



# Review of the HSC Trusts' Arrangements for the Registration and Inspection of Early Years Services

December 2015

[www.rqia.org.uk](http://www.rqia.org.uk)

---

Assurance, Challenge and Improvement in Health and Social Care

## The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for regulating and inspecting the quality and availability of health and social care (HSC) services in Northern Ireland. RQIA's reviews aim to identify best practice, to highlight gaps or shortfalls in services requiring improvement and to protect the public interest. Our reviews are carried out by teams of independent assessors, who are either experienced practitioners or experts by experience. Our reports are submitted to the Minister for Health, Social Services and Public Safety, and are available on our website at [www.rqia.org.uk](http://www.rqia.org.uk).

RQIA is committed to conducting inspections and reviews and reporting against three key stakeholder outcomes:

- Is care safe?
- Is care effective?
- Is care compassionate?

These stakeholder outcomes are aligned with Quality 2020<sup>1</sup>, and define how RQIA intends to demonstrate its effectiveness and impact as a regulator.

### Membership of the Review Team

Margaret Faye	Inspection Team Manager, Care Inspectorate Scotland
Helen Pilkington	National Registration Team Manager, Care Inspectorate Scotland
Hall Graham	Head of Programme, Reviews and Primary Care Advisor, RQIA
Janine Campbell	Project Administrator - RQIA
Patricia Corrigan	Project Administrator - RQIA
Jim McIlroy	Project Manager - RQIA

---

<sup>1</sup> Quality 2020 - A 10-Year Strategy to Protect and Improve Quality in Health and Social Care in Northern Ireland - <http://www.dhsspsni.gov.uk/quality2020.pdf>

## Table of Contents

Executive Summary .....	1
<b>Section 1 – Introduction .....</b>	<b>2</b>
1.1 Context for the Review .....	2
1.2 Terms of Reference .....	4
1.3 Exclusions .....	4
1.4 Review Methodology .....	4
<b>Section 2 – Findings from the Review .....</b>	<b>6</b>
2.1 Early Years Teams .....	6
2.2 Experiences of Childcare Providers .....	9
2.3 Compliance with the Minimum Standards .....	12
<b>Section 3 – Conclusions and Recommendations .....</b>	<b>29</b>
3.1 Conclusions .....	29
3.2 Summary of Recommendations .....	32
Appendix 1 - Abbreviations .....	34
Appendix 2 - Assessment of the Standards .....	35
Appendix 3 - RQIA Published Reviews .....	77

## Executive Summary

The early years teams in the health and social care trusts are in a unique position within the health and social care sector. While working within organisations that provide care services, they are the regulators for early years services. Through the regulatory process they oversee the provision of services for over 55,000 children throughout Northern Ireland.

The Regulation and Quality Improvement Authority (RQIA) was commissioned by the Department of Health, Social Services and Public Safety to carry out a review of the arrangements for registration and inspection of early years services.

RQIA found that all trusts have established arrangements for the registration and inspection of childminders and day care providers, supported by regional policies and procedures. Up-to-date registers of providers, and inspection schedules are being maintained by all trusts.

At the time of the review, one area that needed to be resolved was in relation to the interpretation of the Minimum Standards for Childminding and Day Care of Children Aged under 12 (2012). Although work was ongoing, this needed to be fully resolved if both trusts and providers were to move forward.

Some potential areas for improvement to the inspection processes were identified by RQIA. In particular, the development of more robust arrangements for appeals and enforcement; inspections need to become more person centred; and reports should be given to all providers after their inspection.

To ensure effective regulation, staff should receive appropriate training specific to their role, such as up-to-date training in child protection, safeguarding and child development.

To promote a culture of transparency, information about registration and inspection should be provided in a more user friendly format, and made more accessible to providers and stakeholders.

Regulation of early years services is a critical function in providing assurance on the quality of services. RQIA found that regulation had not yet been fully embraced by everyone associated with early years services. Early years teams need to be properly resourced and trained to carry out this function. They are independent of the services being regulated, and must be consistent, transparent and accountable for their work.

The report makes 17 recommendations for improvement to the arrangements for registration and inspection of early years services.

## Section 1 – Introduction

### 1.1 Context for the Review

Children's experiences in their early years can have an influence on their development, learning and behaviour as they grow. During these years, children can spend considerable amounts of time with carers in different early years settings. The outcomes for children in the longer term can be improved by providing high quality childcare. At the time of the review, there were 4661 childminders and day care providers, offering services to approximately 55,417 children<sup>2</sup> in Northern Ireland.

The provision of childcare services is subject to legislative requirements and minimum standards. The Children (NI) Order 1995<sup>3</sup> outlines the law relating to the care, protection and upbringing of children up to 12 years of age. The Order is widely regarded as the single most important source of child law, and it affects all who work for and care for children, whether as parents, paid carers or volunteers. It provides the legal basis for the registration and inspection of childcare providers (Part XI of the 1995 Order) and also provides the legal basis for reviewing the provision of childcare (i.e. Article 20 of the 1995 Order).

In July 2012, the Department of Health, Social Services and Public Safety (DHSSPS) issued a new set of Minimum Standards for Child Minding and Day Care of Children Aged under 12<sup>4</sup>. The purpose of these standards is to ensure quality childcare for all children and parents who use registered services. The standards are used by HSC trusts to register and inspect childminding and day care services for children under age 12. Accompanying implementation guidance has also been produced for the regulation of childminding and day care services by HSC trusts.

In recent years there have been many changes in relation to childminding and day care services, in particular, the introduction of the minimum standards. Considerable efforts have been undertaken to resolve problems that accompanied the change process. However, the implementation of new minimum standards for regulation and inspection has proven problematic. The problems have been a contributory factor to delays in registration and inspection, annual inspections not meeting the schedule, and backlogs preventing providers from entering the market.

In 2012, DHSSPS also issued minimum standards, the Regulation of Childminding and Day Care Services by HSC Trusts<sup>5</sup>, to define how the HSC trusts should undertake the registration and inspection of child care providers.

---

<sup>2</sup> Information provided by health and social care trusts during the review.

<sup>3</sup> The Children (Northern Ireland) Order 1995 - <http://www.legislation.gov.uk/nisi/1995/755/contents/made>

<sup>4</sup> Minimum Standards for Childminding and Day Care of Children Aged under 12 (2012) - [http://www.dhsspsni.gov.uk/early\\_years\\_standards\\_-\\_july\\_2012.pdf](http://www.dhsspsni.gov.uk/early_years_standards_-_july_2012.pdf)

<sup>5</sup> Regulation of Childminding and Day Care Services by HSC Trusts - [http://www.dhsspsni.gov.uk/early\\_years\\_standards\\_-\\_regulation\\_standards\\_-\\_july\\_2012.pdf](http://www.dhsspsni.gov.uk/early_years_standards_-_regulation_standards_-_july_2012.pdf)

This responsibility falls under the remit of specialist early years teams, which are comprised of social workers and administrative staff.

Registration and Inspection of childminders and day care settings, for children aged 0-12, seeks to ensure that children are looked after in a safe, quality environment. In seeking to achieve this, it considers a range of factors from the physical environment to those responsible for caring for children in the setting.

The law requires that HSC trusts have appropriate arrangements in place for the registration and inspection of childcare providers, to ensure they are meeting the minimum standards. The childcare providers that fall within this category include:

- childminders
- day nurseries
- playgroups
- out-of-school care
- summer and holiday schemes
- crèches
- two year old programme

There are some types of childcare providers that do not fall within the remit of the legislation, and are not subject to registration or inspection. These are:

- nannies/ au pairs
- services that cater for children over 12 years old
- services which run for less than two hours a day
- services which operate for less than six days per year

Registration of childcare providers is carried out by the early years teams.

All registered childcare providers are inspected at least annually, by staff from early years teams. Additional inspections will be conducted if required. During inspections, staff will use the Minimum Standards for Child Minding and Day Care of Children Aged under 12, and make checks in areas such as the premises, persons providing care, the standard of care and the suitability of equipment.

Following inspection, early years teams draft an inspection report, which outlines the findings from the inspection and identifies compliance issues or criteria to be met by providers. Reports may also make recommendations in areas where the provider has to improve. This report is shared with the provider.

RQIA was commissioned by DHSSPS to carry out a review of the arrangements for the registration and inspection processes of early years services against the minimum standards - Regulation of Childminding and Day Care Services by HSC Trusts. The review considered how effectively the HSC trusts implement the requirement to register and inspect childcare providers. The review also looked at the skills mix in early years teams, and

sought the views and experiences of providers of childminding and day care services in relation to registration and inspection.

## **1.2 Terms of Reference**

The terms of reference for this review were:

1. To provide an evaluation of the effectiveness of the HSC trusts arrangements for registration and inspection of early years services in relation to meeting the requirements of applicable legislation and standards.
2. An assessment of the capacity of the health and social care trusts' early years teams, to meet the requirements of registration and inspection as outlined in the applicable legislation and standards.
3. To obtain the views and experiences of providers of childminding and day care services in relation to registration and inspection.
4. To report on the findings, identify areas of good practice and, where appropriate, make recommendations for improvements.

## **1.3 Exclusions**

This review did not focus on the availability or quality of care provided by childminders and day care providers, as this is currently assessed by the HSC trusts in line with the Minimum Standards for Childminding and Day Care of Children Aged under 12 (2012).

Circulars, guidance, standards, reviews and reports which are issued during the course of this review will not be assessed as part of this review but will be highlighted for consideration in the future.

## **1.4 Review Methodology**

The review methodology was designed to gather information about how the HSC trusts were undertaking their duties of registration and inspection against the Regulation of Childminding and Day Care Services by HSC Trusts- Minimum Standards. The methodology included the following steps:

1. A review of relevant literature set out the context for the review and identified appropriate lines of enquiry.
2. Questionnaires were completed by the health and social care trusts, to identify compliance with the Regulation of Childminding and Day Care Services by HSC Trusts - Minimum Standards
3. Obtaining the views of service providers, from childminding and day care, was a key element of this review. RQIA worked in partnership with the

voluntary sector organisations for childminding and day care, to set up focus groups to obtain the views of providers. A total of 40 providers and 15 staff from voluntary sector organisations engaged in the process. The attendees included independent childminders and providers from the voluntary, community and private sectors, providing services for the two year old programme, after school clubs, crèches, and day nurseries.

4. Validation visits to the health and social care trusts were undertaken, to meet with administrative staff, social work practitioners and managers working within the early years services.
5. The initial findings from the questionnaires, validation visits and focus groups were collated, and the results used to inform this overview report.

RQIA is committed to conducting reviews and reporting against three key stakeholder outcomes:

- Is care safe?
- Is care effective?
- Is care compassionate?

These stakeholder outcomes are aligned with Quality 2020, and define how RQIA intends to demonstrate its effectiveness and impact as a regulator.

The focus of the review was to assess the arrangements for the registration and inspection of early years services by HSC trusts, to ensure that services are being delivered safely, effectively and compassionately.



## Section 2 – Findings from the Review

The review team used the information from providers' focus groups and trust questionnaires to inform the questioning of the trust staff and management. All information obtained during the review was used to make an assessment of each trust's arrangements for registration and inspection of childminding and day care providers. This report outlines the findings from the review and proposes recommendations for improvements to the registration and inspection processes for early years services.

### 2.1 Early Years Teams

The requirements of Part XI of The Children (Northern Ireland) Order 1995 and its associated Guidance and Regulations have remained unchanged. Similarly, the registration and inspection functions have not changed since the introduction of the minimum standards. The purpose of the minimum standards was to provide assurance of a consistent level of quality and approach to the registration and inspection functions.

When the minimum standards for child care were implemented, the role of staff within the early years teams was essentially realigned to meet the purpose of the minimum standards. Staff informed the review team this change was not their choice, and many found the change difficult.

The composition of the early years teams mostly comprised of two distinct groups, social workers and administrative staff. Two exceptions to this are in the Northern Trust and the Western Health and Social Care Trust (Western Trust). The Northern Trust employs a community development officer within the team, and the Western Trust employs a development support worker.

As part of the implementation of the child care standards, the HSC Board conducted a workforce planning exercise to determine the number of staff required for trusts to carry out their statutory functions. Table 1 outlines the results of that analysis, and the current whole time equivalent (WTE) staffing levels in the trusts. Details of the current number of registered services and the total number of child places are also included. Table 2 provides a more detailed breakdown of the number of registered services and the total number of child places per trust.

It must be noted that the trusts advised the number of registered services has changed since the workforce planning exercise was conducted, so it is difficult to make direct comparisons from the figures outlined in the tables.

	HSC Board Analysis		Current Staffing Levels				Number of Registered Services	Total Number of places
	Social Workers (WTE)	Admin. Staff (WTE)	Social Workers (WTE)	Admin. Staff (WTE)	Senior Social Worker	Service Manager		
<b>Belfast Trust</b>	9.75	3.47	9.5	3	2	1	750	10,897
<b>Northern Trust</b>	15.49	5.41	14	4	3	1	1,337	14,549
<b>Southern Trust</b>	8.97	3.47	12	6	2	1	793	10,027
<b>South Eastern Trust</b>	9.91	4.35	9.9	4.2	1.3	0.6	998	11,862
<b>Western Trust</b>	9.27	4.26	8.51 <sup>6</sup>	3.47	2	1	783	8,082
<b>Total</b>	-	-	-	-	-	-	4,661	55,417

Table 1 – Associated staffing levels and number of registered services and child places in the trusts

Registered Service	Belfast Trust		Northern Trust		Southern Trust		South Eastern Trust		Western Trust	
	No. of Providers	No. of Places	No. of Providers	No. of Places	No. of Providers	No. of Places	No. of Providers	No. of Places	No. of Providers	No. of Places
Day Nursery	107	5349	74	3245	53	2959	60	3438	43	1882
Crèche	12	171	26	544	6	74	4	99	28	388
Playgroup	59	1504	126	3030	111	2788	86	2796	80	1936
Out of School	47	1108	59	1438	31	787	30	818	26	927
Childminder	494	2279	1027	5994	559	2975	807	4511	578	2593
Holiday Scheme	5	170	0	0	2	72	1	80	0	0
Two Year Old Programme	26	316	25	298	31	372	10	120	28	356
<b>Total</b>	<b>750</b>	<b>10,897</b>	<b>1,337</b>	<b>14,549</b>	<b>793</b>	<b>10,027</b>	<b>998</b>	<b>11,862</b>	<b>783</b>	<b>8,082</b>

Table 2 – Number of providers and child places per trust

<sup>6</sup> This figure includes 0.8 WTE Development Support Worker (Not involved in registration or inspection)

Trusts advised that the workforce planning exercise was conducted before the standards were fully in operation, and some aspects of the exercise were based on assumptions. Trusts further advised that the exercise did not take into account some additional tasks that are currently being undertaken by the teams. The review team considered that the workforce planning exercise was no longer current, and it would be beneficial for it to be repeated, in order to determine a more accurate assessment of staffing levels.

