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Her Majesty's Inspectorate of Education (HMIE) and the Care Commission

Report on the Integrated Inspection of Early Education and Childcare Services in Scotland

April 2003–June 2005



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Foreword

This report provides an evaluation of the effectiveness of the integrated inspection arrangements put in place by the Care Commission and Her Majesty's Inspectorate of Education (HMIE) to evaluate the quality of early years' day care and education services. It is based on the first round of inspections of these services which were carried out between April 2003 and June 2005.

The quality of the care provided in these services was evaluated against National Care Standards for Early Education and Childcare up to the Age of 16 and the education provision was evaluated against Quality Indicators contained in The Child at the Centre.

It is pleasing to note that inspection findings show that, overall, the quality of provision in Scotland is of a good standard although there are important areas for development set out in the report. It is equally pleasing that the joint inspection process is generally highly regarded. Again, however, a number of areas for development were identified and a number of these are already being acted upon.

The challenge for providers is to show continuous improvement in their quality of provision. The challenge for the Care Commission and HMIE is to move towards a more proportionate, targeted approach to inspection which recognises the strengths within the sector and focuses on providing more support where it is needed most.



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1. Introduction

1.1 This report has four main purposes:

- to provide an evaluation of the effectiveness of the arrangements for integrated inspection of early education and childcare services during their first two years of operation
- to provide an overview of the quality and standards of educational and care provision which these first two years of integrated inspection have revealed, and by so doing establish a baseline against which further improvement can be measured
- to evaluate the extent to which the new integrated inspection process is having impact in terms of driving improvement in the quality of services
- to provide conclusions and recommendations which can inform the development of the longer-term framework for integrated inspection arrangements, which are intended to be introduced beyond the initial three-year period.

1.2 The evidence for the report has been gathered from various sources.

These include:

- an external review commissioned from Market Research UK (mruk), a firm of independent research consultants, that gathered the views of parents and carers¹, care service managers and a range of other stakeholders
- analysis of evidence from the 1490 integrated inspection visits undertaken by HM Inspectorate of Education (HMIE) and the Care Commission
- analysis of requirements made between April 2004 and 31 March 2005
- analysis of the views of 30 HM Inspectors (HMIs), 12 Associate Assessors (AAs) and 103 Care Commission Officers (CCOs) involved in the inspection process.

¹ The term parent will be used to refer to both parents and carers in the rest of the document.

2. Background

2.1 In April 2002, the Regulation of Care (Scotland) Act 2001 (the Act) established the Care Commission whose responsibilities included regulating a broad range of care services in Scotland, including daycare of children services. Recognising the close linkages between the provision of education and care in these services, section 26 of the Act stipulated that the Care Commission and HMIE were to collaborate in the inspection of these services.

2.2 In 2001, there were some 4500 day care of children services for children in total. Of these, around 2400 were funded to provide pre-school education for 3 to 5 year olds.

2.3 A three-year integrated programme of inspection was established in 2003 to cover this sub-group of around 2400 services which provided both education and care services. All of these centres were already subject to HMIE inspections prior to the establishment of the Care Commission. The voluntary and private settings had also been regulated and inspected by local authorities with regard to the quality of care. Services run by local authorities, however, had not previously been subject to regulation of their care provision in this way.

The arrangements established in 2003 apply to the following services:

- local authority nursery schools, nursery classes and day nurseries
- private day nurseries which receive funding through partnerships with their local authority to provide pre-school education
- playgroups and other voluntary centres which are funded in partnership with their local authority to provide pre-school education
- independent school nursery classes.

2.4 The aims of the integrated programme of inspections are:

- to ensure that national expectations of quality of care and education are implemented in line with regulations, national care standards and indicators of quality for early education and childcare; and
- to promote improvement in the quality of both education and care.

2.5 Planning of inspections was based on ensuring that each service experienced three inspections over the three years, one conducted jointly by both HMIE and the Care Commission and two by the Care Commission on their own.

2.6 Throughout this paper, the inspections carried out by the Care Commission alone will be referred to as singleton inspections whereas those which were conducted jointly by the Care Commission and HMIE together will be referred to as joint inspections.

2.7 Taken as a complete package, the three inspections experienced by each service (two singleton inspections and one joint inspection) constituted an integrated approach which covered all 14 National Care Standards over the course of the three inspections. In the joint inspection, related HMIE quality indicators were used as well as care standards. These are set out in chapter 4. In addition, regulations applying to providers of registered day care services were considered at each inspection.

2.8 The integrated inspection programme started at the end of April 2003. 2400 centres were identified as qualifying for an inspection through the integrated approach. By the end of June 2005, 1400 of these services had been inspected. The balance of these services was planned to be completed by the end of April 2006. However, from the current pre-school census data of centres providing pre-school education, an additional number of around 400 centres are now also known to qualify for inspection. In many cases these are new centres or centres which did not qualify in 2003, but do so now as a result of changes to the provision that they are making. An integrated inspection of these centres has been planned for 2006–07. These centres have, of course, received annual ‘singleton’ inspections by the Care Commission, under the normal arrangements for centres which do not qualify for the integrated inspection programme.

2.9 The number of joint inspections already undertaken has been a significant achievement by the two organisations. Working together to establish a ‘joined-up’ approach to children’s services has already achieved benefits through reducing some of the overlapping data requirements that separate inspections previously entailed.

3. Effectiveness of the integrated inspection process

3.1 Management of inspection arrangements

- 3.1.1 The Care Commission has administered singleton inspections, undertaken as part of the integrated inspection approach, through its normal arrangements. CCOs have an assigned caseload and Care Commission inspections are planned on an annual basis. The Care Commission is required by law to inspect day care services at least once within 12 months of the previous inspection. Before the start of the financial year, those services that will be inspected in a particular quarterly period are identified. This early planning allows CCOs to also plan inspections of other care services outwith day care for children. Flexibility is also needed because CCOs may be required, as a priority, to investigate serious complaints about the care of service users and may therefore not be available for inspection.
- 3.1.2 An administrative unit, the Integrated Inspection Unit (IIU), created and managed by HMIE, was set up in January 2003 to co-ordinate and support the joint inspections of pre-school centres. Staffing levels in IIU have increased considerably to cope with the volume of inspections undertaken. The team in the unit works closely with the HMIE inspection planning team (IPT) where two full-time staff are dedicated to planning this programme. Both of these teams link closely with Care Commission managers to agree dates of inspections, and the CCOs and HMIE Associate Assessors (AAs) or HMI Inspectors who will jointly inspect each centre. This major undertaking has presented challenges as each organisation also undertakes other extensive programmes of inspection.
- 3.1.3 The evidence suggests that this centralisation of the administration of joint inspections has worked very well overall. Evaluations from providers of services have been positive about the administration and contacts with IIU with over 90% expressing satisfaction.
- 3.1.4 However, joint planning has also had some difficulties. For example, on occasion, the same centre has had a singleton and joint inspection planned at or around the same time. We will need to consider how to manage better to ensure this overlap of potential inspections does not take place.

