements with parents. The Unit therefore highlighted the importance of maintaining the balance between the formal inspection system and of support to providers.

Moreover, if the Unit is to become more extensively aware of the quality of care offered by providers, the partnership between inspectors and parents is also seen to be imperative. The Unit recognises that there is a need for regular feedback from parents, not just complaints, to assess services' provision. It is also considered essential that parents should be made aware of the limitations of the inspections and that they know that they themselves are the best inspectors of services for their children. Within this context, the Unit identified the need for systematic dissemination of information to parents on the needs of children and the criteria to use when choosing a service.

Finally, although considerable progress was seen to be made since the introduction of the inspections, the Unit also stresses that considerable further planning, reviews and development are required at all levels. The pre-school sector has been traditionally ignored by social policy and the inspections should be seen only as one step in redressing shortcomings in the sector.

RECOMMENDATIONS

The recommendations identified have been devised from a close analysis of the developments of the Unit and the difficulties to emerge in the course of the period under review. The emphasis is on highlighting recommendations that

are seen to be essential to improving the quality of care for pre-school children but also achievable and in line with the priorities and policy of the Mid Western Health Board.

Where possible, the recommendations incorporate the feedback received from the key stakeholders during the on-going reviews by the Unit.

A. General Provision

It is felt that more serious consideration should be given within national initiatives to the pre-school sector in terms of the impact that early childhood services has on the development of the child. It can be argued that at a time when state resources are limited, early childhood investments can be less costly than more expensive intervention services later in a child's life.

At present, State funding in Ireland for early childcare services is mainly limited to children in circumstances of disadvantage and to services within the education sector. It is felt that all children, regardless of area of residence or age, should enjoy equal treatment and opportunity by the state.

Moreover, within the context of anticipated increased development in the pre-school sector, additional supports and resources will be required at all levels in response to the increasing supply of services and demands of parents.

Recommendations:

- The pre-school sector has been traditionally under-funded with generally low profit margins. Many service providers with low financial returns, both in the private and voluntary sectors, are assisting parents in disadvantaged circumstances with the care of their children. In effect, such services offer a degree of informal subsidy to parents' child care costs. It is recommended that these costs should be covered in some way by national initiatives, particularly in dis-advantaged and rural areas.
- Direct financial benefit to parents, subsidised placements in services and tax free allowances for child care costs are issues which should be considered by the Government in order to assist parents in ensuring high quality care for their children.

B. The Staffing of the Pre-school Services Unit

In addition to the activities related to the notification and inspection process, the Pre-School Officer has extensive responsibilities relating to:

- Dealing with complaints.
- Facilitating sessions on Child Care Training Courses to clarify issues in relation to the Regulations.
- Reviewing research/ literature in relation to "Best Practices" within the Pre-School Sector.
- Representing the Unit on a Child Protection Interagency Training Project.

- Representing the Health Board in reviewing the current pre-school regulations.

Recommendations:

- It is recommended that a permanent senior administrative post be created to co-ordinate the inspection, administration and information responsibilities of the Unit. Furthermore, a permanent Inspection Team and relevant secretarial /administrative support staff within the Pre-school Services Unit are required. (Estimated budget: £250,000 p.a.)

C. Dissemination of Information

Section 56 (3) of the Child Care Act, 1991 states that “a health board shall make available to any interested person information on pre-school services in its area, whether provided by the Health Board or otherwise”.

The implementation of the Regulations created significant uncertainty and anxiety for many service providers. While a very structured information strategy was in place at the outset of the Pre-school Services, on-going advice and information will be required of the Unit to ensure that service providers receive the information they request and are continuously informed of all statutory obligations.

In tandem with the work of the Pre-school Services Unit, monitoring by parents of services is considered to be the most effective contribution to the improvement and delivery of quality services. However, it is widely reported that there is extensive use of informal methods by parents in sourcing childcare information services. From a recent study¹⁶, it is estimated that only 2% of parents receive information from Statutory sources. More precise and comprehensive data should be made available to parents to ensure that more informed judgements are made on their part in terms of their service choice and their on-going assessments of selected services.

Approximately 10 telephone calls are received by the Unit daily requesting information. Callers include not only providers and parents but also community groups, other statutory personnel, researchers etc. Requests relate to a range of topics including names of service providers in the region, legislation and standards. However, due to the inadequacies of the current database system, the Health Board may be seen to fall short of the duties imposed on it by the Child Care Act in its inability to provide comprehensive information and details on individual on pre-school services in its area.

Recommendations:

- A more extensive information service is required in order for the Health Board to meet its statutory obligations under Section 56 of the Child Care

¹⁶ O’Sullivan, M.:1998

Act, 1991. Additional administrative support and the development of an appropriate database within the Pre-school Services Unit are essential in order to provide a quality information service to parents and providers. (Estimated budget: £100,000 set-up costs.)

- Providers should be made aware of information and guidelines available from statutory bodies and national childcare organisations, particularly regarding issues such as nutrition, cot death, infectious disease, training courses, etc.
- While many childminders do not come within the remit of the Regulations, it is recommended that all childminders would be encouraged to avail of the information and advice services of the Pre-school Services Unit.

D. Training

In the course of Inspections undertaken by the Pre-school Services Unit, a number of key inadequacies were identified in terms of providers awareness and knowledge of critical child welfare issues. These related to diet, child protection, cot death prevention, child/staff relations, the identification of illness, developmental delay and failure to thrive.

The pre-school age is considered a crucial time in the child's life in terms of prevention and early intervention. Early identification of child welfare concerns may pre-empt more serious health, developmental and social problems later in the child's life.

The Regulations require a number of competent persons supervising pre-school children. However, there is no stipulation as to the educational or training of these persons unless they are the specific person *carrying on the services or giving notice under Section 51*.