During the review, both the South Eastern and Western trusts advised their staffing levels were below the number required to carry out their statutory functions. Both trusts had highlighted this issue and implemented recovery plans to ensure the statutory functions were being carried out. However, this meant that other tasks usually being performed by the teams, such as providing advice and support, were not being undertaken.

All trusts highlighted that the focus on meeting their statutory functions requirements has led to the early years teams losing the capacity to provide advice and support to providers. All work is now focused on registration and inspection activities.

The review team noted different dynamics within teams from different trusts. This was also observed in the attitudes and perceptions of staff from the different teams. Teams that advised of coming together on a regular basis for meetings or forums were observed to be more cohesive, and their attitudes were more positive in relation to what they could achieve. The same positivity did not come across in those teams that meet on a less frequent basis.

Staff in some trusts considered their staffing levels were adequate to allow them to carry out the functions of registration and inspection. Rather than having more staff, they considered that working smarter could achieve better results. Staff in other trusts considered they were under resourced and their staffing compliment needed to be increased.

There was a lack of skills mix within all teams, with all professional tasks being undertaken by social workers. However, input from other specialties, such as health visiting and estates was sought when required. The current model was dictated by the minimum standards, in particular, standard 3.4 (see Appendix 2). Trusts acknowledged that some of the tasks currently being carried out as part of registration and inspection may be better suited to staff other than social workers. It was noted that some tasks could be carried out by staff with backgrounds in child development, health visiting or estates. During focus groups, many providers expressed similar views that all tasks did not need to be carried out by social workers.

Administrative staff were identified as an integral part of the process. The efficiency of the registration and inspection processes could be linked to the roles of the administrative staff. The review team considered that increasing the number and responsibilities of administrative staff could lead to potential improvements in the regulation processes.

The review team was unable to advise on the specific staffing levels required within trusts, as this would require a workforce planning exercise to have been undertaken. However, it was noted that some trusts were currently experiencing difficulties as a result of staff absences due to maternity and sick leave.

Overall, the review team considered that the early years teams were normally meeting the requirements of registration and inspection as outlined in the legislation and standards. However, there were certain circumstances when this was not being achieved in a timely manner.

## **2.2 Experiences of Childcare Providers**

An integral part of the review was to obtain the views and experiences of childcare providers who had been subject to registration and inspection. A total of 40 providers and 15 staff from voluntary sector organisations engaged in the process.

RQIA obtained the views of childcare providers in a number of ways.

- Focus groups arranged by the Early Years Organisation, Employers for Childcare, Playboard and the Northern Ireland Childminding Association (NICMA)
- Provider views forwarded to RQIA by Early Years Organisation, Employers for Childcare, Playboard and NICMA
- Engagement with the Federation of Small Businesses and Altram to hear views from providers they represent

During focus groups, the providers shared their views and experiences of registration and of inspections carried out by the HSC trusts. Providers welcomed the introduction of the minimum standards, and considered they were a good way of raising the standard of child care. However, providers stated they had some issues with the way they were being interpreted and applied.

### **Registration**

When applying for registration, most providers stated that they did not receive a lot of information about the registration process from the trusts. Providers advised of being given some initial information, but they highlighted that as the process progressed, they were being asked for more and more information. Providers felt that they did not receive relevant information that clarified the respective duties of individuals and trusts in the application process.

A number of providers stated that NICMA, the Early Years Organisation, Playboard, Employers for Childcare provided them with more advice and support during the registration process, than the trusts did.

Many providers raised concerns about the difficulties associated with the vetting process and determining the suitability of applicants. Providers advised that the registration process took too long, particularly in relation to:

- the length of time to complete Access NI checks
- the requirement for enhanced vetting of some applicants
- trusts not starting the vetting process until Access NI forms are all received
- the need for vetting individuals not associated with the service, such as the enhanced vetting of caretakers and principals for after schools clubs

During the registration process, many providers advised they had not been kept up to date on the progress of their applications. Providers stated they did not receive any written notification about delays during the registration process. It was stated that not all applications were processed within the required timescales. However, providers stated the Belfast Health and Social Care Trust (Belfast Trust) and the Northern Health and Social Care Trust (Northern Trust) were adhering to the timeframes, while the South Eastern Health and Social Care Trust (South Eastern Trust) was not. No comment was made about the other trusts.

Providers advised of not being familiar with the appeals procedures. They did advise that trusts had informed them of an appeals process, but did not fully explain the process or procedures.

## **Inspection**

All providers advised of receiving annual inspections, although some were scheduled up to six months late. The majority of providers received notification of their inspections; however, a few providers stated that they did not receive notification, or had only received a telephone call shortly before the inspection.

Providers advised they were given a four week window during which the inspection might take place. They stated this causes difficulties for them in terms of staff availability. When the inspections took place, they stated that having to sit with the inspector impacted on their staff to child ratios. Several providers stated that sometimes the inspection did not happen during the specified period.

All providers raised concern about the inspections and how they were conducted. The main concerns raised included:

- a lack of consistency between social workers, interpreting the minimum standards in different ways
- the application of the standards not always being consistent
- more stringent requirements being applied from the implementation guidance than are stated in the minimum standards
- application of the minimum standards was sometimes not as stated in the standards

Providers felt there was a lack of partnership working between them and the trusts. Some providers felt that some social workers were often heavy handed in their approach to inspections. They considered that many unresolved issues could have been resolved through discussion and agreement. It was also stated there were sometimes excessive recommendations, or issues unnecessarily going to the early years panel.

Providers expressed the view that during inspection, there was little emphasis on the standard of child development, and inspections focused more on child protection.

Providers highlighted that they were required to have qualifications in childcare or child development to carry out their job. They raised the question about the experience of the social workers, as they felt many social workers did not have a background or knowledge in child development.

Some providers thought that many social workers lacked the training to properly implement the standards, and they had an unwillingness to apply reason or advise why decisions were made.

Providers stated there were variations in the process for provision of inspection reports. They highlighted a difference in reporting between childminders and day care providers. It was also stated that some trusts issued reports in line with the requirements of the standards, others issued a final report shortly before the next inspection, and some did not provide an inspection report.

Providers did not feel the inspection reports reflected the care they were providing, and reports did not consider the views of the children. They advised that reports tended to focus more on child protection or the environment, rather than on child development.

Some providers who attended the focus groups from the Southern Health and Social Care Trust (Southern Trust) and South Eastern Trust areas considered that enforcement is used quite a lot. Providers from the Belfast and Northern trust areas expressed the opposite view.

### **Other Issues Raised**

Several providers spoke about delays in the registration process, and queried why social workers were carrying out tasks such as checking forms. They asked why this could not be done by administrative staff.

A few providers shared their experiences of attending an early years panel meeting. All of them felt the meetings were not handled professionally and they did not feel part of the process.

The majority of providers that attended the focus groups were unhappy with trust requests for the names and contact details of parents with children at their facility, which trusts used to forward questionnaires to parents. They

stated they could distribute questionnaires, and felt there was a lack of trust in this regard. Providers also raised questions about data protection issues associated with forwarding this information to the trusts.

Providers in all focus groups stated that it is sometimes difficult to make contact with their social worker when seeking support. Many providers advised that many social workers only worked part time, and there is no cover when they are not there.

Several providers gave examples of conflict between the requirements of the minimum standards and what other agencies such as environmental health and building control, are looking for.

A lot of providers stated that the implementation guidance was not accurate. They advised that a new version was being working on, but did not know when it would be available. Providers expressed disappointment that they were still being inspected against out dated criteria. Providers stated that they had not been involved in the development of the implementation guidance. A limited number of stakeholder organisations advised they had an input into their development.

### **2.3 Compliance with the Minimum Standards**

To provide an evaluation of the effectiveness of the trusts arrangements for registration and inspection, the review team assessed the trusts against the criteria outlined in the Regulation of Childminding and Day Care Services by HSC Trusts - Minimum Standards.

A summary of the key findings from the review are outlined below, and a more detailed assessment of the standards are outlined in Appendix 2. When reading this report, both sections should be read to obtain a detailed assessment of each criterion.

The review team acknowledged that trusts could have achieved different levels of progress against the same criterion, but may have been assessed as having the same rating.

The review team has made both suggestions and recommendations for improvement. Suggestions are made in areas where trusts may already be complying with the standards, and the suggestion relates to an area that could be improved. Recommendations are made in areas where trusts are not complying with the standards and changes need to be made.

The recommendations have been prioritised in relation to the timescales in which they should be implemented, following the publication of the report.

Priority 1 - completed within 6 months of publication of report

Priority 2 - completed within 12 months of publication of report

Priority 3 - completed within 18 months of publication of report

## **Standard 1: The Trust has in place arrangements for the registration of childminders and day care providers and for the cancellation of registrations.**

All trusts maintained an up to date register of childminding and day care providers within their jurisdictions. Information from the registers was forwarded to the HSC Board on a monthly basis to support the Family Support NI website<sup>7</sup>. Parents and members of the public could access information about providers through the Family Support NI website.

Policies and procedures were in place for the registration of childminders and day care providers. The policies and procedures are part of the regional suite of information, and are in compliance with the requirements of Part XI of The Children (NI) Order 1995.

Trusts disseminated information about registration requirements through various methods. The trust websites contained information about registration, with links to the standards or other more detailed information. However, the amount of information they contained varied between trusts. To maintain a consistent approach to information, trusts should consider providing standardised information on their websites.

It was clear that trust staff had a good understanding of registration requirements. However, from the focus group discussions, it was apparent that many providers were not as familiar with the requirements.

An area of good practice was identified in the Northern Trust, where an Early Years Bulletin was produced and distributed to providers on a regular basis. The bulletin was designed to raise awareness of new developments relating to both registration and inspection. The review team considered this approach had the potential to be shared across all trusts.

Raising awareness of registration requirements was an area that could be improved in all trusts. The review team considered that a regional approach, utilising the Child Care Partnerships<sup>8</sup> website, may be more economical than each individual trust taking this forward separately.

Trusts provided applicants with supporting information during the registration process. The review team considered that the format was consistent with formal trust documents, and was very business-like. This format would not have been familiar for many providers, in particular, child minders, and it should be presented in a more user friendly format.

All trusts had liaison arrangements with the voluntary sector stakeholder organisations. As NICMA had a service level agreement in place to provide support and advice to applicants, they had closer links with the trusts than other organisations. Playboard, the Early Years Organisation, Employers for

---

<sup>7</sup> Family Support Northern Ireland Website - <http://www.familysupportni.gov.uk/>

<sup>8</sup> Child Care Partnerships Website - <http://www.childcarepartnerships-ni.org/>



Childcare, Altram, and the Federation for Small Businesses had liaison arrangements with the trusts, but the extent of their links varied between trusts.

Trusts processed applications for registration in line with the legislation. Straightforward applications were usually processed within the timescales; however, more complex applications usually exceeded the timescales. All trusts advised of informing the applicants of any delays; however, this was not happening in every case.

Timescales for registration was an area highlighted during the focus groups, where providers advised of delays in registrations with the reasons for the delays not always being communicated to them.

The key areas that resulted in applications exceeding the timescales included delays in Access NI checks, obtaining information from GPs, delays in receiving references, delays in building work being completed, and health and safety requirements not being implemented. However, insufficient staff was also identified as a contributing factor to some delays. Examples of this were referenced in both the Northern and Western trusts.

The Belfast Trust was identified as having the highest compliance for meeting the timescales for registration. The Belfast Trust considered their administration and management of the process for tracking applications contributed to their high compliance rate.

The review team considered that sharing practice from the Belfast Trust may assist other trusts in developing their administration and management of the process for tracking applications.

All trusts had policies and procedures for making changes to any requirement relating to registration, or for cancelling a registration. Evidence of the procedures being applied was identified in all trusts, through the examination of sample files.

The review team considered that, where it is not already done, trusts should make the policy and procedure available to applicants and providers. This will make them aware of the requirements and promote openness and transparency.

Applicants were informed about the outcomes of their application using standard letters included in the regional suite of policies and procedures. The letters also make reference to the appeals mechanism that applicants should use if they wish to challenge a decision. Upon review of the letters, the review team considered they should make more reference to the legislation and standards supporting the reasons for the rejection.

Recommendation 1	Priority 1
<b>Trusts should ensure that, for applications that are rejected, reference to the legislation and standards is included in the correspondence to support the reasons for the rejection.</b>	

All trusts reported that certificates of registration were issued within two weeks of approval. In many instances, the timescale was shorter. While trusts did not advise that the issuing of certificates exceeded this two week timeframe, several providers stated in the focus groups that they did not receive a certificate in a timely manner.

No trust had a definite procedure for the return of certificates following the cancellation of a registration, or when a provider ceased to operate. Trusts would write out to the provider, update their systems, and update the providers' status on the public register. However, there was limited follow up and certificates were often not returned.

The HSC Board and trusts should give consideration to a review of this issue, to determine whether there any implications or consequences of providers not returning registration certificates. Appropriate action should be taken, based on the outcome of any review.

All trusts had an appeals procedure in place. It was a regional procedure and all trusts operated within it in the same way. The appeals mechanism centred on an Early Years Appeals Panel, which was made up mostly of trust staff. In some trusts, there was limited involvement of independent people from staff in another trust on the Early Years Appeals Panels.

A further stage in the process involved an Objections Panel, which in some trusts, still lacked independent input. Representatives from the Appeals Panel were also on the Objections Panel. The guidance and regulations associated with the Children's (Northern Ireland) Order 1995, under section 6.47, offered advice in relation to the Objections Panel, which stated – This may involve arranging for objections to be heard by an independent panel. In line with the guidance, some trusts sought legal advice in relation to the composition of Panels.

The review team considered the current appeals mechanisms, in particular the early years panel, to be more aligned with a social work model for resolving issues. This process lacked the openness, transparency and independence usually associated with a regulator.

Applicants were informed about their right to appeal, but from information provided during the focus groups, it was evident that they were not clear in relation to the procedures or mechanisms within it.

The review team considered the current appeals procedure to be limited, and it did not reflect the standard of appeals mechanisms in other regulators.

If trusts are to operate as effective regulators, they must operate within an environment of openness and transparency. This will require a more robust appeals mechanism, which is directly linked to legislation and standards, and provides clear guidance on process, timescales, membership and decision making. Information about the appeals mechanism should be available to all providers.

Recommendation 2	Priority 2
<b>Trusts should develop a more robust appeals mechanism that better reflects regulatory practice.</b>	

From 1 July 2015, following discussion with DHSSPS and relevant organisations, the decision was taken to publish the names of all registered persons. At the time of the review, many staff across all trusts were not fully aware of this decision. The review team considered this should be formally communicated to staff.