3.2 Recruitment and deployment of staff for joint inspections

- 3.2.1 The increased scale of the integrated inspection programme over the previous programme of pre-school inspections by HMIE required a substantial expansion of the HMIE inspection team beyond those inspectors who had previously been trained to inspect in pre-school centres. HMIE achieved this expansion through the secondment of expert AAs from senior management positions in pre-school in education authorities. The HMIE team of 12 to 13 full-time seconded AAs has worked very effectively to deliver most of the inspections with around 120 Care Commission Officer colleagues. In addition, HM Inspectors continue to undertake around 10% of these inspections each year with Care Commission colleagues.
- 3.2.2 Care Commission coordinators liaise with the IIU in arranging joint inspection dates and they identify CCOs who are to be scheduled to work on the inspection. CCOs involved in the joint inspection also have previous managerial experience and significant expertise in care and regulation, predominantly in childcare and early education settings. They are located in geographical teams. They plan their workload to accommodate services that are subject to the joint inspection process as well as the other care services that they are due to inspect. CCOs' responsibilities are not limited to inspections as they are also required to cover all regulatory (Registration, Inspection, Complaints Investigation & Enforcement action) activities in their areas.

3.3 Training and support for inspection teams

- 3.3.1 An intensive programme of training has been developed for joint inspections from the start of the integrated arrangements. Training has been given to HMIE and Care Commission staff both separately and jointly. New colleagues to both organisations receive induction training before taking part in joint staff development.
- 3.3.2 For newly seconded AAs, a period of two weeks is set aside at the beginning of their secondment for an intensive programme to introduce them to HMIE and the integrated inspection process. The team of specialist HM Inspectors, led by the lead inspectors and national specialists for early education, carries out the training on the processes of inspection and report writing, and then mentors them during their first

inspections. In addition, regular meetings are held to update AAs and gather views on areas for further development. One-to-one support is given to address individual needs, for example the development of report writing skills.

3.3.3 CCOs undergo induction training upon joining the Care Commission and continual training on Better Regulation which includes training on the regulation of early years' services. All CCOs must successfully complete a formal learning and development programme, the Regulation of Care Award, in order to be registered with the Scottish Social Services Council.

3.3.4 A training programme has also been developed to ensure that there are regular joint training events, in which HMI, AAs and CCOs who inspect early education and childcare provision participate together. Some 150 CCOs and all of the AAs have attended joint training events of this sort. This training has included a series of seminars on particular themes, such as working together, evaluation, report writing and editing.

3.4 Inspectors' views of the integrated inspection process

3.4.1 Staff from both organisations, who were involved in the joint inspections, were invited to take part in an anonymous survey in which they were asked to complete a questionnaire on the joint inspection process. The questionnaire covered the areas of inspection scheduling, working together, report writing and the value of the integrated inspection process. The response rate was around 80% for both groups of staff.

3.4.2 Overall, feedback from both sets of staff has been very positive. The following table shows common areas of particularly high satisfaction.

Percentage of staff who responded 'Agree/ Strongly Agree'	% Care Commission staff	% HMIE staff
	n = 103	n = 30
The work (planning by the inspecting team, evidence gathering, feedback and report writing/ completion) for integrated inspections is shared appropriately between Care Commission and HMIE staff.	91	82
I was able to agree the evaluation of the service with my inspecting colleague prior to giving the feedback.	96	100
The feedback to the service provider during the inspection focused on both the educational and social aspects of care in an integrated manner.	82	97
During the feedback I felt supported by my inspecting colleague.	94	94
I felt that my contribution to the integrated inspection was valued by my inspecting colleague.	93	100
The final integrated inspection reports identify the strengths and areas of development which will impact on improvement for children.	90	97

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- 3.4.3 Whilst the feedback from staff was generally positive, there were areas where inspectors were less content, particularly amongst the CCO group.
- 3.4.4 Additional on-going training was identified as an issue. Only 35% of Care Commission staff 'agreed/strongly agreed' that the preparatory training was satisfactory. Since the survey, refresher training has been provided for CCOs.
- 3.4.5 With regard to the report drafting process, 41% of Care Commission staff and 10% of HMIE staff believed that the process for jointly editing inspection reports could be improved, for example, through better consultation on changes. Differences in editing processes between the organisations were highlighted.
- 3.4.6 The scheduling of inspections, especially where dates need to be changed at short notice, was also an issue in some cases. This needs to be looked at by both organisations with a view to minimising the need for very late changes.
- 3.4.7 The reality of working jointly on inspections has altered the perceptions of both AAs and CCOs, and created many very good examples of effective teamwork. Both AAs & CCOs have commented on the wider perspective brought to the inspection process and on the personal development opportunities provided by working with well informed and able colleagues from the co-inspecting organisation.

3.5 mruk survey of stakeholders' views about the integrated inspection process

- 3.5.1 As indicated earlier, the Care Commission and HMIE commissioned a firm of research consultants, mruk, to carry out an independent analysis of stakeholders' views of the integrated inspection process. The evaluation was based on the perceptions of three key stakeholder groups: parents, providers, local authorities and other carer and provider organisations.
- 3.5.2 The following sections incorporate the main findings of the mruk research exercise. The full report from mruk to HMIE and the Care Commission is available separately. It can be found on www.carecommission.com and on www.hmie.gov.uk

3.5.3 Views were gathered via a combination of the following.

- 160 questionnaires completed by parents and carers
- 370 postal survey forms completed by managers of childcare services
- 51 in-depth interviews with a mix of other stakeholders, including 45 local authority employees.

3.6 The views of parents and carers

3.6.1 Parents' perceptions of the inspection process were generally very positive. The awareness of the inspection taking place was high (91%) and the inspection itself was seen as important (93%).

3.6.2 Parents generally felt happy in relation to their access to information about the inspection. Most respondents had either been given a copy of the inspection report (79%), or knew they could access it in the centre (34%). Only a small minority of parents wanted to be more involved in the next inspection of their child's centre (13%). However, there was a high level of interest in being able to fill in a questionnaire about the centre (87%). At present, all parents of children attending centres that had an integrated inspection would have had a questionnaire. Where a centre had a singleton inspection, a sample of parents would have had a questionnaire. 74% of parents wanted to have the opportunity to submit comments to the inspection team. Although the current report format is brief, there was interest in a summary being available (75%).

3.6.3 There was a desire among all parents for information to be provided to them after the inspection. A high proportion of respondents did not think centres should be given advance warning before an inspection took place (65%).

3.7 The views of the providers and managers of centres

3.7.1 Comments from providers were based on questionnaires which had been sent to heads of centres by IJU as part of the integrated inspection process and questionnaires sent by mruk to those centres which had received a singleton inspection only.

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- 3.7.2 The pre-notification procedures were considered to work very well overall. Telephone contact with providers prior to the inspection was found to be helpful in almost all cases (93%), but some evidence showed telephone contact was not happening in a minority of singleton inspections.
 - 3.7.3 Written pre-inspection information and the necessary forms to be completed were felt to be clear (97%) and most managers were also satisfied with the level of demand upon their staff (83%).
 - 3.7.4 Significantly, most providers thought the inspection methods and procedures used were suitable in the one day visit (81%). Only a minority of respondents were dissatisfied with the range of services being inspected.
 - 3.7.5 The quality of feedback was rated highly across most of the inspections (85%) and respondents were positive about the efficiency and helpfulness of the process (87%).