Recommendations:

- Health board staff would appear to have the most expertise in child welfare concerns. It is recommended that the Department should consider the provision of training for service providers relating to child protection and welfare issues and that funding be allocated to the Health Board to undertake such training. (Estimated Budget £50,000)
- A review of child care training in general is required. There is a need for greater collaboration between the Departments of Health and Children, the Department of Education, the N.C.E.A. and other professional training authorities with a view to establishing an accredited training course.
- Further additional deliberation is required relating to the minimum qualifications of all staff who supervise children and who impact on their development.

E. Legislation and Regulations

The introduction of the Regulations was generally welcomed at all levels in the region. However, the Unit identified a number of serious limitations with their on-specific nature and with the accompanying Explanatory Guidelines.

Recommendations:

- While the 'Notification' system has operated successfully at a number of levels, it is recommended that a 'Registration' system would be more effective in terms of regulating services to ensure quality in services. It would also offer a means for 'Refusal to Register' and 'De-registration' which may be more efficient and less costly for health boards than legal resolutions.
- The strategy at national level to ensure uniformity between services in each health board requires further direction by the Department of Health and Children. It is recommended that the Department should become more involved in strengthening this process specifically regarding the Guide to Good Practice and in providing training packages for Inspection Teams in all the Health Boards.
- There are several difficulties regarding the interpretation of the Explanatory Guidelines, such as:
 - "Sound and stable structure" is unclear e.g. concerns exist regarding the use of mobile homes and prefabs, etc.
 - Space requirements are not specific for childminders. It is at the discretion of the Inspection Team.
 - Ventilation rates are not specified and clarification is required.
 - Childminders taking care of a "relative": a question exists regarding what constitutes a relative, as it is not defined in the legislation. Further clarification is required on terminology used in the Explanatory Guidelines. There are few specific criteria in which to make a judgement about whether a particular standard is being met.
- It is recommended that Section 58 of the Act, relating to exemptions, receive further consideration in order to ensure that the health, welfare and safety of all children are secured regardless of the type of service or numbers of children in the service.
- It is also recommended that pre-school services should be within the categories for which Environmental Health Officers have responsibilities by which they are empowered to gain entry to inspect premises.
- In the Explanatory Guidelines specific adult/child ratios are set out for Full Day Care and Sessional Services. However, childminders can look after up to 6 children yet they do not require a second adult on the premises. In addition a childminder can look after 3 children under 1 year plus 3 more pre-school children again without a second adult.

The ratio for a Full Day Care service, which is essentially what a childminder is providing, has a recommended ratio of 1 adult to 3 children under 1 year of age. Furthermore a pre-school leader in a sessional service with 6 children requires a second adult on the premises. The child /adult ratios has become a contentious issue for small home-based childminders and providers of sessional services and requires further attention and resolution.

F. Special Services

Although there are a number of pre-school services specifically designed to cater exclusively for children with special needs or special interests, it is also the case that the general non-specialist pre-school service accommodates these children.

Recommendations:

- It is recommended that in the event of pre-school services catering for children with special needs, the Inspection team should be assisted in their appraisals by having an appropriate assessment tool which would be developed through a consultative process involving parents, psychologists, paediatricians, special service providers, etc.
- It is recommended that inspections should be conducted and inspection reports written through Irish for those pre-school services operating through the medium of Irish.

G. Service Providers

The most common deficiencies in the pre-school services as identified by the Inspection Teams are as follow:

- The adult/child ratio and space requirements.
- The non-availability of a second person in premises.
- The absence of a structured programme of care for the children.
- Insufficient and inappropriate play and rest facilities and equipment.
- Hygiene standards and inadequate sanitary accommodation.
- Weak record keeping practices.
- Deficient safety and security measures.

Recommendations:

The following are recommendations, which are directed to service providers generally in light of the above deficiencies:

- Additional staff should be recruited to ensure staff ratios are complied with or the number of children catered for should be reduced. Providers should acknowledge that special care is required for 0-1 year olds.

- All staff working in pre-school services should aim to have child care training that is recognised by national provider organisations and statutory agencies.
- There should be more interactive and organised activities in programmes of pre-school services.
- Providers should recognise the importance of a well balanced diet and that greater attention be given to sanitary requirements.
- Providers should adhere to the guidelines as outlined by the Cot Death Association.
- Providers should seek and lobby for funding in order to upgrade their services to a safe and quality standard.

THE PRE-SCHOOL SERVICES UNIT 1999-2000

Finally, from the findings of this review it is envisaged that the structures, systems and procedures established by the Pre-school Services Unit will proceed to develop and evolve in line with the Health Board's statutory obligations towards pre-school children. The evaluation of the service will also continue on an on-going basis to ensure that all efforts are made for an efficient and effective service delivery. For this purpose and in light of an anticipated increase in the pre-school sector, feedback from all stakeholders will remain instrumental in ensuring that the service will be responsive to the changing needs of all concerned.

Irrespective of any major changes in the current pre-school provision, the following performance indicators reflect the minimum anticipated developments by the Pre-school Services Unit as part of the Unit's strategy for 1999-2000.

PRE-SCHOOL SERVICES PERFORMANCE INDICATORS 1999-2000

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| INSPECTIONS | <ul style="list-style-type: none"> • Each service that notifies the Health Board will be inspected within three months of receipt of the notification. • A final report will be issued to a pre-school service within one month of the inspection taking place. |
| INFORMATION | <ul style="list-style-type: none"> • There will be a comprehensive up-to-date list of pre-school services available for each Community Care Area in the Mid West region. • Information leaflets on pre-school care will be distributed twice yearly. |
| SERVICE REVIEW | <ul style="list-style-type: none"> • An Annual Report of the developments of the Pre-school Services Unit will be produced at the end of each calendar year. |