Recommendation 3	Priority 1
<b>The HSC Board and trusts should update any relevant documents, such as application forms or regional policies and procedures, with information about the current status of the publication of names on the public register.</b>	

In all trusts, various activities were ongoing to assess practice and procedures, and monitor performance. However, with the continuing changes being made to regional practices and processes, it has restricted their ability to undertake formal evaluations of services.

Despite having no formal arrangements in place to measure effectiveness, trusts should be given credit for the work they are conducting and the improvements being achieved.

All trusts reviewed the provision of childminding and day care within their area, as required by Article 20 of The Children (NI) Order 1995. Article 20 reports were submitted as evidence to the review team during the review. The reports were forwarded to the HSC Board for further analysis and publication.

The review team acknowledged the completion of these reviews by the trusts; however, considered that the reports should be made more publicly available.

## **Standard 2: Inspections of childminders and day care providers are conducted in accordance with statutory requirements.**

All Trusts had an inspection schedule for providers within their areas. Trusts aimed to inspect each service on an annual basis. However, it was advised

that not all providers were receiving annual inspections. In most cases there was usually a specific reason for this.

In cases where there were concerns about the level of care offered, trusts were undertaking additional inspections. Although follow-up inspections were being undertaken, there was no formal written procedure in relation to this. The review team considered that trusts may wish to develop a formal procedure for follow-up inspections, as this would provide clarity for providers in relation to the rationale for such inspections.

Trusts were providing notification of the intention to carry out an inspection. Evidence of this was present in the files examined during the review.

Trusts had aligned their inspection procedures and activities to the minimum standards, and were inspecting against the themes outlined in the standards.

The review team noted that, both within and across trusts, childminders and day care providers were sometimes being assessed against different themes. While trusts have the discretion to select themes for inspection, the review team considered that in the interests of consistency, trusts could work together to agree inspection themes.

All trusts referred to the Regional Policies and Procedures and the implementation guidance as the key drivers for standardised arrangements and consistency of practice. While these were the original aims of these documents, standardised arrangements in the inspection process had been achieved, but consistency of practice had not. The development of the implementation guidance was also aimed at strengthening consistency of inspection practice, but in some cases created further inconsistencies.

During the focus groups, the majority of providers expressed concerns about the interpretation of the minimum standards and the inconsistent approach being taken by different inspectors. The review team was concerned about these comments and carefully considered them during the review. The views expressed by staff during meetings set the context for the providers' comments and provided clarity in relation to why they were made.

During meetings with staff, no issues were raised in relation to the Regional Policies and Procedures and how they were to be used. However, staff did express concern with the interpretation of the minimum standards and the implementation guidance. They also referenced the lack of training they received during the implementation of the minimum standards.

Staff advised of trying to consistently apply the minimum standards. However, but the direction some staff were being given and the frequent changes to the interpretation of the standards meant they had to contradict advice and recommendations made in previous inspections. This caused problems for both inspectors and providers. The review team considered this to be the foundation for the providers' comments about inconsistency.

The review team considered that the Belfast and Northern trusts were taking a more proactive approach in trying to resolve issues with the standards. It was noted that they took a more common sense approach to interpreting the standards and worked with providers in reaching a compromise. It was noted that other trusts took the approach that less flexibility could be given in relation to the standards.

Some staff expressed the view that some areas of the implementation guidance had more stringent requirements than the minimum standards and the legislation. They considered this was providing conflicting information for providers. Areas of conflict included staff ratios, cot room, play space areas and fences, and the vetting of school principals and caretakers. The review team considered these areas needed to be clarified against the legislation and standards, and communicated to providers and staff.

The review team was informed that an updated version of the implementation guidance was about to be released, but not having sight of the new guidance, could not comment on whether previous issues would be resolved. It is imperative that any remaining issues are appropriately resolved, so both trusts and providers can move forward. The review team welcomed the new guidance and would recommend that it is released at the earliest opportunity.

Recommendation 4	Priority 1
<p><b>Following the release of the latest version of the implementation guidance, if there are any remaining issues in relation to the interpretation of the minimum standards, trusts in conjunction with the HSC Board should take steps on a regional basis to resolve them immediately.</b></p>	

During the focus groups, providers shared differing views in relation to inspection reports. While many advised there were no issues, others outlined problems with the reporting process. Some providers received their reports for factual accuracy, while others did not. Some providers did not receive reports, or received them just before their next inspection.

Trusts acknowledged that report writing was sometimes an issue. In particular, the South Eastern and Western trusts advised that reports were not forwarded to providers during the period when it had staffing issues. Although the South Eastern Trust had taken steps to resolve their issues, at the time of the review, issues with reports were still present. The Northern Trust also advised of having staffing issues in one sector, resulting in reports being delayed. However, this was resolved when resources were reallocated from other areas.

The review team was advised that all childminders did not receive a copy of their inspection report for factual accuracy, but rather received the final report. However, they could still comment on it if anything was factually wrong. This process was adopted because childminders did not have to submit an action plan as part of the process. During focus groups, childminders advised they

often did not receive a copy of their inspection report until a few weeks before their next inspection. The review team considered that all providers should receive the report for factual accuracy within the specified timeframe, and submit an action plan where appropriate.

<b>Recommendation 5</b>	<b>Priority 1</b>
<b>Trusts should begin to forward reports for factual accuracy to childminders in line with the minimum standards, and seek a formal action plan where appropriate.</b>	

In relation to the availability of service provision, the levels of monitoring in each trust varied, and each had a different method to monitoring availability. The review team did not see any evidence of a strategic method for undertaking this work in the respective trusts, or any regional approaches.

Trusts should consider setting up formal arrangements for sharing information in relation to service availability and current initiatives being undertaken to meet identified gaps. Consideration should also be given to regional approaches to identifying and meeting gaps in service provision.

The review team considered that the current inspection methodology does not lend itself to obtaining results that are centred on the child and focused on outcomes from a child's perspective. There was little evidence of inspections being person centred.

It was considered that inspections were more focused on whether the provider was meeting the standards, as opposed to a focus on the outcomes for children, such as their experiences or quality of care.

There was limited information in the reports that reflected the users' perspective. The report format did not provide much scope for the users' perspective to be meaningfully included. The review team considered that that trusts and the HSC Board need to establish methods of how this can be captured during inspections.

<b>Recommendation 6</b>	<b>Priority 2</b>
<b>Trusts should begin a process to identify how inspections can be truly person centred and outcome focused, and reflect a user perspective on the quality of the service within the reports.</b>	

Trusts had powers to vary or remove requirements placed on a provider's registration when it was warranted. Regional procedures were in place which outlined when and under what circumstances further action was required. All trusts were able to demonstrate further actions being taken when it was identified that providers were falling below the required standards.

Despite having these powers, the review team was not fully assured that trusts were consistently applying them. They considered the decision making process and subsequent enforcement procedures were not robust enough to be assured that this criterion 2.6 of the standards (see Appendix 2) could be fully met.

Although enforcement action was being taken, the review team considered that the enforcement mechanisms were not very robust, with current arrangements in all trusts centring on the Early Years Panel. In some trusts enforcement action was enacted very quickly, and there appeared to be little opportunity for the provider to take steps towards improvement. It was noted that the Belfast Trust had very little enforcement, as they tried to resolve issues before progressing with enforcement action.

The review team considered the enforcement arrangements did not reflect the standard of enforcement in other regulators. This was an area that needs to be developed.

Recommendation 7	Priority 2
<b>Trusts should develop more robust enforcement arrangements, including an appropriate enforcement policy and procedures, which have a clear and direct link to legislation and standards. The arrangements should be publicly available to providers.</b>	

### **Standard 3: The Trust employs registration and inspection staff to enable it to discharge its statutory duties under Part XI of The Children (NI) Order 1995.**

All trusts have arrangements in place, including the relevant policies and procedures, for the registration of child care providers. Registrations were being completed in line with the statutory requirements; however, in some cases the timescales were not being met. More details are outlined under standard 1.

Trusts have arrangements in place to conduct a programme of annual inspections. Evidence was provided to the review team that confirmed that proportionate inspection activity was being undertaken based on the performance of each provider. More details are outlined under standard 2.

All trusts presented evidence of remedial actions taken when they identified a service that was not achieving the minimum standards. Actions taken included: follow-up inspections, reallocating staff to work on cases, follow-up visits by the link social worker for additional support, and referral to the voluntary sector organisations for support. The Northern Trust employs a community development worker within the early years team who provides advice and support to providers when required. The Western Trust employs a support and development worker who also provides advice and support to providers.

An area identified during the review centred on the lack of follow up of recommendations for childminders. As link social workers were not allocated to childminders, the follow up of recommendations usually happened at the next inspection. The exception to this only occurred if the recommendation was linked to a serious issue, in which case the inspector followed up on the recommendation.

The review team identified that professional tasks associated with the discharge of statutory duties under Part XI of The Children Order were being undertaken by social workers in all trusts. However, the review team queried why this was a requirement of standards, as the legislation (The Children Order - Article 130) does not specify that the tasks have to be carried out by social workers.

The review team would recommend that this requirement within the standards be clarified and communicated to all trusts.

Recommendation 8	Priority 2
<b>DHSSPS should clarify the requirement for all professional tasks to be carried out by social workers, as outlined in criterion 3.4 of the Regulation of Childminding and Day Care Services by HSC Trusts- Minimum Standards. The outcome should be communicated to the HSC Board and trusts.</b>	

**Standard 4: The Trust ensures clarity of roles and responsibilities of staff for the discharge of Part XI functions, within the Trust and with other relevant agencies, which facilitates the maintenance of clear lines of communication.**

None of the trusts had a governance strategy that was specific to their early years service. However, all trusts had corporate and directorate governance structures in place, within which the early years teams operated.

Early years teams had clear lines of professional and corporate accountability, with management, communication and reporting structures in place. These arrangements facilitated the trusts towards meeting their statutory requirements.

The review team queried whether there was a need to have a governance strategy specific to early years, as outlined in Standard 4, when corporate and directorate governance arrangements were in place.



<b>Recommendation 9</b>	<b>Priority 1</b>
<b>DHSSPS should clarify the need for the requirement of a governance strategy specifically for early years services, as outlined within criterion 4.1 of the Regulation of Childminding and Day Care Services by HSC Trusts- Minimum Standards.</b>	

There were no formalised systems in place for collaborative working between the early years teams and the Department of Education and the relevant Education and Library Board in relation to children with special educational needs. However, the early years teams had links with these statutory bodies, and worked in partnership with them on specific areas of practice.

It was noted that most of the collaborative working arrangements with other statutory bodies had been built up over time, and the level and types of work varied between trusts.

The review team acknowledged the benefits of collaborative working with other statutory bodies, but the role and remit of the arrangements need to be clarified in order to improve compliance

<b>Recommendation 10</b>	<b>Priority 3</b>
<b>Trusts should review their current systems for collaborative working with the Department of Education and the relevant Education Authority in respect of children with special educational needs, and make the necessary arrangements to ensure they are compliant with criterion 4.2 of the Regulation of Childminding and Day Care Services by HSC Trusts - Minimum Standards.</b>	

All trusts had corporate human resource (HR) policies and systems in place, with more detailed HR information outlined in directorate policies and procedures. None of the trusts had an HR policy specifically for their early years team; however, the HR requirements for the teams were fed into the directorate and corporate HR systems.

Although HR policies and systems were in place, the review team saw evidence of vacant posts, recruitment issues and limited training and development across the trusts.

The early years team are in a unique position within the trusts, as they are the regulator for early years services. To be an effective regulator, teams must be appropriately resourced and trained in all areas of child protection, safeguarding and child development. To fully enable the early years teams to operate as an effective regulator and to meet their statutory requirements, trusts should resolve any problems with vacant posts, recruitment issues and limited training.

Recommendation 11	Priority 2
<b>To fully enable the early years teams to operate as an effective regulator and to meet their statutory requirements, trusts should resolve any problems with vacant posts, recruitment issues and limited training.</b>	

All trusts had developed their own risk management strategy, supported by policies and procedures, and management structures to minimise identified risks.

There were mechanisms in place to review and manage incidents and risks within specific trusts; however the review team was not certain whether there were any mechanisms for sharing this learning on a regional basis. The review considered this might be an area the trusts could discuss and develop in the future.

All trusts had policies and procedures in place in relation to child protection. Trusts did not provide specific child protection training to childminders and day care providers. However, some social workers within the teams were qualified to deliver this training. Under a service level agreement NICMA provided pre-registration training in child protection to prospective childminders.

A Regional Childminding and Day Care Vetting Procedure and the associated documentation for completing pre-employment checks on staff providing child care services were being used by trusts. Providers' compliance with the regional vetting procedure was being checked during inspections.

All trusts had adopted the regional policies and procedures for dealing with complaints, which were trust wide documents. Some trusts also had their own complaints policy and procedures. While trusts had corporate complaints registers, there were no specific registers for the early years services.

Staff were familiar with the complaints documents and the associated procedures. However, during focus groups, it was evident that some of the providers were not familiar with the complaints procedures.

The review team was not clear about parents' awareness or knowledge of the complaints procedures, but it was assumed that most would generally not be aware of them, as they had no direct dealings with the trusts. The review team would suggest that trusts take steps to raise the awareness of their complaints procedures with providers and parents.

During the review, it was noted that the early years teams would receive many representation from individuals who were acting on behalf of providers. Staff advised there was an expectation within the trusts to resolve these representations with expediency, which usually took up a lot of time. The review team would suggest that all representations are dealt with equally

through the appropriate procedures. Prioritising representations should be discouraged.

While it is not the role of the trusts to identify the most appropriate choice of placement for a child, trusts were only providing limited information to parents, providers and associated agencies, to assist them making this choice. Trusts would only provide copies of inspection reports upon request, and in many trusts, this had to be routed through the information governance team.

The provision of information was an area that was under development on a regional basis, in particular, the publication of inspection reports on the family support website. The review team welcomed the proposed publication of the reports; however, considered that more information should be made available, in particular, the publication of any enforcement actions. This would give parents additional information that could assist them in making the most appropriate choice of placement for their child. The review team would recommend that consideration is given to publishing enforcement actions on the family support website.

Recommendation 12	Priority 2
<b>The HSC Board and trusts should give consideration to publishing enforcement actions and upheld complaints against providers on the family support NI website.</b>	

There was not meaningful involvement of service users, parents or providers, as defined by Personal and Public Involvement (PPI). While service users and parents have been involved in specific pieces of work, they have very limited involvement in the overall development, implementation and evaluation of childminding and day care provision.

PPI is a statutory duty for HSC organisations. It is a two-way process and not solely to be used when organisations want to hear the views of service users and carers on something which organisations bring to them for their consideration.

In March 2015, the PHA launched the standards for Personal and Public Involvement – Setting the Standards<sup>9</sup>, which were developed to set out what is expected of HSC organisations and staff. The standards are aimed to help standardise practice and support the drive towards a truly person-centred system. The review team considers that the HSC Board and trusts in order to fully meet their responsibilities should use the Person and Public Involvement standards as the basis on which to involve service users and parents in the development of childminding and day care provision.