3.8 The views of local authorities and other provider organisations

- 3.8.1 This target group included directors of education (or others at a strategic level) and quality improvement officers (or similar) from local authorities, as well as a number of umbrella organisations supporting pre-school centres. The questions were asked by mruk who reported on a qualitative basis.
- 3.8.2 The local authority and umbrella organisations were fairly consistent in their views regarding the key benefits of the new integrated inspection process. The inspections were perceived to raise the status of the early years' sector, increase the emphasis on care and generally contribute towards consistency in both education and care provision. For the first time, it was felt that the early years' sectors were being evaluated in relation to the whole child.
- 3.8.3 A majority of respondents thought standards had already risen in an on-going cycle of improvement.
- 3.8.4 The inspections were seen to be encouraging services to work towards consistency which was a significant challenge in this sector. The

inspections provided a framework for all centres to work towards. The independence of the inspections was commonly believed to help local authorities push forward improvements in services operated by partner providers.

- 3.8.5 Inconsistency in approach by both Care Commission and HMIE inspectors was felt to be an issue, although most criticism was aimed at the former. In addition, there were perceived inconsistencies regarding reporting styles in terms of recommendations made, and the aspects commented upon during inspections.
- 3.8.6 The frequency of inspection was a significant issue, with the majority of the opinion that there were simply too many inspections. It was felt that the current timetables of integrated and singleton inspections were placing centres and local authority staff under pressure, and the suggestion was made that a more proportionate, less frequent approach, according to need, could help to alleviate this.
- 3.8.7 Finally, there was a need identified for improved cohesion and 'integration' in the approaches of HMIE and the Care Commission. This perceived lack of consistency was not felt surprising, given the two organisations' different cultures, priorities and goals. As the two organisations worked together, it was expected and desired that they would work increasingly closely rather than in parallel.

4. Standards and quality of provision in the centres inspected

4.1 Quality of education and care

4.1.1 For the three-year period, the following National Care Standards and related Quality Indicators were used to evaluate the quality of care and education during integrated inspections.

National Care Standards, Early Education and Childcare up to the age of 16	Child at the Centre Quality Indicators headings
Std 2 – A Safe Environment	Resources
Std 4 – Engaging With Children	Development & Learning Through Play
Std 5 – Quality of Experience	Curriculum Children’s Development & Learning
Std 6 – Support & Development	Support for Children & Families
Std 14 – Well Managed Service	Management, Leadership & Quality Assurance

Other standards from the ‘Early Education & Childcare up to Age 16’ booklet were used where the Care Commission conducted singleton inspections during this period. This provided coverage of all 14 standards in these centres over the three-year period.

Regulations applying to providers of registered day care services were considered at each inspection.

4.1.2 A statistical analysis of the pattern of evaluations, made for the quality of education and care has been made. We compared the data for five types of pre-school service.

NC	= local authority nursery classes
NS	= local authority nursery schools or centres
Indep.	= nursery classes in independent schools
Private	= pre-school services in the private sector
Voluntary	= pre-school services in the voluntary sector.

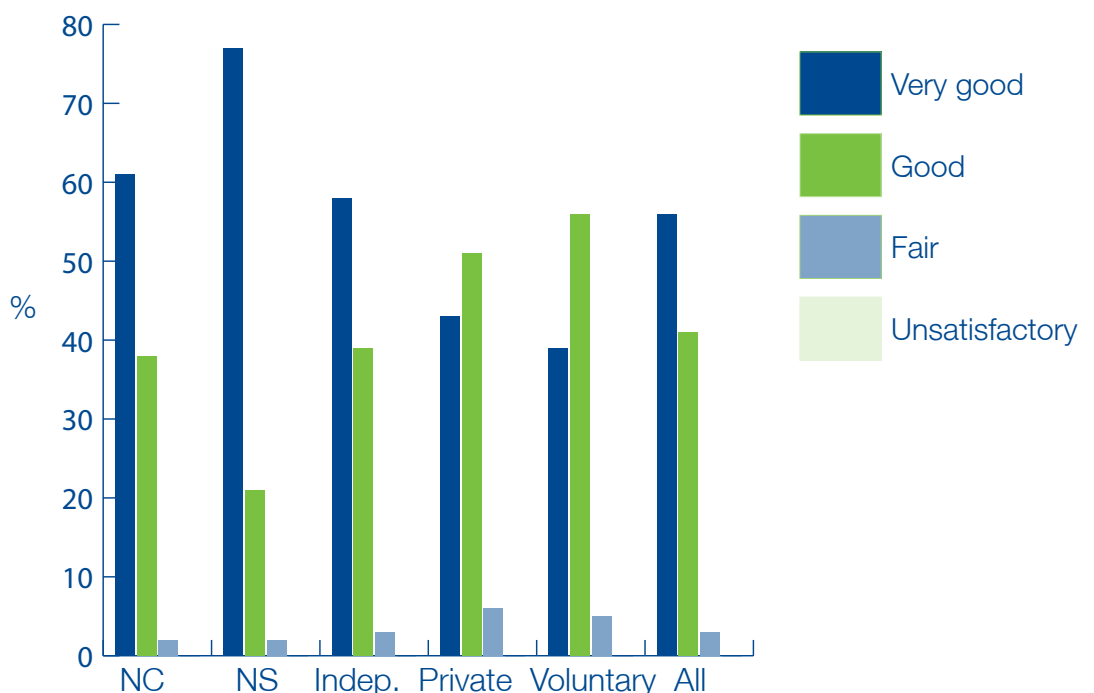
4.1.3. This analysis by type of provision indicates some notable differences in quality between types of provision. Overall, local authority nursery schools consistently achieved well above the average with very good performance ratings in all areas, whilst local authority nursery classes and independent school nursery classes were also generally rated relatively highly. Provision managed by private and voluntary providers, on the other hand, tended more often to appear at the weaker end of provision.

Aspects of the Curriculum and Children’s Development and Learning/Quality of Experience