---

<sup>9</sup> Personal and Public Involvement – Setting the Standards 2015 – Public Health Agency - <http://www.publichealth.hscni.net/directorate-nursing-and-allied-health-professions/allied-health-professions-and-personal-and-publi-5>

<b>Recommendation 13</b>	<b>Priority 2</b>
<b>The HSC Board and trusts should use the Personal and Public Involvement Standards as the basis on which to involve service users and parents, staff and the wider public in the development, implementation and evaluation of childminding and day care provision.</b>	

**Standard 5: The Trust's Early Years staff are trained, supervised and supported to assist them in the discharge of their Part XI functions.**

Trusts lacked a workforce strategy that was specific to early years teams; however, referenced their corporate and directorate workforce strategies for guidance in this area. Some trusts had carried out a workforce analysis and had specific training plans for early years; however, these appeared to lack the cohesiveness that would be part of a workforce strategy.

Despite the lack of a workforce strategy, trusts took steps to address workforce issues when they occurred. The review team acknowledged the work already undertaken in this area; however, would recommend that trusts develop workforce strategies that are specific to the early years service.

<b>Recommendation 14</b>	<b>Priority 3</b>
<b>Trusts should develop workforce strategies that are specific to their early years services.</b>	

All trusts had developed training plans for the early years services. However, the review team identified training to be an issue in all trusts. Each trust was providing mandatory training, which staff were completing, but additional training was only being provided occasionally and in specific circumstances.

Some trusts confirmed that financial and budgetary constraints did not currently permit them to provide any training other than mandatory training.

When the new minimum standards were being introduced, all trusts had provided some initial training for staff in relation to registration and inspection. However, staff across the trusts considered this was not sufficient. Some trusts had tried to meet the needs of staff training by providing further in-house training in relation to the standards.

The review team considered the lack of specific training in registration, inspection and the minimum standards was a contributory factor to the issues currently being experienced within the service. They acknowledged some of the difficulties in relation to the provision of training, but considered that additional training needed to be provided. The review team would suggest that the HSC Board and trusts approach this on a regional basis.

<b>Recommendation 15</b>	<b>Priority 2</b>
<b>The HSC Board and trusts should adopt a regional approach to identifying the training needs of staff, and seek ways to deliver it.</b>	

Trusts had arrangements in place for regular supervision and annual appraisals. However, the Western Trust informed the review team about ongoing discussions in relation to appraisals for social workers. It was stated that due to the comprehensive supervision arrangements for social workers, there was no need for them to complete annual appraisals. The review team was not confident of the strategy employed as it may be contradictory to trust policy, but hoped the current discussions would provide a positive outcome.

Child protection training was part of mandatory training for staff. However, the review team was not fully assured that all staff had completed or undertaken up-to-date child protection training.

All trusts had a whistleblowing policy in place. With the exception of the Western Trust, staff in the other trusts were familiar with the policy and knew their responsibilities in relation to it. Not all staff in the Western Trust were familiar with the whistleblowing policy. The review team would consider that the Western Trust takes steps to ensure all staff are familiar with the whistleblowing policy.

Inspections were dictated by themes set out in the standards, with a limited person centred approach, through a lack of interaction with children. From the discussions with staff, the review team was not fully assured that they were operating in a person centred manner. This was not a fault of the inspectors, but rather the requirements of adhering rigidly to the standards.

The review team considered that specific knowledge of children's learning and development was low for many inspectors. They would need more training in this area to be better placed to provide a more person centred inspection.

It was noted that a few members of staff in each trust may still need to undertake disability awareness training. The review team was informed that disability awareness training was now part of equality training. The review team considers that this should be reflected in the description of this criterion 5.7 within the standards.

None of the trusts provided any formal guidance, training or support to its early years panel, but rather provided it informally on a case by case basis. In discussions with the review team, many trusts acknowledged the need for a more formal approach. The review team would recommend this is carried out on a regional basis.

<b>Recommendation 16</b>	<b>Priority 2</b>
<b>The HSC Board and trusts should adopt a regional approach to developing formal guidance, training and support mechanisms for their early years panels.</b>	

**Standard 6: Clear, documented systems are in place for the management of records and information in accordance with legislative requirements.**

Trusts were adhering to the DHSSPS advice and guidance on records management - Good Management Good Records, and some trusts also had individual records management policy and procedures.

The review team examined a sample of files in each trust and considered them to be structured and maintained in an appropriate way, consistent with good records management practice. All relevant information was included in the files, and information was structured in a logical manner.

The South Eastern Trust had recently moved to storing information about providers on e-files, which minimised paperwork and storage requirements. This method of storing files was working well. The review team considered this to be an innovative practice and should be shared with the other trusts.

Trusts acknowledged they had limited information technology and management systems; however, it was advised that the regional communications group was looking at this.

All trusts were utilising SOS CARE<sup>10</sup> to store information about providers, registrations and inspections. Both the Belfast and Northern trusts had developed the capabilities of the SOS CARE system to suit their needs. The review team considered it would be beneficial to share these developments with the other trusts.

Trusts utilise the Safety Alert Broadcast System to receive information about urgent issues or safety alerts, which are communicated to staff. Staff advised that information is communicated to providers via email, telephone or post.

However, the review team was not assured there were formal systems and processes in place to manage communications, and considered more formal arrangements should be put in place to disseminate information to providers.

Trusts maintained up-to-date information on childminding and day care services, records and inspection reports, and provided copies of inspection

<sup>10</sup> SOS CARE (Social Services Client Administration and Retrieval Environment) is a client-based system which records information about clients, the services delivered to them, the client groups to which they belong and the establishments at which they attend or in which they are resident.

reports to parents when requested. The review team did not evidence information being provided in a format that was user friendly, in any of the trusts.

The review team considered this was an area that trusts needed to improve on. When developing the report template, consideration should be given to presenting the information in a more user friendly format.

<b>Recommendation 17</b>	<b>Priority 2</b>
<b>Trusts should review the information currently being provided to the public, and take steps to develop it into a more user friendly format.</b>	



## Section 3 – Conclusions and Recommendations

### 3.1 Conclusions

The introduction of the minimum standards for child care has had a significant impact on the trusts' early years teams. They have become regulators, with responsibility for the registration and inspection of 4661 child care providers, and responsibility for ensuring the safe and effective care of approximately 55,417 children.

One of the terms of reference of the review was to assess the capacity of the early years teams to meet the requirements of registration and inspection. The review team considered that there were a number of factors affecting the capacity of the trusts to fully meet their statutory obligations, these included:

- Workforce pressures – the South Eastern and Western trusts had vacant posts. Although plans were in place to manage the vacancies, this was impacting on the other tasks usually carried out by the teams, including the level of support and advice being given to providers, and specifically in terms of their statutory functions, this was leading to delays in processing inspection reports.
- Interpretation of standards and guidance – In some trusts, teams were interpreting aspects of the standards and guidance in absolute terms, which was leading to a number of issues and queries with providers. As a result, more time was being taken up with resolving the issues, limiting the time available for registration and inspection. A more flexible approach employed by other teams had led to a smaller number of issues with providers.
- Regulatory responsibilities - the review team considered that there was tension between the teams having to both act as an inspectorate and deliver on their regulatory responsibility, against supporting providers in a more helpful role.

Steps for resolving some of these issues are outlined as recommendations and suggestions throughout this report.

In a regional approach, the HSC Board and trusts implemented the new standards along with regional policies and procedures for registration and inspection.

All trusts maintain up-to-date registers of providers within their trust area. This information is used to inform the Family Support NI website, which parents or members of the public can access to find details of child care providers.

Regional policies and procedures to support registration are in place in all trusts. Information about the process of registration is also available. However, improvements could be made in this area, particularly in relation to raising awareness of the registration process and providing some of the information in a more user friendly format.



Trusts have arrangements in place for working with voluntary sector organisations, to provide support and training for prospective applicants during the registration process.

Timescales for completing registrations were not always being met in each trust, and some trusts were not performing as well as others in respect of this. In most cases there were explanations for the delays, but there were a number of registrations that had experienced unacceptable delays. Trusts should consider sharing their practices in this area, to identify if improvements can be made to the way registrations are carried out in the trusts where delays are more common.

Trusts used the regional documentation when informing applicants about the status of their applications. However, it was identified that more reference to the legislation and standards should be included in the letters, to explain the reasons for variation or rejection of applications.

An appeals process, which centres on the early years panel, is in place. It is recommended that a more robust appeals mechanism, which reflects the standard of appeals mechanisms in other regulators, is established.

Trusts needed to do more in relation to monitoring and evaluating the effectiveness of their procedures and practice for registration. A more proactive approach to reviewing the provision of childcare services should also be taken.

With a few exceptions, trusts were meeting their statutory duties in relation to registration.

Trusts were conducting annual inspections of childcare providers; however, there were exceptions and some delays and cancellations were occurring. Inspections were aligned to the minimum child care standards; however, there were clearly issues in this area, in particularly, cases of inconsistency in practice. The main cause of the inconsistencies related to the interpretation of the minimum standards, and the subsequent implementation guidance that was provided.

The interpretation of the minimum standards and changes to the implementation guidance has led to some challenging situations between trusts and providers. A breakdown in the relationships between trusts and some providers was occurring. The HSC Board and trusts need to resolve these issues if positive relationships are to be re-established.

Most inspection reports were being produced on time; however, some trusts were experiencing difficulties in this area. Work was ongoing to standardise reports and make them publicly available on the Family Support NI website.

Trusts were taking a varied approach to the actions taken when providers were not meeting the standards. Some trusts were working with providers to

bring about improvements, while others placed more emphasis on enforcement and the use of the early years panel.

Trusts had governance arrangements, human resources policies and procedures, and workforce strategies in place; however, none of these were specific to the early years services. A specific workforce strategy for the early years teams was noted as being a requirement.

Training plans were in place, but it was apparent that only mandatory training is being provided. Trusts are trying to provide in-house training to compensate.

Risk management arrangements were in place, and staff were familiar with them. Although complaints mechanisms are in place, there was a need for raising awareness of them with parents.

Trusts relied on basic information technology systems, with which to manage services. However, this was to be looked at in the future by the HSC Board.

It was identified that there was no meaningful PPI work being undertaken. This was an area that needs to be developed. The new PPI standards should be used as the basis for taking this forward.

In relation to the standards, some criteria need to be reviewed to clarify whether they are still applicable in the current setting.

There were many areas of good practice across the trusts, which should be highlighted and shared between trusts. A more collaborate approach could lead to service improvements to the registration and inspection processes.

The report makes 17 recommendations for improvement to the registration and inspection processes being provided by the early years teams.

RQIA wishes to thank NICMA, the Early Years Organisation, Employers for Childcare and Playboard for their assistance in engaging with child care providers during the review, and also the Federation of Small Businesses and Altram for their input and contribution to the review; providers for their input and cooperation; and the management and staff from the HSC Board and trusts for their cooperation in taking forward this review.

## 3.2 Summary of Recommendations

The recommendations identified during the review have been prioritised in relation to the timescales in which they should be implemented.

Priority 1 - completed within 6 months of publication of report

Priority 2 - completed within 12 months of publication of report

Priority 3 - completed within 18 months of publication of report

Implementation of the recommendations will improve the arrangements for the registration and inspection and provide further assurance that early years services are being delivered safely, effectively and compassionately.

Rec. Number	Recommendation	Priority
1	Trusts should ensure that, for applications that are rejected, reference to the legislation and standards is included in the correspondence to support the reasons for the rejection.	Priority 1
2	Trusts should develop a more robust appeals mechanism that better reflects regulatory practice.	Priority 2
3	The HSC Board and trusts should update any relevant documents, such as application forms or regional policies and procedures, with information about the current status of the publication of names on the public register.	Priority 1
4	Following the release of the latest version of the implementation guidance, if there are any remaining issues in relation to the interpretation of the minimum standards, trusts in conjunction with the HSC Board should take steps on a regional basis to resolve them immediately.	Priority 1
5	Trusts should begin to forward reports for factual accuracy to childminders in line with the minimum standards, and seek a formal action plan where appropriate.	Priority 1
6	Trusts should begin a process to identify how inspections can be truly person centred and outcome focused, and reflect a user perspective on the quality of the service within the reports.	Priority 2
7	Trusts should develop more robust enforcement arrangements, including an appropriate enforcement policy and procedures, which have a clear and direct link to legislation and standards. The arrangements should be publicly available to providers.	Priority 2




8	DHSSPS should clarify the requirement for all professional tasks to be carried out by social workers, as outlined in criterion 3.4 of the Regulation of Childminding and Day Care Services by HSC Trusts- Minimum Standards. The outcome should be communicated to the HSC Board and trusts.	Priority 2
9	DHSSPS should clarify the need for the requirement of a governance strategy specifically for early years services, as outlined within criterion 4.1 of the Regulation of Childminding and Day Care Services by HSC Trusts- Minimum Standards.	Priority 1
10	Trusts should review their current systems for collaborative working with the Department of Education and the relevant Education Authority in respect of children with special educational needs, and make the necessary arrangements to ensure they are compliant with criterion 4.2 of the Regulation of Childminding and Day Care Services by HSC Trusts- Minimum Standards.	Priority 3
11	To fully enable the early years teams to operate as an effective regulator and to meet their statutory requirements, trusts should resolve any problems with vacant posts, recruitment issues and limited training.	Priority 2
12	The HSC Board and trusts should give consideration to publishing enforcement actions and upheld complaints against providers on the family support NI website.	Priority 2
13	The HSC Board and trusts should use the Personal and Public Involvement Standards as the basis on which to involve service users and parents, staff and the wider public in the development, implementation and evaluation of childminding and day care provision.	Priority 2
14	Trusts should develop workforce strategies that are specific to their early years services.	Priority 3
15	The HSC Board and trusts should adopt a regional approach to identifying the training needs of staff, and seek ways to deliver it.	Priority 2
16	The HSC Board and trusts should adopt a regional approach to developing formal guidance, training and support mechanisms for their early years panels.	Priority 2
17	Trusts should review the information currently being provided to the public, and take steps to develop it into a more user friendly format.	Priority 2

## Appendix 1 - Abbreviations






Belfast Trust	- Belfast Health and Social Care Trust
DHSSPS	- Department of Health, Social Services and Public Safety
ETI	- Education Training Inspectorate
HR	- Human Resources
HSC	- Health and Social Care
NICMA	- Northern Ireland Childminding Association
NISCC	- Northern Ireland Social Care Council
Northern Trust	- Northern Health and Social Care Trust
PPI	- Personal and Public Involvement
RQIA	- Regulation and Quality Improvement Authority
South Eastern Trust	- South Eastern Health and Social Care Trust
SOSCARE	- Social Services Client Administration and Retrieval Environment
Southern Trust	- Southern Health and Social Care Trust
Western Trust	- Western Health and Social Care Trust
WTE	- Whole Time Equivalent











## Appendix 2 - Assessment of the Standards






As part of the assessment of the standards, the review team applied a rating for each criterion. The rating was:

	Fully compliant with the criterion
	Partially compliant with the criterion
	Not compliant with the criterion






The review team acknowledged that trusts could have achieved different levels of progress against the same criterion, but may have been assessed as having the same rating.