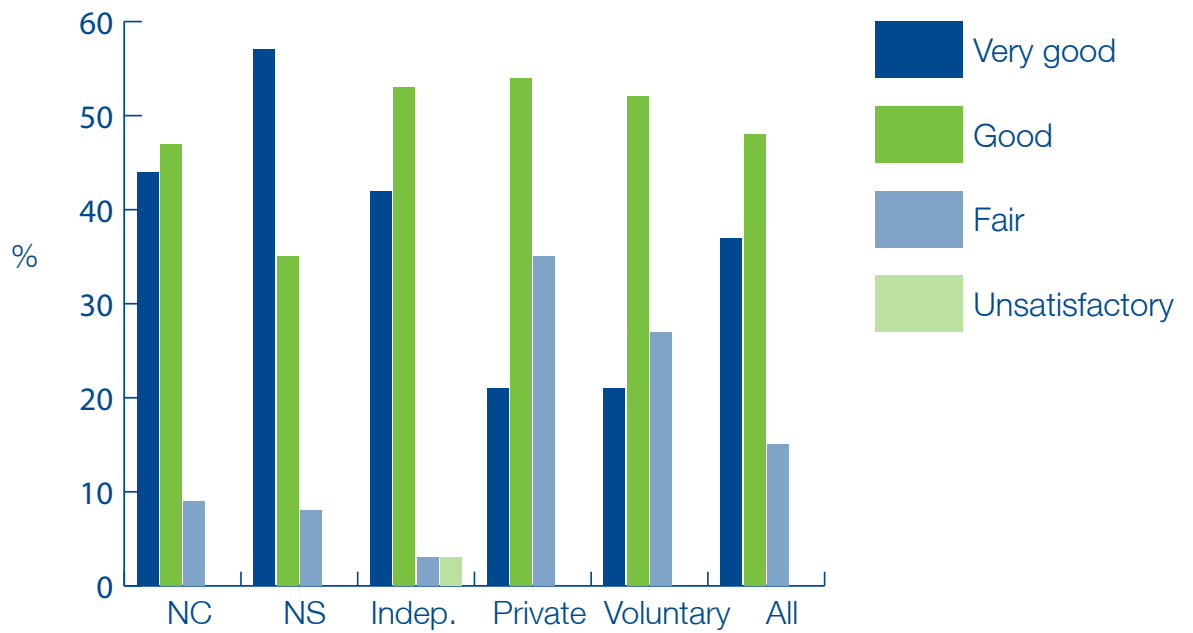
4.1.4 Across all sectors, the evaluations indicate that in over 84% of all centres curriculum programmes were of high quality (good or very good) overall. In local authority nursery classes and schools and independent school nursery classes, evaluations were consistently of high quality across all programme areas.

In the following tables we show the evaluations for the different types of provision against a four-point scale of very good, good, fair and unsatisfactory.

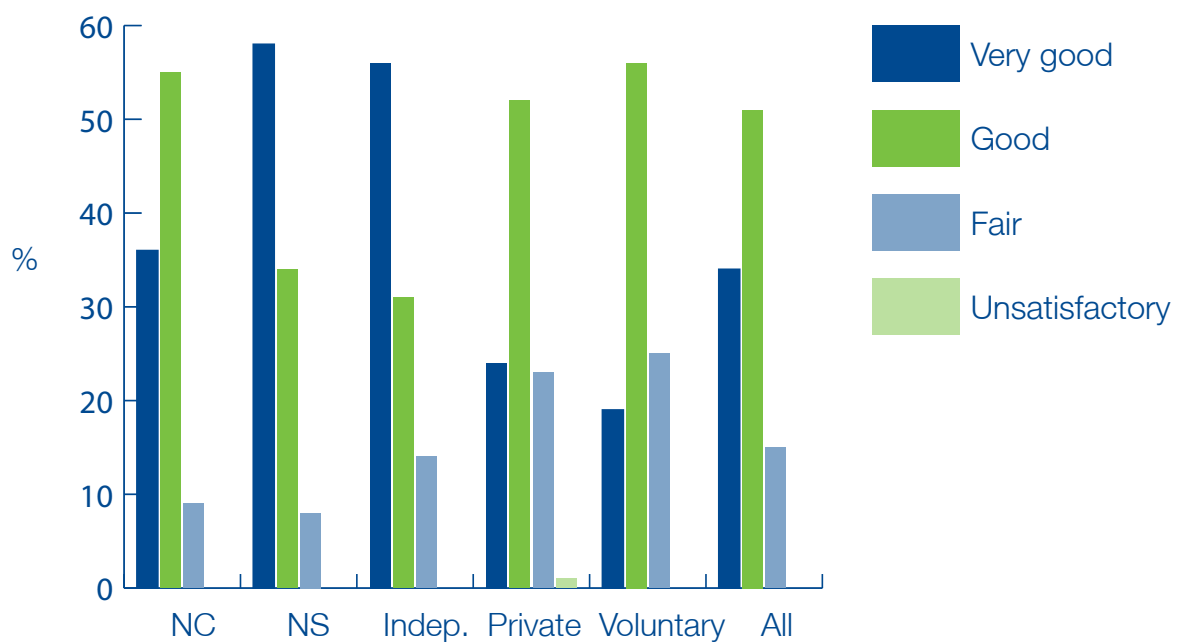
Emotional, personal and social development evaluations, 2003–2005



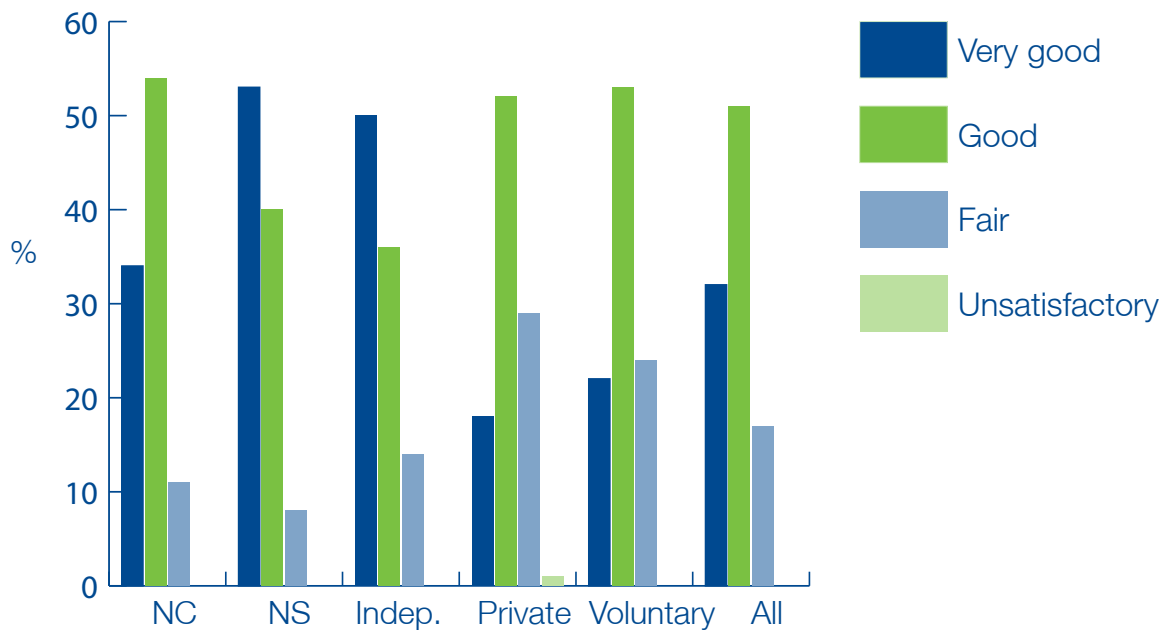
Communication and language evaluations, 2003–2005