<b>Standard 1: The Trust has in place arrangements for the registration of childminders and day care providers and for the cancellation of registrations.</b>					
<b>1.1 The Trust maintains a register of childminding and day care providers in its area, which is up-to-date and information on the register complies with Vol.2 (6.39).</b>	<b>Belfast Trust</b>	<b>Northern Trust</b>	<b>Southern Trust</b>	<b>South Eastern Trust</b>	<b>Western Trust</b>
					
<p>All trusts had a register of childminding and day care providers within their jurisdiction. All registers were maintained and up to date, with information that complied with the requirements of the standards.</p> <p>Each trust used SOS CARE to store information about service providers for the purposes of regulation. Information from SOS CARE was forwarded to the HSC Board on a monthly basis to allow the Family Support NI website to be updated. Updates included new registrations, variations to registration, voluntary suspensions and terminations.</p> <p>Parents and members of the public were able to access information about providers through the Family Support NI website. All trusts signposted parents to the Family Support NI website; however, provided information</p>					

	from the register in hard copy format to parents and members of the public who did not have access to the internet, or upon request.				
<b>1.2 The Trust has policies and procedures for the registration of childminders and day care providers, which are in compliance with the requirements of Part XI of The Children (NI) Order 1995.</b>	<b>Belfast Trust</b>	<b>Northern Trust</b>	<b>Southern Trust</b>	<b>South Eastern Trust</b>	<b>Western Trust</b>
					
	All trusts had policies and procedures in place for the registration of childminders and day care providers. The policies and procedures are part of the regional suite of information, and are in compliance with the requirements of Part XI of The Children (NI) Order 1995.				
<b>1.3 The Trust uses a range of methods for disseminating information and raising awareness of the registration requirements for childminding and day care provision. Vol.2 (4.10)</b>	<b>Belfast Trust</b>	<b>Northern Trust</b>	<b>Southern Trust</b>	<b>South Eastern Trust</b>	<b>Western Trust</b>
					
	<p>Trusts used various methods for disseminating information about the registration requirements. Although trust websites varied in the amounts of information they contained, they all outlined information about registration, and most websites had links to the standards or other more detailed information. When requested, staff provided information to providers and prospective providers by phone, email or post.</p> <p>To maintain a consistent approach to information, trusts should consider providing the same information on their websites.</p> <p>It was clear that trust staff had a good understanding of the registration requirements. However, from the focus group discussions, it was apparent that many providers were not as familiar with the requirements.</p> <p>Raising awareness of the registration requirements was an area that could</p>				

	<p>be improved in all trusts. Some trusts acknowledged that they had no way of measuring awareness, and felt this was an area that needed to be taken forward regionally.</p> <p>Trusts advised that in the past, they had been more proactive in raising awareness of registration requirements, but current financial and resource pressures meant they could no longer facilitate this on the same scale. All trusts had partnership arrangements in place with NICMA, which included raising awareness of the registration requirements with prospective providers. This was facilitated through engagement with NICMA and regular briefing sessions with prospective providers.</p> <p>An area of good practice was identified in the Northern Trust, where an Early Years Bulletin was produced and distributed to providers on a regular basis. The bulletin was designed to raise awareness of new developments relating to both registration and inspection. The trust should also consider making these bulletins available on their website, so prospective providers who are not on the distribution, also have access to them. The review team considered this approach had the potential to be shared across all trusts.</p> <p>The review team considered that a regional approach to raising awareness may be more economical than each individual trust taking this forward separately. Utilisation of the Child Care Partnerships website to raise awareness of the registration requirements may offer an opportunity for this.</p>				
<b>1.4 Applicants are provided with relevant information in a suitable format, which clarifies the respective duties of individuals and Trusts in the application process.</b>	<b>Belfast Trust</b>	<b>Northern Trust</b>	<b>Southern Trust</b>	<b>South Eastern Trust</b>	<b>Western Trust</b>
					



	<p>During the registration process, all trusts provided applicants with specific information from the regional policies and procedures, which outlined the respective duties of individuals and trusts in the application process. The duties were also referenced in joint trust/ NICMA pre-registration briefing meetings. Although not specifically evidenced during the review, the review team assumed that stakeholder organisations also provided such information to applicants.</p> <p>Although information was available, the review team considered that it could have been presented in a more user friendly format. The format was consistent with formal trust documents, and was very business-like. This format would not have been familiar for many providers, in particular, child minders; and may explain why so many of the providers in the focus groups were not that familiar with the respective duties.</p> <p>The review team considered that the development of a more user friendly document, specifically for providers, would lead to trusts being fully compliant with this criterion.</p>				
1.5 The Trust liaises with relevant voluntary sector stakeholder organisations to ensure prospective applicants have access to support from them. Vol.2 (4.10)	Belfast Trust	Northern Trust	Southern Trust	South Eastern Trust	Western Trust
					

	<p>All trusts had liaison arrangements with the voluntary sector stakeholder organisations. As NICMA had a service level agreement in place to provide support and advice to applicants, they had closer links with the trusts than other organisations. Playboard, the Early Years Organisation, Employers for Childcare, Altram, and the Federation for Small Businesses had liaison arrangements with the trusts, but the extent of their links varied between trusts.</p> <p>Some of the organisations were represented on the regional early years groups during the implementation of the minimum standards. The establishment of the stakeholder forum will facilitate the continued links. However, the HSC Board and trusts need to consider that all voluntary sector stakeholder organisations have a contribution within the sector and should be given the opportunity to be represented on the stakeholder forum.</p>				
<b>1.6 The suitability of applicants, and relevant others, is established via the vetting process which includes Access N.I. check, Trust checks, medical statement, acquisition of references, qualifications and/or training and where appropriate, employment record checks.</b>	<b>Belfast Trust</b>	<b>Northern Trust</b>	<b>Southern Trust</b>	<b>South Eastern Trust</b>	<b>Western Trust</b>
					
	<p>As part of the application process, all trusts carried out the relevant checks on the suitability of applicants, and relevant others. The review team sampled files in each trust, and confirmed that the checks had been completed. Details of the checks were either recorded or stored within the applicants file.</p>				
<b>1.7 Applications are processed and applicants notified of the Trust's decisions within required timescales. Applicants are advised in writing of the reasons for any delays in processing their applications. Vol.2 (6.11)</b>	<b>Belfast Trust</b>	<b>Northern Trust</b>	<b>Southern Trust</b>	<b>South Eastern Trust</b>	<b>Western Trust</b>
					
	<p>It was identified in all trusts that some applications were not being processed in line with the timescales set for registration. However, there were differing levels of compliance with this criterion across trusts. This was also an area highlighted during the focus groups, where providers</p>				











advised of delays in registrations and the reasons for the delays not always being communicated to them.






All trusts advised that straightforward applications were processed within the timescales; however, more complex applications usually exceeded the timescales. It was highlighted that day care applications, which were new builds, nearly always exceeded the six month timescale. As new builds are unique and given that building work is outside of the regulators control, meeting this timescale would be unrealistic. In these cases, this should be taken into consideration when measuring timescales for completion of registration.






The key areas that resulted in applications exceeding the timescales included delays in Access NI checks, obtaining information from the GP, and delays in receiving references. However, staff resources was also identified as a contributing factor in some delays. Examples of this were referenced in both the Northern and Western trusts. However, the Northern Trust had made improvements in their registration process, and compliance with meeting timescales for registration was high.






Trusts were monitoring the processing of applications, and reported this through the corporate parenting reports. All trusts advised of informing the applicants of any delays; however, this was not happening in every case.

The Belfast Trust was identified as having the highest compliance for meeting the timescales for registration. The majority of their applications were processed on time, and most delays were usually in relation to the applicant being unable to obtain some of the relevant information. The trust was able to highlight delayed applications and the reasons for the delays. Delays in the process were communicated to the applicants. The Belfast Trust considered their administration and management of the process for tracking applications contributed to their high compliance rate.

	The review team considered that sharing the practice from the Belfast Trust may assist other trusts in developing their administration and management of the process for tracking applications.				
1.8 The Trust has in place a policy and procedures for imposing, varying or removing any requirement relating to, or, where necessary, for cancelling a registration. (Articles 125,126 and 128)	<b>Belfast Trust</b>	<b>Northern Trust</b>	<b>Southern Trust</b>	<b>South Eastern Trust</b>	<b>Western Trust</b>
					
	<p>All trusts had a policy and procedure in place for making changes to any requirement relating to registration, or for cancelling a registration. The policy and procedure were provided to the review team. Evidence of the procedures being applied was identified in all trusts, through the examination of sample files.</p> <p>The review team considered that, where it is not already done, trusts should make the policy and procedure available to applicants and providers. This will make them aware of the requirements and promote openness and transparency with the processes.</p>				
1.9 The Trust has arrangements in place for informing applicants and others as necessary, of the outcomes of their applications and of the appeals mechanism available to them to challenge decisions. Vol.2 (6.47)	<b>Belfast Trust</b>	<b>Northern Trust</b>	<b>Southern Trust</b>	<b>South Eastern Trust</b>	<b>Western Trust</b>
					
	All trusts had arrangements in place for informing applicants about the outcomes of their application. Standard letters are included in the regional policies and procedures, which are used to inform applicants. The letters also make reference to the appeals mechanism that applicants should use if they wish to challenge a decision; however, the review team considered this information on the appeals mechanism to be somewhat limited. The review team saw evidence of the application of the arrangements in the files sampled during the review.				

	All trusts advised that the number of applications that got rejected was relatively low. In most cases, staff could identify applications that were unsuitable, and in these cases counselled the applicant accordingly. In such cases, most applicants voluntarily withdrew their application.				
<b>Recommendation 1</b>					
Trusts should ensure that, for applications that are rejected, reference to the legislation is included in the correspondence to support the reasons for the rejection.					
<b>1.10 The Trust issues certificates of registration without undue delay and seeks the immediate return of the registration certificate when a registration is cancelled or when a registered provider ceases to operate. (Articles 125, 126 and 127 of The Children (NI) Order 1995)</b>	<b>Belfast Trust</b>	<b>Northern Trust</b>	<b>Southern Trust</b>	<b>South Eastern Trust</b>	<b>Western Trust</b>
					
	All trusts reported that certificates of registration were issued within two weeks of approval. In many instances, the timescale was shorter. While trusts did not advise that the issuing of certificates exceeded this two week timeframe, several providers stated in the focus groups that they did not receive a certificate in a timely manner.  In some trusts, staff advised of contacting the applicants by phone to inform them about decisions and followed up with an email. This allowed the applicant to progress other tasks, such as obtaining insurance, associated with setting up their business. The review team considered this fostered good relationships between the applicant and the trust.  No trust had a definite procedure for the return of certificates following the cancellation of a registration, or when a provider ceased to operate. Trusts would write out to the provider, update their systems, and update the providers' status on the public register. However, there was limited follow up and certificates were often not returned.				

	The HSC Board and trusts should give consideration to a review of this issue, to determine whether there any implications or consequences of providers not returning registration certificates. Appropriate action should be taken, based on the outcome of any review.				
<b>1.11 The Trust has an appeals procedure in place for responding to any challenges to its decisions, made by an applicant or a registered person. (Article 131)</b>	<b>Belfast Trust</b>	<b>Northern Trust</b>	<b>Southern Trust</b>	<b>South Eastern Trust</b>	<b>Western Trust</b>
					
	<p>All trusts had an appeals procedure in place. It was a regional procedure and all trusts operated within it in the same way.</p> <p>The review team considered the current appeals procedure to be limited, and it did not reflect the standard of appeals mechanisms in other regulators.</p> <p>Applicants were informed about their right to appeal, but they were not clear in relation to the procedures or mechanisms within it. The appeals mechanism centred on an early years appeals panel, which was made up mostly from trusts staff. In some trusts, the involvement of independent people from staff in another trust on the Early Years Appeals Panels was limited. A further stage in the process involved an objections panel, which in some trusts, still lacked input from independent people, and representatives from the appeals panel were sometimes on the objections panel. The guidance and regulations associated with the Children's (Northern Ireland) Order 1995, offered some advice in relation to the objections panel, which read in 6.47 – This may involve arranging for objections to be heard by an independent panel.</p> <p>The review team considered the current appeals mechanisms, in particular the early years panel, to be more aligned with a social work model for resolving issues. If trusts are to operate as effective regulators, they must</p>				

	operate within an environment of openness and transparency. This will require a more robust appeals mechanism which is directly linked to legislation and standards, and provides clear guidance on process, timescales, membership and decision making. Information about the appeals mechanism should be available to all providers.				
<b>Recommendation 2</b>					
Trusts should develop a more robust appeals mechanism that better reflects regulatory practice.					
<b>1.12 The Trust has a protocol for considering requests from registered persons who do not wish their names to be included on the public register.</b>	<b>Belfast Trust</b>	<b>Northern Trust</b>	<b>Southern Trust</b>	<b>South Eastern Trust</b>	<b>Western Trust</b>
					
	<p>The issue of registered persons not wishing to have their name included on the public register has been ongoing for some time. However, after discussion with DHSSPS and relevant organisations, the decision was taken to publish the names of all registered persons from 1 July 2015. The HSC Board issued a letter to all registered persons about the decision. At the time of the review, a small number of providers were in discussion with the HSC Board in relation to this; however, a resolution was anticipated.</p> <p>The review team noted that many staff across all trusts were not fully aware of the decision in relation to the publication of names of registered persons. This should also be formally communicated to staff.</p>				
<b>Recommendation 3</b>					
The HSC Board and trusts should update any relevant documents, such as application forms or regional policies and procedures, with information about the current status of the publication of names on the public register.					
<b>1.13 The Trust monitors, and evaluates at least</b>	<b>Belfast Trust</b>	<b>Northern Trust</b>	<b>Southern Trust</b>	<b>South Eastern Trust</b>	<b>Western Trust</b>

<p>annually, the effectiveness of its procedures and practices in the registration of childminding and day care services and takes remedial action where necessary.</p>					
<p><b>1.14 The Trust reviews the provision of childminding and day care within its area, as required by Article 20 of The Children (NI) Order 1995 and in keeping with Volume 2 Chapter 8. This review should address the quality, availability and safety of the services within the Trust's area. The results of this review should be published within 4 months of the date of completion.</b></p>	<p><b>Belfast Trust</b></p>	<p><b>Northern Trust</b></p>	<p><b>Southern Trust</b></p>	<p><b>South Eastern Trust</b></p>	<p><b>Western Trust</b></p>
	<p>In all trusts, various activities were ongoing to assess practice and procedures, and monitor performance. These were mostly related to operational activities that were happening at the time. The continuing changes being made to regional practices and processes, has restricted the ability to undertake formal evaluations of service as envisaged by this criterion. Some trusts acknowledged the need to develop monitoring systems that could record and evaluate effectiveness.</p> <p>Despite having no formal arrangements in place to measure effectiveness, trusts should be given credit for the work they are conducting and the improvements to service being achieved.</p> <p>All trusts were using staff meetings and supervision meetings to raise and discuss issues. Reporting against delegated statutory functions and corporate parenting had assisted in monitoring performance. Where trusts identified issues, they were taking remedial action as required. The South Eastern trust had identified issues with their registration processes and implemented a recovery plan to minimise problems with service performance.</p> <p>All trusts reviewed the provision of childminding and day care within their area, as required by Article 20 of The Children (NI) Order 1995. Article 20 reports were submitted as evidence to the review team during the review. The reports were forwarded to the HSC Board for further analysis and publication.</p> <p>The review team acknowledged the completion of these reviews by the</p>				



trusts; however, considered that the reports should be made more publicly available.

## Standard 2: Inspections of childminders and day care providers are conducted in accordance with statutory requirements.

**2.1 Each service has an announced inspection at least once per year. Follow-up inspections are undertaken as necessary. Where Trusts have concerns about the level of care offered in a setting, unannounced inspections may be undertaken as necessary.**

**Belfast Trust**



**Northern Trust**



**Southern Trust**



**South Eastern Trust**



**Western Trust**


















All Trusts had an inspection schedule for providers within their area, and evidence of this was presented to the review team.

Trusts aimed to inspect each service on an annual basis. Day care providers were receiving unannounced inspections, while childminders received an announced inspection, due to the nature of their work. It was advised that not all providers were receiving annual inspections; however, in most cases there was usually a specific reason for this.

The review team considered that trusts could enhance the information available about the inspection process. In particular, more clarity and a clear rationale for announced and unannounced inspections should be added.

In cases where there were concerns about the level of care offered, trusts were undertaking additional inspections. This was advised by staff and evidenced in the inspection schedule. Although follow-up inspections were being undertaken, there was no formal written procedure in relation to this. The review team considered that trusts may wish to develop a formal procedure for follow-up inspections, as this would provide clarity for providers in relation to the rationale for such inspections.

2.2 The Trust gives written notice to the registered person of its intention to carry out an annual inspection. (Article 130(5) (b))	Belfast Trust	Northern Trust	Southern Trust	South Eastern Trust	Western Trust
					
	<p>All trusts were providing notification of the intention to carry out an inspection. Evidence of this was present in the files examined during the review.</p> <p>During the focus groups, some providers within the South Eastern Trust area advised of not receiving notification of an inspection; however, the South Eastern Trust disputed this. In the absence of specific cases to investigate, the review team were unable to determine the accuracy of the claims.</p>				
2.3 Trust inspection procedures and activities should be aligned to minimum care standards.	Belfast Trust	Northern Trust	Southern Trust	South Eastern Trust	Western Trust
					
	<p>All trusts had aligned their inspection procedures and activities to the minimum standards, and were inspecting against the themes outlined in the standards. Each year providers were being inspected against a different theme. The review team was presented with past and current self-assessment questionnaires as evidence.</p> <p>The review team noted that, both within and across trusts, childminders and day care providers were sometimes being assessed against different themes. While trusts have the discretion to select themes for inspection, the review team considered that in the interests of consistency, trusts could work together to agree inspection themes.</p>				
2.4 Standardised arrangements are used in the	Belfast Trust	Northern Trust	Southern Trust	South Eastern Trust	Western Trust

<p><b>inspection process to ensure consistency of inspection practice.</b></p>					
	<p>All trusts referred to the Regional Policies and Procedures and the implementation guidance as the key drivers for standardised arrangements and consistency of practice. While this was the original aim of these documents, it has been achieved in terms of standardised arrangements in the inspection process, but it has not been achieved in terms of consistency of practice. The development of the implementation guidance was also aimed at strengthening consistency of inspection practice, but in some cases created further inconsistencies.</p> <p>The Southern Trust is also working to ensure consistent practice through quality assurance and audit, regular meetings with staff, team training days and through the statutory reporting mechanisms. Staff were clear of the procedures, but highlighted the need to work with providers in identifying and resolving issues.</p> <p>The South Eastern Trust recognised the importance of administrative staff in the consistency of practice, and as part of their modernisation process, centralised the administration duties for registration and inspection. The trust also holds social work forums and team meetings to discuss practice issues.</p> <p>The Belfast, Northern and Western trusts all advised that inspection practice and consistency would be discussed at supervision meetings, team meetings and at team workshops.</p> <p>The review team considered the development of the Regional Policies and Procedures, to support the implementation of the minimum standards, to be an area of good practice. They provided a standardised approach to the inspection process, which can be followed by all staff in each of the trusts. Standard letters, templates and procedures were included in the suit of</p>				

documents. This framework also helps providers in terms of setting expectations for the inspection process.






During the focus groups, the majority of providers expressed concerns about the interpretation of the minimum standards and the inconsistent practice being taken by different inspectors. The review team was concerned about the comments and carefully considered them during the review. The views expressed by staff during the meetings, set the context for the providers' comments and provided clarity in relation to why they were made.






During the meetings with staff, no issues were raised in relation to the Regional Policies and Procedures and how they were to be used. However, staff did express concern with the interpretation of the minimum standards and the implementation guidance, and the lack of training they received during the implementation of the minimum standards.






Staff advised of trying to consistently apply the minimum standards, but the direction some staff were being given and the frequent changes to the interpretation of the standards meant they had to contradict advice and recommendations made in previous inspections. This caused problems for both inspectors and providers. The review team considered this to be the foundation for the providers' comments about inconsistency.

The review team considered the Belfast and Northern trusts were taking a more proactive approach in trying to resolve issues with the standards. It was noted that they took a more common sense approach to interpreting the standards and worked with providers in reaching a compromise. They also tried to develop a consistency of practice through discussing issues at staff workshops. They advised that learning had been passed to the regional implementation group, but advised the group was slow to act on it.






	<p>It was noted that other trusts took the approach that no flexibility could be given in relation to the standards.</p> <p>Some staff expressed the view that some areas of the implementation guidance had more stringent requirements than the minimum standards and the legislation. They considered this was giving conflicting information to providers. Areas of conflict included staff ratios, cot room, play space areas and fences, and the vetting of school principals and caretakers. The review team considered these areas needed to be clarified against the legislation and standards, and communicated to providers and staff.</p> <p>The review team was informed that an updated version of the implementation guidance was about to be released. Not having sight of the new guidance, the review team could not comment on whether previous issues in relation to the interpretation of the minimum standards would be resolved. However, it is imperative that issues are appropriately resolved, so both trusts and providers can move forward. The review team welcomed the new guidance and would recommend that it is released at the earliest opportunity.</p> <p>The review team would recommend that if there are any remaining issues in relation to the interpretation of the minimum standards, steps are taken to resolve them immediately.</p>				
<b>Recommendation 4</b>					
Following the release of the latest version of the implementation guidance, if there are any remaining issues in relation to the interpretation of the minimum standards, trusts in conjunction with the HSC Board should take steps on a regional basis to resolve them immediately.					
<b>2.5 A draft inspection report is issued for factual</b>	<b>Belfast Trust</b>	<b>Northern Trust</b>	<b>Southern Trust</b>	<b>South Eastern Trust</b>	<b>Western Trust</b>

<p><b>accuracy within four weeks of the inspection, and the final report is deemed to be open within eight weeks of the inspection.</b></p>					
<p>During the focus groups, providers shared differing views in relation to the inspection reports. While many advised there were no issues, others outlined problems with the reporting process. Some providers received their reports for factual accuracy, while others did not. Some providers did not receive reports, or received them just before their next inspection.</p> <p>Trusts acknowledged that report writing was sometimes an issue. In particular, the South Eastern and Western trusts advised that reports were not forwarded to providers during the period when they had an issue with staffing, and their recovery plans in place. Although the South Eastern Trust had taken steps to resolve their issues, at the time of the review, they were not fully resolved and issues with reports were still present. The Northern Trust also advised of having staffing issues in one sector, resulting in reports being delayed. However, this was resolved when resources were reallocated from other areas.</p> <p>All trusts advised that when there were issues with providers, their reports were prioritised and distributed within the timescales.</p> <p>The review team noted that there was a varying degree of availability and the use of technology to assist in this process, such as iPads and laptops, which had an impact on efficiency and staffing resources.</p> <p>With the exception of the Belfast Trust, all trusts all used a tracker system to monitor the progress of reporting. When issues were identified, they tried to take appropriate action. The Northern Trust had just developed an updated tracker system, but it was not operational at the time of the review.</p> <p>The Belfast Trust advised that they are implementing a new information technology system, PARIS, and developing more effective tracking</p>					

	<p>systems. PARIS will also facilitate changes to the reporting systems within the service. It was noted that the Belfast Trust was currently meeting the timescales for reporting for the majority of providers.</p> <p>The review team was advised that childminders did not receive a copy of their report for factual accuracy, but rather, received the final draft and could comment on it if anything was wrong. This process was adopted because childminders did not have to submit an action plan as part of the regional process. The review team considered that all providers should receive the report for factual accuracy, and submit an action plan where appropriate.</p> <p>Trusts highlighted difficulties with the follow-up of recommendations made against childminders, as they did not have a link social worker assigned to them. The review team acknowledged this may be a challenge, but considered that waiting until the next inspection to confirm if a recommendation had been completed was unacceptable. The review team considered that processes and mechanisms could be developed to manage this.</p>				
<b>Recommendation 5</b> <p>Trusts should begin to forward reports for factual accuracy to childminders in line with the minimum standards, and seek a formal action plan where appropriate.</p>					
<b>2.6 The Trust uses its powers consistently to impose, vary or remove requirements of a registration, with regard to all registered providers. (Articles 125 and 126)</b>	<b>Belfast Trust</b>	<b>Northern Trust</b>	<b>Southern Trust</b>	<b>South Eastern Trust</b>	<b>Western Trust</b>
					
<p>All trusts had powers to vary or remove requirements of a provider’s registration when it was warranted. Regional procedures were in place which outlined when and under what circumstances further action was required. Some evidence of enforcement, in line with the procedures, was</p>					

	<p>presented to the review team. It was noted that in all trusts, the level of enforcements that had to be taken was relatively low.</p> <p>Despite having these powers, the review team were not fully assured that the trusts were consistently applying them. Examples were provided by staff, of cases where enforcement did not progress due to a lack of evidence, and cases where enforcement could have been taken, but was not progressed. It should also be noted that many cases of enforcement did not have to progress as staff worked through issues with the providers.</p> <p>The review team considered the decision making process and subsequent enforcement procedures were not robust enough to be assured that this criterion could be fully met.</p>				
<b>2.7 The Trust monitors service provision to identify gaps in the quality, safety and availability of services in its geographical area. Remedial action should be taken as necessary.</b>	<b>Belfast Trust</b>	<b>Northern Trust</b>	<b>Southern Trust</b>	<b>South Eastern Trust</b>	<b>Western Trust</b>
					
	<p>All trusts monitor the quality and safety of services through their inspection process, and were taking appropriate action when necessary.</p> <p>In relation to the availability of service provision, the levels of monitoring in each trust varied, and each had a different method to monitoring availability. The review team did not see any evidence of a strategic method for undertaking this work in the respective trusts, or any regional approaches.</p> <p>Through the established reporting mechanisms, all trusts provided information about current services to the HSC Board and DHSSPS, to inform strategy and policy decisions.</p> <p>Trusts referenced the findings from their Article 20 reports as a mechanism to identify issues with availability. The review team considered this to be</p>				



	<p>part of the process; however, as this was only completed every three years, it was not a mechanism to provide responsive action to immediate need.</p> <p>The Western Trust advised that staffing issues within the early years team, and the requirements to maintain registration and inspection functions, had limited their ability to effectively monitor gaps in service provision. However, staff had an awareness of the areas of low provision and reported them accordingly.</p> <p>Trusts also worked with the voluntary sector stakeholder organisations to identify gaps in service availability. The Southern Trust used funding and also established service level agreements with some of the voluntary sector organisations to address areas of unmet need.</p> <p>Trusts advised that a consequence of the current funding arrangements throughout health and social care, limited what they could achieve in relation to gaps in service availability. Initiatives were sometimes prioritised and funding redirected to meet needs.</p> <p>Trusts should consider setting up formal arrangements for sharing the information in relation to service availability and current initiatives being undertaken to meet identified gaps. Consideration should also be given to regional approaches to identifying and meeting gaps in service provision.</p>				
<b>2.8 The inspection process is person centred and outcome focused. Inspection reports should reflect a user perspective on the quality of the service.</b>	<b>Belfast Trust</b> 	<b>Northern Trust</b> 	<b>Southern Trust</b> 	<b>South Eastern Trust</b> 	<b>Western Trust</b> 

The review team considered the requirements of this criterion to be somewhat vague, and may be open to interpretation. It was considered that the current inspection methodology does not lend itself to obtaining results that are centred on the child and focused on outcomes from a child's perspective.

There was little evidence of inspections being person centred. Staff advised that observations of the interactions of children and adults did take place; but it was not part of every inspection. It was more common during inspections of childminders than inspections in day care settings.

Trusts sent out parent and staff questionnaires to obtain their views, but there was very little interaction with children to obtain their views. It usually depended on the individual inspector as to how much, or if any, interaction there was with children.

It was noted that inspections were more focused on whether the provider was meeting the standards, as opposed to a focus on the outcomes for children, such as their experience or standard of care.

The review team examined a sample of inspection reports which confirmed the previous comments. There was limited information in the reports that reflected the users' perspective. The report format did not provide much scope for the users' perspective to be meaningfully included.

The review team considered that to ensure this criterion is meaningful, trusts need to define and agree what is meant by person centred and outcomes focused, and establish methods of how this can be captured during inspections.

## Recommendation 6

Trusts should begin a process to identify how inspections can be truly person centred and outcome focused, and reflect a user perspective on the quality of the service within the reports.

### 2.9 When the provider falls below the required standard, improvement and/or enforcement action is invoked by the Trust.

Belfast Trust



Northern Trust



Southern Trust



South Eastern Trust



Western Trust



All trusts were able to demonstrate further actions being taken when it was identified that providers were falling below the required standards. Evidence of enforcement was available in the files.
















Although enforcement action was being taken, the review team considered that it was not very robust, with current arrangements in all trusts, centring on the early years panel. In some trusts enforcement action was enacted very quickly, and there appeared to be little opportunity for the provider to take steps towards improvement. It was noted that the Belfast Trust had very little enforcement, as they tried to resolve issues before progressing with enforcement action.