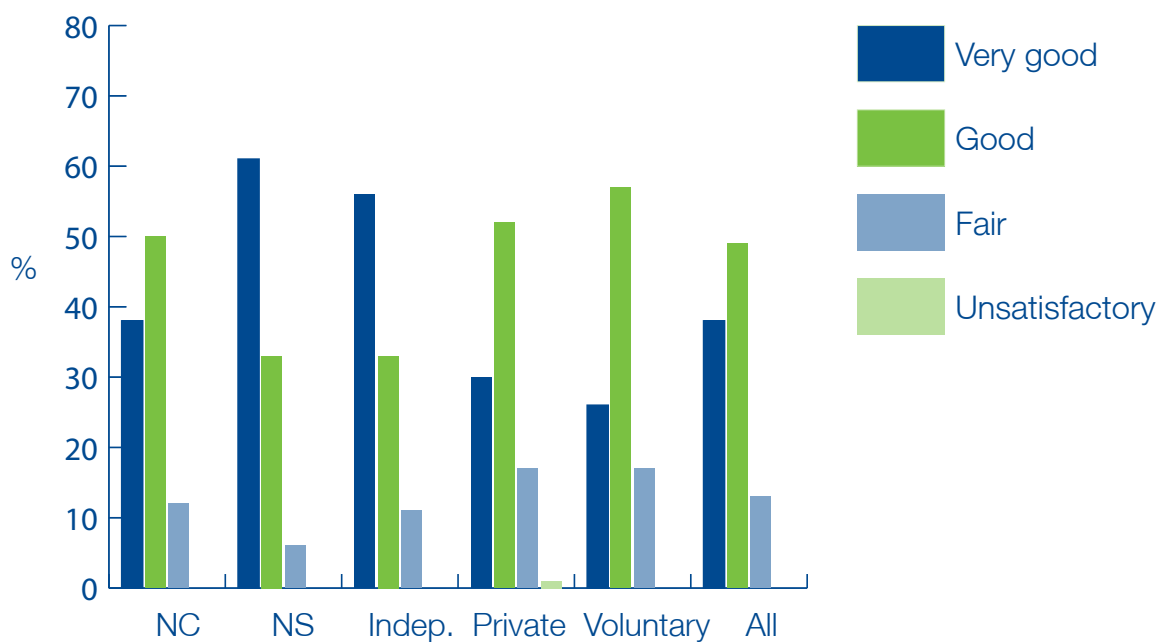
Knowledge and understanding of the world evaluations, 2003–2005



Expressive and aesthetic development evaluations, 2003–2005



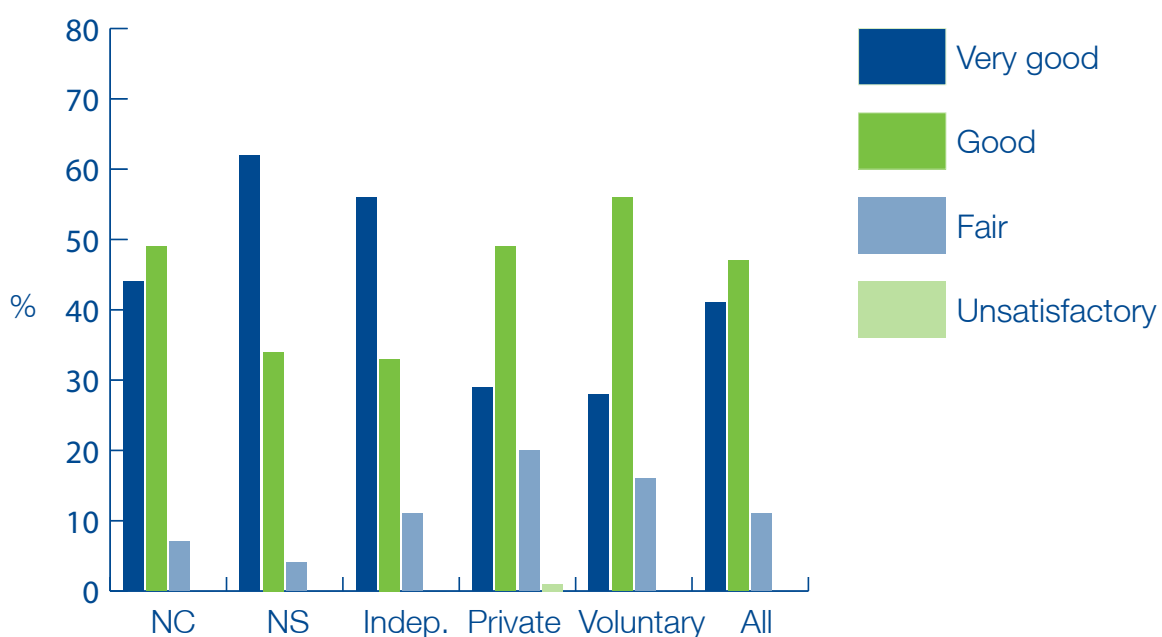
Physical development and movement evaluations, 2003–2005



Engaging with Children/Development and Learning through Play

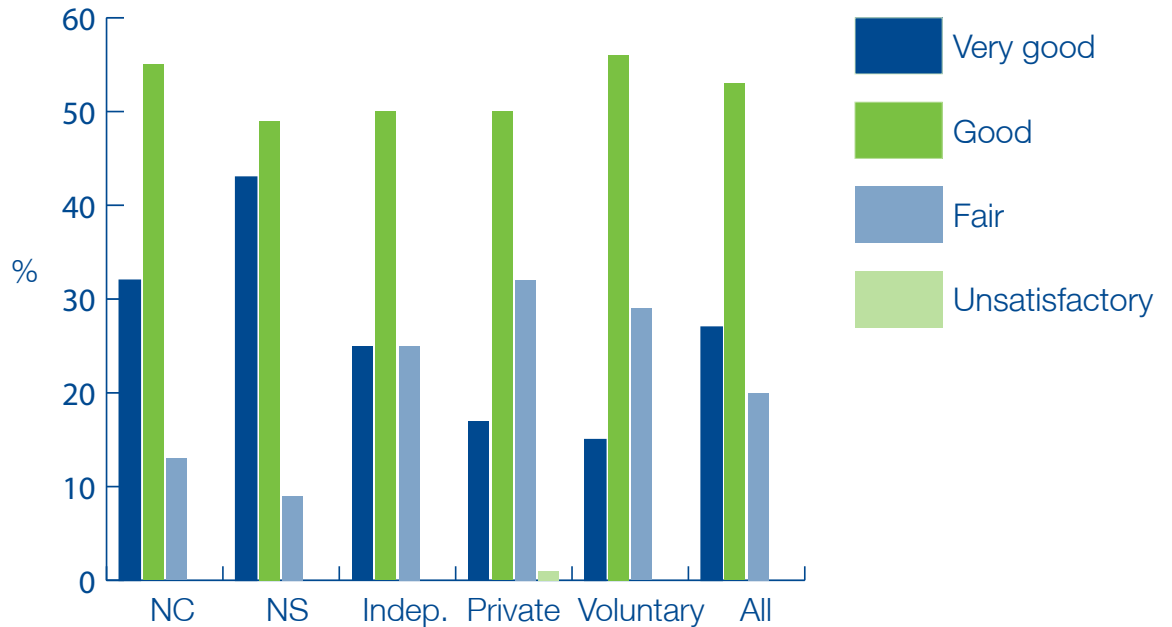
4.1.5 Overall, 89% of all establishments were evaluated as very good or good in terms of the quality of staff/child interaction. The very good rating was awarded in less than half of the centres inspected. Where the interaction was only fair, it was having a significant, adverse impact on the quality of children's learning and the relationships within centres. This is an important area for continuing development.

Staff/child interaction evaluations, 2003–2005



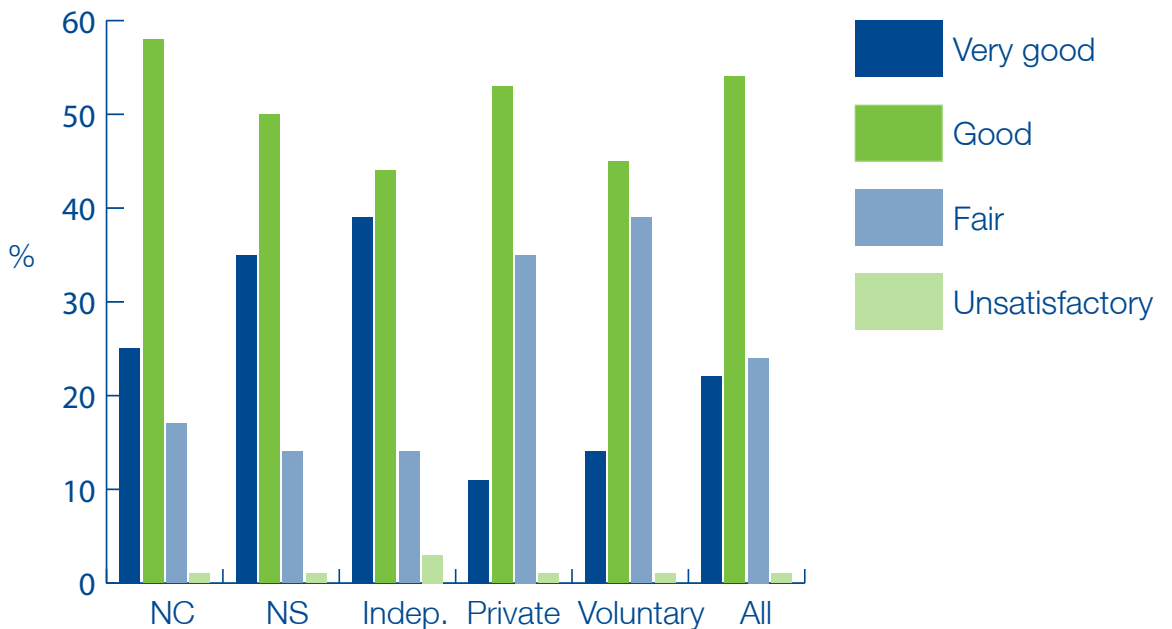
4.1.6 Across all centres, 81% were found to be good or very good at meeting children's needs, leaving almost a fifth of centres which were not addressing this aspect well. Reports regularly note the need to improve 'pace and challenge'; 'support and extend children's learning'; 'provide greater stimulation'; and 'provide a broader range of more interesting activities for all children'.

Meeting needs evaluations, 2003–2005



4.1.7 Across all types of provision, assessment, record-keeping and reporting was the weakest area of performance. The overall rating of 25% of centres having fair or unsatisfactory indicates that this should be an important area for development within the sector. Weaker performance amongst private and voluntary providers was particularly evident here.

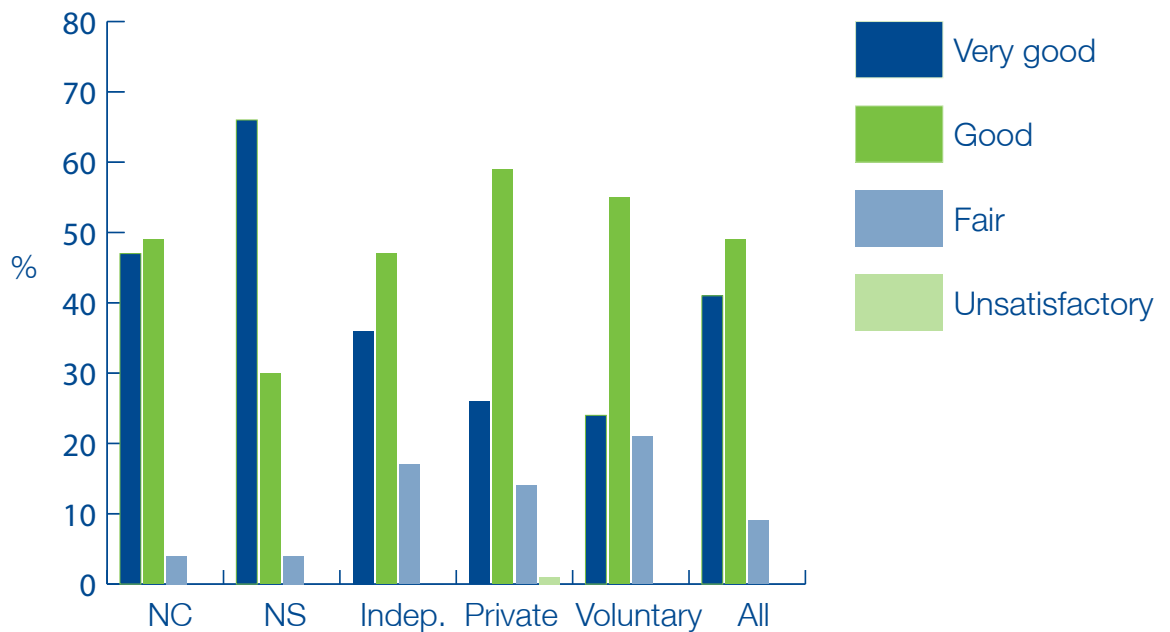
Assessment, keeping records and reporting evaluations, 2003–2005



Support for Children and Families/Support and Development

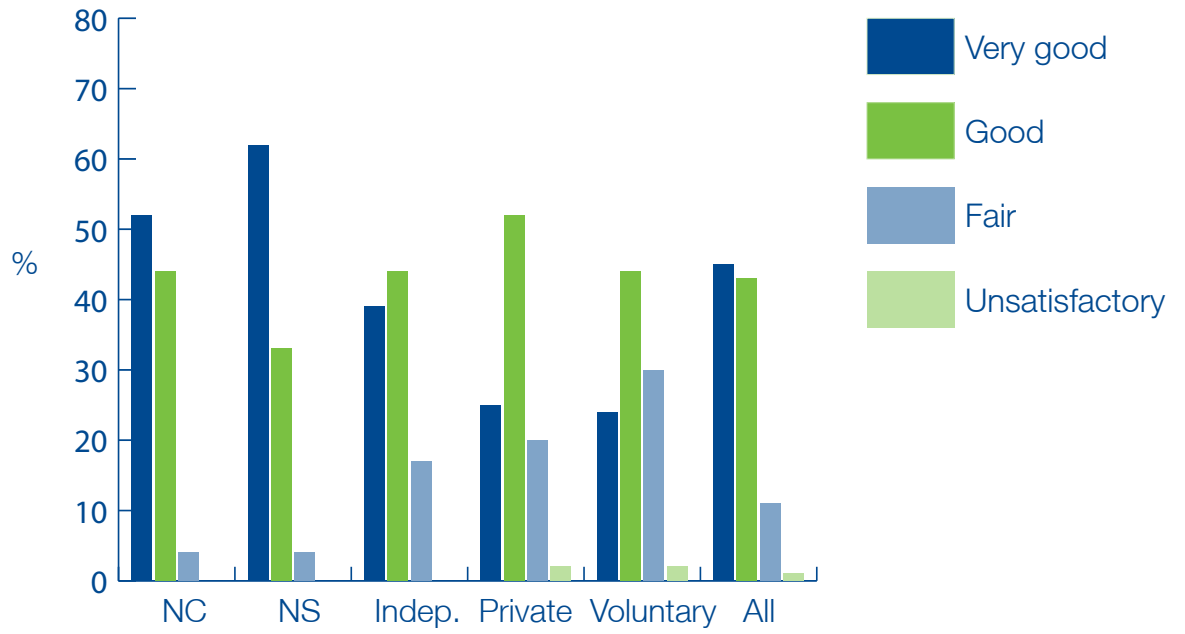
4.1.8 The good and very good ratings indicate that 90% of all centres provided effective support for children, individually and through their families. The better performance of local authority schools and classes is partly a result of stronger links with other local authority agencies and better access to support, such as outreach programmes for families.