The review team considered the enforcement arrangements did not reflect the standard of enforcement in other regulators. This was an area that needs to be developed.

## Recommendation 7

Trusts should develop more robust enforcement arrangements, including an appropriate enforcement policy and procedures, which have a clear and direct link to legislation and standards. The arrangements should be publicly available to providers.

**Standard 3: The Trust employs registration and inspection staff to enable it to discharge its statutory duties under Part XI of The Children (NI) Order 1995.**

<b>3.1 The Trust ensures that registrations are processed and completed in line with the statutory requirements.</b>	<b>Belfast Trust</b>	<b>Northern Trust</b>	<b>Southern Trust</b>	<b>South Eastern Trust</b>	<b>Western Trust</b>
					
	All trusts have arrangements in place, including the relevant policies and procedures, for the registration of child care providers. Registrations were being completed in line with the statutory requirements; however, in some cases the timescales were not being met. More details are outlined under standard 1.				
<b>3.2 An annual programme of inspections is undertaken that is proportionate to the performance indicators for each provider.</b>	<b>Belfast Trust</b>	<b>Northern Trust</b>	<b>Southern Trust</b>	<b>South Eastern Trust</b>	<b>Western Trust</b>
					
	All trusts have arrangements in place to conduct a programme of annual inspections. Evidence was provided to the review team that confirmed that proportionate inspection activity was being undertaken based on the performance of each provider. More details are outlined under standard 2.				
<b>3.3 The Trust identifies when a service is not achieving minimum standards and/or is in breach of regulation. Inspection resources are allocated to address the concerns about standards and consistency of service provided.</b>	<b>Belfast Trust</b>	<b>Northern Trust</b>	<b>Southern Trust</b>	<b>South Eastern Trust</b>	<b>Western Trust</b>
					
	All trusts presented evidence of actions they had taken when they identified a service was not achieving the minimum standards. Actions taken included additional follow-up inspections, reallocating and adding additional staff to work on cases, follow-up visits by the link social worker for additional support, and referral to the voluntary sector organisations for support. The Northern Trust has a community development worker within the early years team who provides advice and support to providers when				

	<p>required. The Western Trust employs a support and development worker who provides advice and support to providers.</p> <p>An area identified during the review centred on the lack of follow up on the recommendations for childminders. As link social workers were not allocated to childminders, the follow up on recommendations usually happened at the next inspection. The exception to this usually only occurred if the recommendation was linked to a serious issue, in which case the inspector followed up on the recommendation.</p>				
<p><b>3.4 The Trust ensures that all professional tasks associated with the discharge of its statutory duties under Part XI of The Children Order are undertaken by social workers.</b></p> <p><b>The Trust governance system assures itself that the Early Years staffing complement can discharge its statutory functions.</b></p>	Belfast Trust	Northern Trust	Southern Trust	South Eastern Trust	Western Trust
					
	<p>The review team identified that professional tasks associated with the discharge of statutory duties under Part XI of The Children Order were being undertaken by social workers in all trusts. However, the review team queried the requirement of this criterion, as the legislation (Article 130) does not specify that the tasks have to be carried out by social workers.</p> <p>The Western Trust used the LEAN methodology to analyse its workforce and identified there was a potential need for more administrative staff and other staff, such as estates officers or health visitors, within their early years teams. Some tasks required during the inspections would be better suited to them rather than social workers. They considered this criterion was preventing them from realigning the skills mix within the team. Other trusts raised similar issues, due to the workload being attributed to social workers.</p> <p>The review team noted the concerns and would recommend that the requirement within this criterion be clarified and communicated to all trusts.</p>				

### Recommendation 8

DHSSPS should clarify the requirement for all professional tasks are carried out by social workers, as outlined in criterion 3.4 of the Regulation of Childminding and Day Care Services by HSC Trusts- Minimum Standards. The outcome should be communicated to the HSC Board and trusts.

### Standard 4: The Trust ensures clarity of roles and responsibilities of staff for the discharge of Part XI functions, within the Trust and with other relevant agencies, which facilitates the maintenance of clear lines of communication.

**4.1 The Trust has a coherent and integrated organisational and governance strategy in respect of childminding and day care provision. This is appropriate to the needs, size and complexity of the service with identified lines of professional and corporate accountability.**

**Belfast Trust**



**Northern Trust**



**Southern Trust**



**South Eastern Trust**



**Western Trust**








None of the trusts had a governance strategy that was specific to their early years service. However, all trusts had corporate and directorate governance structures in place, within which the early years teams operated.

Early years teams had clear lines of professional and corporate accountability, with management, communication and reporting structures in place. These arrangements facilitated the trusts in meeting their statutory requirements.

The review team queried whether there was a need to have a governance strategy specific to early years, when corporate and directorate governance arrangements were in place.

### Recommendation 9






DHSSPS should clarify the need for the requirement of a governance strategy specifically for early years services, as outlined within criterion 4.1 of the Regulation of Childminding and Day Care Services by HSC Trusts- Minimum Standards.

4.2 Systems are in place for collaborative work with the Department of Education and the relevant Education and Library Board in respect of children with special educational needs.	Belfast Trust	Northern Trust	Southern Trust	South Eastern Trust	Western Trust
					
	<p>There were no formalised systems in place for collaborative working between the early years teams and the Department of Education and the relevant Education and Library Board in relation to children with special educational needs. However, in all trusts the early years teams had links with these statutory bodies, and worked in partnership with them on specific areas of practice. In particular, all the early years teams were represented the local education boards Pre-school Education Expansion Programme, which has a remit for the provision for pre-school education children with additional needs. Early years team worked with the statutory bodies as part of the Sure Start Programme which has a remit for providing services for children with a disability.</p> <p>It was noted that most of the collaborative working arrangements with other statutory bodies had been built up over time, and the level and types of work varied between trusts.</p> <p>In the Belfast Trust the Education Training Inspectorate (ETI) forwards copies of their inspection reports to early years team and shares information in relation risk or quality issues. However, staff advised that the links with ETI were better in the past, and considered the level of interaction was decreasing due to work pressures on ETI.</p> <p>The early years team in the Western Trust were part of a group led by their Health and Disability team, which tried to identify childminders who were interested in caring for children with additional needs.</p> <p>In the Southern Trust, managers form the early years team sit on the Southern Area Pre-school Education Advisory Group which has</p>				






	<p>responsibility for the allocation of funding to pre-school education groups, funded by the Department of Education. They also have developed links with ETI and hold bi-annual meetings to discuss and share practice issues.</p> <p>It was noted that within each trust, other teams, such as the Children with Disability Team or the Health and Disability Team, had primary responsibility for children with special educational needs. The review team acknowledged the benefits of collaborative working with other statutory bodies, but the role and remit of the arrangements need to be clarified in order to improve compliance</p>
--	---
















### Recommendation 10






Trusts should review their current systems for collaborative working with the Department of Education and the relevant Education Authority in respect of children with special educational needs, and make the necessary arrangements to ensure they are compliant with criterion 4.2 of the Regulation of Childminding and Day Care Services by HSC Trusts- Minimum Standards.






4.3 The Trust has robust human resource policies and systems in place to ensure appropriate workforce planning, skill mix, recruitment, induction, training and development opportunities for staff to undertake the roles and responsibilities.	Belfast Trust	Northern Trust	Southern Trust	South Eastern Trust	Western Trust
					
	<p>All trusts had corporate human resource (HR) policies and systems in place, with more detailed HR information outlined in directorate policies and procedures. None of the trusts had an HR policy specifically for their early years team; however, the HR requirements for the teams were fed into the directorate and corporate HR systems.</p> <p>Although HR policies and systems were in place, the review team saw evidence of vacant posts, recruitment issues and limited training and development across the trusts.</p> <p>In the Northern Trust, the early years team had adapted the principles of</p>				



	<p>the regional social work caseload management tool to determine demand capacity within its early years service. It found the need for reform and additional administrative staff within the team.</p> <p>The early years team are in a unique position within the trusts, as they are the regulator for early years services. To be an effective regulator teams must be appropriately resourced and trained in all areas of child protection, safeguarding and child development. To fully enable the early years teams to operate as an effective regulator and to meet their statutory requirements, trusts should resolve any problems with vacant posts, recruitment issues and limited training.</p>				
<p><b>Recommendation 11</b></p> <p>To fully enable the early years teams to operate as an effective regulator and to meet their statutory requirements, trusts should resolve any problems with vacant posts, recruitment issues and limited training.</p>					
<p><b>4.4 The Trust has a system for identifying escalating risks to service provision and management structures in place to minimise identified risk. There are systems in place to prevent, identify, manage and review adverse incidents and near misses to prevent reoccurrence across the service.</b></p>	<p><b>Belfast Trust</b></p>	<p><b>Northern Trust</b></p>	<p><b>Southern Trust</b></p>	<p><b>South Eastern Trust</b></p>	<p><b>Western Trust</b></p>
					
	<p>All trusts had developed their own risk management strategy, supported by policies and procedures, and management structures to minimise identified risks. Trusts had risk registers that were kept up-to-date with emerging issues. Issues and risks were discussed during team meetings and escalated to senior management and the trusts’ clinical and social care governance teams. All trusts reported using the regional serious adverse incident reporting mechanisms, which is monitored by the HSC Board.</p> <p>There were mechanisms in place to review and manage incidents and risks within specific trusts; however the review team was not certain whether there were any mechanisms for sharing this learning on a regional basis. The review considered this might be an area the trusts could discuss and</p>				

	develop in the future.				
4.5 The Trust has policies and procedures in place to identify and protect vulnerable children and provide child protection training to child minders and day care providers.	Belfast Trust	Northern Trust	Southern Trust	South Eastern Trust	Western Trust
					
	<p>All trusts had policies and procedures in place in relation to child protection.</p> <p>The trusts did not provide child protection training to childminders and day care providers. However, some social workers within the teams were trained to deliver this training. Under a service level agreement NICMA provided pre-registration training in child protection to prospective childminders.</p>				
4.6 The Trust has a system for completing robust pre-employment checks on staff and ancillary personnel working in childminding or a day care service.	Belfast Trust	Northern Trust	Southern Trust	South Eastern Trust	Western Trust
					
	<p>All trusts were following the Regional Childminding and Day Care Vetting Procedure and the associated documentation for completing pre-employment checks on staff providing child care services. The regional guidance contains templates a vetting checklist and details of the vetting requirements. Providers compliance with the regional vetting procedure is also checked during inspections.</p>				
4.7 The Trust ensures that staff, parents, providers and other associated agencies are aware of its complaints and representations procedures. Information on these procedures is	Belfast Trust	Northern Trust	Southern Trust	South Eastern Trust	Western Trust
					

<p><b>publicised in a range of formats and is available to children, parents and members of the wider community.</b></p>	<p>All trusts had adopted the regional policies and procedures for dealing with complaints, which were trust wide documents. Some trust also had their own complaints policy and procedures. While trusts had corporate complaints registers, there were no specific registers for the early years services.</p> <p>Staff were familiar with the complaints documents and the associated procedures. During the focus groups, it was clear that some of the providers were not overly familiar with the trust's complaints procedures. However, it was noted that providers were advised of the complaints policy and procedures in some of the standard letters received from the early years teams. The review team was not clear about parents awareness or knowledge of the complaints procedures, but it was assumed that most would generally not be aware of them, as they had no direct dealings with the trusts. The review team would suggest that trusts take steps to raise the awareness of their complaints procedures with providers and parents.</p> <p>During the review, it was noted that the early years teams would receive many representation from individuals who were acting on behalf of providers. Staff advised there was an expectation within the trusts to resolve these representations with expediency, which usually took up a lot of time. The review team would suggest that all representations are dealt with equally through the appropriate procedures. Prioritising representations should be discouraged.</p>				
<p><b>4.8 Information is accessible for parents, providers and associated agencies, to assist them in making the most appropriate choice of placement for their child.</b></p>	<p><b>Belfast Trust</b></p>	<p><b>Northern Trust</b></p>	<p><b>Southern Trust</b></p>	<p><b>South Eastern Trust</b></p>	<p><b>Western Trust</b></p>
					
	<p>Trusts were providing only limited information to parents, providers and associated agencies, to assist them making the most appropriate choice of placement for their child. Trusts were unable to recommend providers and only supplied parents with a list of providers in their area or signposted</p>				

	<p>them to the family support NI website.</p> <p>Trusts would only provide copies of inspection reports upon request, and in many trusts, this had to be routed through the information governance team.</p> <p>The provision of information was an area that was under development on a regional basis. Work was ongoing in relation to publishing inspection report on the family support website. However, the final mechanisms for this were not in place at the time of the review.</p> <p>The review team welcomed the proposed publication of the reports; however, considered that more information should be made available, in particular, the publication of any enforcement action and any complaints that were investigated and upheld. This would give parents additional information that could assist them in making the most appropriate choice of placement for their child. The review team would recommend that consideration is given to publishing enforcement actions and upheld complaints on the family support website.</p>				
<b>Recommendation 12</b>					
The HSC Board and trusts should give consideration to publishing enforcement actions and upheld complaints against providers on the family support NI website.					
<b>4.9 The Trust actively involves service users and parents, staff and the wider public in the development, implementation and evaluation of childminding and day care provision in their geographical area.</b>	<b>Belfast Trust</b>	<b>Northern Trust</b>	<b>Southern Trust</b>	<b>South Eastern Trust</b>	<b>Western Trust</b>
					
The involvement of service users and parents should be an integral aspect for the development, implementation and evaluation of childminding and day care provision. This level of involvement falls within the definition of Personal and Public Involvement (PPI).					

All trusts provided evidence of how parents and providers' staff had been involved in specific pieces of work associated with inspections. This ranged from being involved in completing inspection questionnaires about the services, consultation about services, focus groups to obtain opinions and feedback on issues related to child care provision.

While service users and parents have been involved in specific pieces of work, they have very limited involvement in the overall development, implementation and evaluation of childminding and day care provision. Progress has been made to involve parents in the inspection process; however, this does not meet the legislative requirement of PPI.

PPI is a statutory duty for HSC organisations. It is a two-way process and not solely to be used when organisations want to hear the views of service users and carers on something which organisations bring to them for their consideration.

In March 2015, the PHA launched the standards for Personal and Public Involvement – Setting the Standards<sup>11</sup>, which were developed to set out what is expected of HSC organisations and staff. The standards are aimed to help standardise practice and support the drive towards a truly person-centred system. The review team considers that that the HSC Board and trusts in order to fully meet their responsibilities should use the Person and Public Involvement standards as the basis on which to involve service users and parents in the development of childminding and day care provision.