Support for development and learning evaluations, 2003–2005



4.1.9 Support for children with additional support needs was mostly positive, with 88% of centres being rated as good or very good overall. In centres where provision was fair or unsatisfactory, much more work is needed to support staff in developing their skills to identify children requiring additional help and knowing when and where to access specialist help.

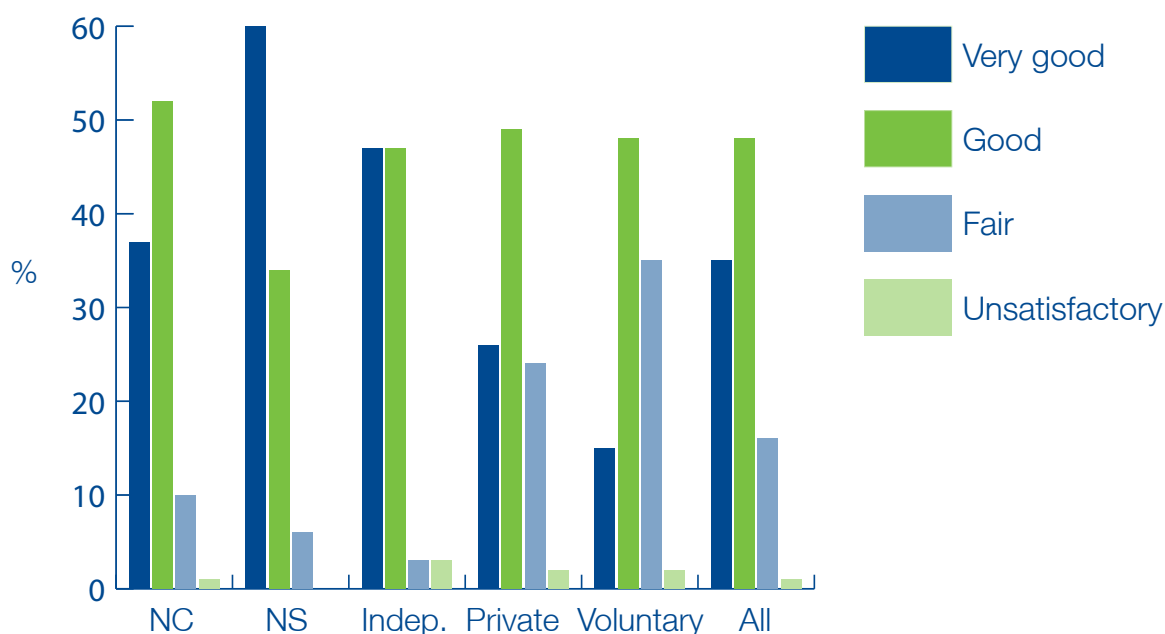
Support for children with additional needs evaluations, 2003–2005



Well Managed Service/Management, Leadership and Quality Assurance

4.1.10 Effective leadership is a key factor in ensuring high quality services in early education. Where this is evident, leaders play a significant role in ensuring high quality learning experiences for children, developing very positive relationships with parents and recognising the value of effective staff teamwork. There is a clear link between the evaluation made of leadership and the rating that other areas of service receive. Measures to improve management and leadership skills need to be focused where service quality is weakest.

Effectiveness of leadership evaluations, 2003–2005



4.2 Compliance with Care Regulations

4.2.1 None of the centres inspected jointly between 1 April 2004 and 31 March 2005 were subject to formal legal enforcement action, although many have had requirements made to comply with regulations.

4.2.2 A requirement is a statement which sets out what is legally required of a service provider to comply with legislation, usually to be enacted within a set time. Failure to comply with a requirement may result in formal legal

sanctions being taken against a service provider. In each case where a requirement is made, the service provider is expected to produce an action plan to address the requirement. Action taken by the provider is followed up. This might happen during subsequent inspections or at an earlier date. The following is a summary of the requirements made during integrated inspections of pre-school services in Scotland between 1 April 2004 and 31 March 2005.

- 4.2.3 Of the 852 services for which the Integrated Inspection report for 2004-05 was available, 189 (22%) services had requirements noted in the inspection report. In total, 316 requirements were made. During the previous inspection year, the Care Commission conducted an inspection of each of these services as a single regulator. A total of 205 requirements were made of these services during these singleton inspections. Of these, 167 had been actioned prior to the next inspection as evidenced in the 2004-05 integrated inspection report. This shows significant follow-through between the previous singleton inspection and the subsequent integrated inspection. This confirms service improvement with regard to the regulations. Nevertheless, a further 316 requirements were made as a result of the integrated inspections in 2004-05. These requirements related to the core standards inspected in that year, which included consideration of accommodation and staffing.
- 4.2.4 Requirements reflect real concerns about the quality of care and supervision of children, not just the absence of a policy or procedure. Requirements were made across all sectors, including local authority services. These services first became subject to regulation in 2003, while private and voluntary service providers had been regulated for a number of years prior to that date.

	Local Authority*		Private*		Voluntary*		Total*
	Require- ments made	Services **	Require- ments made	Services **	Require- ments made	Services **	Require- ments made
Health and welfare of young people	60	51	12	9	7	7	79
Fitness of premises	57	42	4	4	14	11	75
Staffing	12	12	3	3	2	2	17
Infection control	11	11	2	2	2	2	15
Other	68	52	36	25	26	18	130

* Source: Practice Management System (PMS) Care Commission's database
21 September 2005

** these figures represent the total number of **different** services in which at least one requirement has been made.

NB: from the sample of 852 jointly inspected services – 618 were local authority; 123 were private and 109 were voluntary.

For two services there was no information regarding the service sector. Neither of these services had any requirements made during integrated inspections in 2004–05.

- 25% were due to concerns about provisions for the health and welfare of young people. These concerns included a lack of security in some premises, commonly with regard to safety and security in outdoor play areas. Safety of the children and young people specifically with regard to access to hot radiators, hot food and hot water was also commonly of concern. Inadequacies in risk assessment and lack of child protection policies were also frequently noted.
- 5% related to levels of staffing. The Act indicates that service providers shall at all times ensure that suitably qualified and competent persons are working in the care service in such numbers that are appropriate for the health and welfare of the children and young people. All requirements which were made

in relation to this were to do with maintaining adequate staffing levels and the adult-to-child ratio at all times.

- 3% were in relation to a lack of appropriate procedures for the control of infection and the management of clinical waste. The most common concerns included a lack of any clear written policy on infection control, access to hand washing facilities, provision of adequate nappy changing facilities and a lack of appropriate food storage facilities.

5. The impact of the integrated inspection process in promoting improvement

- 5.1 The research work undertaken by mruk indicated that most parents were generally very positive about their child's pre-school centre before an inspection occurred. As a consequence, it is not surprising that mruk also found that most parents also did not feel the inspections had made a dramatic difference to care and education. Nevertheless, improvements across a number of areas were identified such as respondents stating that 'encouraging healthy eating' had improved or there were better links with local schools (see table 1). Of the parents who responded to the question asking whether any other improvements had been noted after the inspection, 8% of the total sample of 164 responded. Of this group, 50% noted additional improvements had been made (see table 2).

Table 1: Evaluation of nursery after inspection

	Got better %	Stayed same %	Got worse %	Not applicable %	Base no.
Safety/hygiene	16	81	1	2	145
Range of activities your child is offered related to the 3–5 curriculum	16	82	–	2	144
Feedback on how your child is doing	15	83	–	2	144
Provision of child's written progress reports	10	84	–	6	145
Encouraging physical activity	14	84	–	2	145
Encouraging healthy eating	22	75	–	3	145
Resources, eg toys, crafts, computers	17	81	–	2	145
Relationship with staff	10	88	–	2	145
Staff support for children's learning	9	88	–	3	145
Links with local schools and nurseries	8	88	–	4	142

Source: mruk research, June 2005

Table 2: Other parental comments on improvements noted after inspection.

	%
Using outside more for activities	10
Now best nursery I have sent my kids to	10
I am very happy with the nursery	7
A new toilet was installed	7
Looking into getting things to help children's co-ordination	3
Staff stress levels have improved	3
Info about activities and staff who are in	3
Info about children's snacks	3
Their confidence grew from getting such a good inspection	3
Removal of name badges at last	3
Signing in sheet for parents	3
Congestion in the waiting area	3
Improvements to premises	3

Source: mruk research, June 2005

- 5.2 Amongst local authority officers surveyed by mruk, opinions were fairly consistent on the key benefits of the integrated inspection process. The inspections were perceived to raise the status of the pre-school sector, increase the emphasis on care and generally contribute towards creating consistency in both education and care provision. Some commented that, for the first time, it was felt that pre-school centres were being evaluated in relation to the whole child.
- 5.3 This group believed that the inspections helped to ensure quality provision, and, significantly, about two-thirds thought standards had already risen in an ongoing cycle of improvement.

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- 5.4 The inspections were seen to be helping providers work towards consistency of provision, which was acknowledged to be a significant challenge in this sector. They were also seen as providing a useful quality improvement framework for all centres to work towards. The independence of the inspections was commonly believed to help local authorities push forward improvements in partner providers.
- 5.5 Amongst inspectors themselves, a positive view about the impact of the inspection process was also strongly evident. 89% of CCOs and 100% of HMIE staff involved in joint inspections who expressed a view felt that the integrated inspection regime was having a positive impact on improving the quality of service provided.
- 5.6 Overall, whilst it was too early to be looking for some of the longer-term evidence of impact which might be available as inspectors re-visit the first round of centres inspected in future years, the initial indications are that the impact of the integrated inspection process is perceived to be distinctly positive by key stakeholder groups and by those who undertake the inspections themselves. It will be important to continue to monitor the impact of the inspection process systematically over the longer term, measuring progress against the baseline data now available from the first round of inspection activity.

6. Conclusions and recommendations

- 6.1 This report set out to evaluate the outcomes of the process of integrated inspection undertaken from April 2003 until June 2005. There has been substantial endorsement of the effectiveness and efficiency of the process from external stakeholders, as well as from Care Commission and HMIE colleagues.
- 6.2 Parents and providers gave positive feedback relating to their experience of being inspected. It was clear that they saw the inspection as important. In the main, parents did not want to be more involved with future inspections, but all wanted to continue to receive information after an inspection.
- 6.3 Providers evaluated their inspection experiences positively. Significantly, most rated the quality of the feedback as good or very good and found the inspectors and officers efficient and helpful. Dissatisfaction levels were low in relation to all aspects of the inspection process.
- 6.4 Local authorities and other key organisations associated with providers considered the inspection process as being important and well run. They saw it as having helped to improve the quality of provision and increase the status of the early years' sector. They commented that, for the first time, centres are being evaluated in relation to provision that they make for the whole child.
- 6.5. Nevertheless, the local authority staff were more critical of the process used by HMIE and the Care Commission than parents and providers. Their key concerns about inconsistency, over-frequency of inspection and lack of a cohesive approach were not expressed in the findings from parents and providers. When considering improvements, all views have to be taken into account, although both the Care Commission and HMIE recognise the principle of better regulation that prioritises the views of people who use services.
- 6.6 The report clearly identifies the areas where the new integrated procedures have worked well. It also highlights areas for both HMIE and the Care Commission to make improvements.

7. Improving the inspection arrangements

7.1 A number of measures have already been put in place, which have made improvements in the short term.

- Revised guidelines for writing and editing joint reports have been issued and we have reviewed the process through which editing takes place.
- We have provided further joint training for relevant staff of both organisations.
- We have issued guidelines to Care Commission and HMIE colleagues to support better continuity and progression between inspections, whether joint or conducted singly by the Care Commission.
- We have put procedures in place for joint inspections to be carried out by a single officer acting for both organisations.
- We have streamlined the joint processes for inspection planning to make them more efficient and effective, and reduced the need for late changes and adjustments.
- We have introduced more unannounced inspections in the programme to increase flexibility and reduce the overall amount of preparation required by centres.
- We have introduced follow through inspections for the quality of educational provision.

8. The next steps

8.1 There are a number of further issues which need to be addressed on the evidence of this report, particularly in the context of designing the longer-term approach to providing an integrated inspection framework.

- A strong emphasis will be placed on further developing the consistency of practice and joint working through continued joint training between HMIE and Care Commission colleagues.
- Steps will be taken to improve further the quality assurance of report writing to achieve greater consistency across integrated and singleton reporting.

8.2 Any new inspection framework should introduce a more proportionate and targeted approach to inspection, moving away from a single standard approach for all centres. There are very strong indications that it would be appropriate to move towards an even more proportionate approach to inspection. This would reduce the amount and frequency of inspection for the proportion of centres that provide a consistently high standard of service and allow additional support to be provided to those services that need to improve.

8.3 Legislation currently requires that the Care Commission inspects day care services within 12 months of the previous inspection. This constrains the Care Commission from moving to any more flexible arrangements which might involve longer periods between inspections for relatively high performing centres. It may be possible to introduce some flexibility by introducing unannounced inspections within the overall programme, thereby eliminating preparatory work by providers in those instances. More significantly, the frequency of inspections is an issue that should be open to sensible debate. However, any proposal to alter the minimum frequency of inspection for young children and babies would have to be extremely carefully considered and dependent upon detailed and robust risk assessment.

8.4 It is recommended that a further joint report be prepared, taking account of the findings and conclusions of this review. The proposed report would bring forward detailed proposals for a more proportionate approach to integrated inspection of early education and childcare services from April 2007.