---






<sup>11</sup> Personal and Public Involvement – Setting the Standards 2015 – Public Health Agency - <http://www.publichealth.hscni.net/directorate-nursing-and-allied-health-professions/allied-health-professions-and-personal-and-publi-5>











### Recommendation 13

The HSC Board and trusts should use the Personal and Public Involvement Standards as the basis on which to involve service users and parents, staff and the wider public in the development, implementation and evaluation of childminding and day care provision.

#### Standard 5: The Trust's Early Years staff are trained, supervised and supported to assist them in the discharge of their Part XI functions.

**5.1 The Trust has a workforce strategy in place that ensures clarity in respect of structure, function, roles and responsibilities of staff. This addresses the development of the workforce in line with current and future service needs and departmental policy.**

Belfast Trust	Northern Trust	Southern Trust	South Eastern Trust	Western Trust
				
<p>Trusts lacked a workforce strategy that was specific to early years teams; however, referenced their corporate and directorate workforce strategies for guidance in this area. Some trusts had carried out a workforce analysis and had specific training plans for early years; however, these appeared to lack the cohesiveness that could be described as encompassing a workforce strategy.</p> <p>The HSC Board had conducted a regional workforce analysis in 2013, which was intended to be an indicator of the required staffing levels for the early years services. Some trusts advised their staffing levels fell below the indicated levels, and in the current economic climate, they were having difficulties in recruiting staff. Many staff expressed concern about the current accuracy of the workforce analysis. They advised that the analysis was based on assumptions and carried out prior to staff working in line with the standards. It was highlighted that some tasks being currently undertaken were not included in the analysis.</p> <p>Despite the lack of a workforce strategy, trusts took steps to address workforce issues when they occurred. Both the South Eastern and Western trusts had encountered issues with staffing levels, due to maternity</p>				

	<p>and sick leave, and developed recovery plans to address the issues. The South Eastern Trust further developed a modernisation plan to restructure the teams to better reflect the needs of the service.</p> <p>The Northern Trust identified the need for improvements to their service and developed a reform plan to outline the actions required to implement the improvements.</p> <p>The review team acknowledged the work already undertaken in this area; however, would recommend that trusts develop workforce strategies that are specific to the early years service.</p>				
<b>Recommendation 14</b>					
Trusts should develop workforce strategies that are specific to their early years services.					
<b>5.2 There is a training plan and development programme in place which meets identified training needs of staff. The plan is kept under review and updated at least annually.</b>	<b>Belfast Trust</b>	<b>Northern Trust</b>	<b>Southern Trust</b>	<b>South Eastern Trust</b>	<b>Western Trust</b>
					
	All trusts had developed training plans for the early years services. The review team was advised that training and development requirements are identified during monthly supervision and annual appraisals with staff, and the plans updated accordingly.				
<b>5.3 Appropriate training and qualification opportunities are available for all staff in line with workforce and training strategies, and Departmental and Northern Ireland Social Care Council (NISCC) requirements.</b>	<b>Belfast Trust</b>	<b>Northern Trust</b>	<b>Southern Trust</b>	<b>South Eastern Trust</b>	<b>Western Trust</b>
					
	Despite having training plans in place, the review team identified training to be an issue in all trusts. Each trust was providing mandatory training, which staff were completing; however, additional training was only being provided occasionally and only within specific circumstances. Staff in each				

trust confirm this to be the case. Some trusts confirmed that financial and budgetary constraints did not currently permit them to provide any training other than mandatory training.

Staff in all trusts highlighted the need for training in the following areas:

- training specific to registration and inspection
- training specific to the minimum standards
- early years social work training
- child development training

Administrative staff in each trust also identified training needs in relation to using databases and Microsoft Excel.











When the new minimum standards were being introduced, all trusts had provided some initial training for staff in relation to registration and inspection. However, staff across the trusts considered this was not enough. Some trusts had tried to meet the needs of staff training by providing in-house training on the standards. The Belfast Trust had continued this in-house training and staff found it to be an opportunity to discuss and resolve issues relating to the standards.











The review team considered the lack of specific training in registration, inspection and the minimum standards was a contributory factor in the issues currently being experienced within the service. They acknowledged some of the difficulties in relation to the provision of training, but considered that additional training needed to be provided if some of the issues are to be resolved. The review team would suggest that the HSC Board and trusts approach this on a regional basis.








## Recommendation 15

The HSC Board and trusts should adopt a regional approach to identifying the training needs of staff, and seek ways to deliver it.

5.4 The Trust has in place an appraisal and supervision system for staff which facilitates professional and regulatory requirements and informs the training, education and workforce development. The system operates in line with regional guidance and meets all relevant professional codes of practice.	Belfast Trust	Northern Trust	Southern Trust	South Eastern Trust	Western Trust
					
All trusts have arrangements in place for regular supervision and annual appraisals. The arrangements in place were confirmed by staff. With the exception of the Western Trust, staff did not raise any issues in relation to the supervision and appraisal arrangements. The Western Trust informed the review team about ongoing discussions in relation to appraisals for social workers. It was stated that due to the comprehensive supervision arrangements for social workers, there was no need for them to complete annual appraisals. The review team was not confident of the strategy employed, but hoped the current discussions would provide a positive outcome.					
5.5 Staff have undertaken child protection training appropriate to their roles and know how to manage child protection issues that arise in childminding or day care settings.	Belfast Trust	Northern Trust	Southern Trust	South Eastern Trust	Western Trust
					
Trusts advised that child protection training was part of the mandatory training for staff. However, after the discussions with staff, the review team was not fully assured that all staff had completed or undertaken up-to-date child protection training. The review recognised that the qualifications and experience of the social workers meant they had good knowledge in this area.					
The Northern Trust was the only trust where all staff had not completed updated child protection training. However, this was only a small number of					

	<p>staff and their training had been scheduled for the coming months.</p> <p>In the Belfast and South Eastern trusts, three members of staff are approved Keeping Safe trainers, who deliver safeguarding training to community and voluntary sector groups. In the Southern Trust, some members of staff have undertaken Training for Trainers, which has enabled them to deliver child protection training to the sector.</p>				
<p><b>5.6 Staff are familiar with the arrangements for reporting adverse incidents and near misses. There is a whistleblowing policy in place in respect of unsafe practice and poor performance.</b></p>	<b>Belfast Trust</b>	<b>Northern Trust</b>	<b>Southern Trust</b>	<b>South Eastern Trust</b>	<b>Western Trust</b>
					
	<p>All trusts had a whistleblowing policy in place. With the exception of the Western Trust, staff in the other trusts were familiar with the policy and knew their responsibilities in relation to it. Not all staff in the Western Trust advised of being familiar with the whistleblowing policy. The review team would suggest the Western Trust takes steps to ensure all staff are familiar with the whistleblowing policy.</p>				
<p><b>5.7 Staff operate in a person centred manner, and are knowledgeable about children's development. Staff have completed disability awareness training and have an understanding of their role in promoting equal opportunities for children with additional needs.</b></p>	<b>Belfast Trust</b>	<b>Northern Trust</b>	<b>Southern Trust</b>	<b>South Eastern Trust</b>	<b>Western Trust</b>
					
	<p>Inspections were dictated by the themes, with a limited person centred approach through a lack of interaction with the children. From the discussions with staff, the review team was not fully assured that they were operating in a person centred manner. This was not a fault of the inspectors, but rather the requirements of adhering to the standards.</p> <p>The review team considered that specific knowledge of children's learning and development was low for many inspectors. Although most were from a child social work background, their experience was more in relation to child protection. This was a view expressed by providers during the focus</p>				

	<p>groups, and an acknowledgement from staff who had requested training in this area.</p> <p>The review team considered that inspectors would need more training in this area if they were to become more knowledgeable about children's learning and development, and be better placed to provide a more person centre inspection.</p> <p>It was noted that a few members of staff in each trust may still be required to undertake disability awareness training. The Belfast, Northern and Southern trusts confirmed that a small number of staff had been scheduled to undertake the training, but at the time of the review, they had not completed it. The South Eastern and Western trusts could not evidence that all staff had completed the disability awareness training.</p> <p>The review team was informed that disability awareness training was now part of the equality training. The review team would suggest that this is reflected in the description of this criterion.</p>				
<b>5.8 The Trust provides guidance, training and support to its Registration Panel (where applicable), or to those independent persons who assess applications, to assist them in the discharge of their duties and this includes the provision of legal advice where it is required.</b>	<b>Belfast Trust</b>	<b>Northern Trust</b>	<b>Southern Trust</b>	<b>South Eastern Trust</b>	<b>Western Trust</b>
					
	<p>None of the trusts provided any formal guidance, training or support to its early years panel, but rather provided it informally on a case by case basis. In the discussions with the review team, many trusts acknowledged the need for a more formal approach. The review team would recommend this is carried out on a regional basis.</p>				

## Recommendation 16

The HSC Board and trusts should adopt a regional approach to developing formal guidance, training and support mechanisms for their early years panels.

### Standard 6: Clear, documented systems are in place for the management of records and information in accordance with legislative requirements.

**6.1 The Trust has a policy and procedures in respect of the management and storage of records and information. The policy and procedures detail the arrangements for the creation, use, retention, storage, transfer, disposal of and access to records.**

Belfast Trust



Northern Trust



Southern Trust



South Eastern Trust



Western Trust



All trusts were adhering to the DHSSPS advice and guidance on records management - Good Management Good Records. Trusts also had individual records management policy and procedures.

**6.2 The Trust has an effective and integrated information technology and management system which supports the delivery of statutory functions.**

Belfast Trust



Northern Trust



Southern Trust



South Eastern Trust













Western Trust


















All trusts acknowledged they had limited information technology and management systems; however, it was advised that the regional communications group was looking at this.

All trusts were utilising SOS CARE to store information about providers, registrations and inspections. Both the Belfast and Northern trusts had developed the capabilities of the SOS CARE system to suit their needs. The review team considered it would be beneficial to share these developments with the other trusts.

Most trusts were also utilising standard computer packages, such as Microsoft Excel, and other databases to monitor and track registrations,

	<p>inspections, reports and other activities.</p> <p>After talking with staff, the review team noted that many were not proficient with some of the computer packages being used, in particular Microsoft Excel. Staff advised of requesting training; however, it was not always approved. The review team would suggest that staff are provided with the opportunity to avail of training, as this would empower them to better utilise the functionality of such packages. In return they would be able to develop improved tracker systems, which could provide more effective management of the registration and inspection processes.</p>				
<b>6.3 Registration and inspection files relating to providers are structured and maintained in accordance with the Trust's policy. Information held by the Trust is managed in accordance with Good Management Good Records, the Data Protection Act 1998 and, where relevant, the Freedom of Information Act 2000.</b>	<b>Belfast Trust</b>	<b>Northern Trust</b>	<b>Southern Trust</b>	<b>South Eastern Trust</b>	<b>Western Trust</b>
					
	<p>The review team examined a sample of files in each trust and considered them to be structured and maintained in an appropriate way, consistent with good records management practice. All relevant information was included in the files, and information was structured in logical manner.</p> <p>The South Eastern Trust had recently moved to storing information about providers on e-files, which minimised paperwork and storage requirements. This method of storing files was working well. The review team considered this to be an innovative practice and should be shared with the other trusts.</p>				
<b>6.4 Records required under The HPSS (Quality Improvement and Regulation) (Northern Ireland) Order 2003 are up-to date, accurate and available for inspection in the Trust at all times. This</b>	<b>Belfast Trust</b>	<b>Northern Trust</b>	<b>Southern Trust</b>	<b>South Eastern Trust</b>	<b>Western Trust</b>
					

includes information required by RQIA under Article 36 of The HPSS (Quality, Improvement and Regulation) Order 2003.	All trusts had up-to-date information and records which were made available to the review team during the review process.				
6.5 Systems and processes are in place to ensure that urgent communications, safety alerts and notices, standards and good practice guidance are made available in a timely manner to staff and partner organisations.	Belfast Trust	Northern Trust	Southern Trust	South Eastern Trust	Western Trust
					
	<p>Trusts utilise the Safety Alert Broadcast System to receive information about urgent issues or safety alerts, which are communicated to staff. Staff advised that information is communicated to providers via email, telephone or post.</p> <p>Although information was being communicated, the review team was not assured there were formal systems and processes in place to manage communications.</p> <p>The Southern Trust advised that the regional communication group had agreed that changes and other information would be disseminated directly from the HSC Board to the heads of the early years services.</p> <p>The review team considered more formal arrangements should be put in place to disseminate information to providers.</p>				
6.6 Up-to-date information on the Trust's childminding and day care services, records and inspection reports is made available to parents and to registered providers in a format that is	Belfast Trust	Northern Trust	Southern Trust	South Eastern Trust	Western Trust
					

<b>user friendly.</b>	<p>All trusts maintained up-to-date information on childminding and day care services, records and inspection reports, and provided copies of inspection reports to parents when requested. Trusts advised that they had facilities to translate reports or other information into another language, or an alternative format upon request. The review team did not evidence any other forms of information being provided in a format that was user friendly, in any of the trusts.</p> <p>The review team considered this was an area that trusts needed to improve on. When developing the report template, consideration should be given to presenting the information in a more user friendly format.</p>				
<b>Recommendation 17</b>					
Trusts should review the information currently being provided to the public, and take steps to develop it into a more user friendly format.					
<b>6.7 Records are held securely for the period of time specified in guidelines and disposed of in accordance with legislation.</b>	<b>Belfast Trust</b>	<b>Northern Trust</b>	<b>Southern Trust</b>	<b>South Eastern Trust</b>	<b>Western Trust</b>
					
	All trusts were adhering to the guidelines of their respective records management policy and procedures.				

### Appendix 3 - RQIA Published Reviews

Review	Published
Review of the Lessons Arising from the Death of Mrs Janine Murtagh	October 2005
RQIA Governance Review of the Northern Ireland Breast Screening Programme	March 2006
Cherry Lodge Children's Home: Independent Review into Safe and Effective Respite Care for Children and Young People with Disabilities	September 2007
Review of Clinical and Social Care Governance Arrangements in Health and Personal Social Services Organisations in Northern Ireland	February 2008
Review of Assessment and Management of Risk in Adult Mental Health Services in Health and Social Care Trusts in Northern Ireland	March 2008
Reducing the Risk of Hyponatraemia When Administering Intravenous Infusions to Children	April 2008
Clostridium Difficile – RQIA Independent Review, Protecting Patients – Reducing Risks	June 2008
Review of the Outbreak of Clostridium Difficile in the Northern Health and Social Care Trust	August 2008
Review of General Practitioner Appraisal Arrangements in Northern Ireland	September 2008
Review of Consultant Medical Appraisal Across Health and Social Care Trusts	September 2008
Review of Actions Taken on Recommendations From a Critical Incident Review Within Maternity Services, Altnagelvin Hospital, Western Health and Social Care Trust	October 2008
Review of Intravenous Sedation in General Dental Practice	May 2009
Blood Safety Review	February 2010
Review of Intrapartum Care	May 2010
Follow-Up Review: Reducing the Risk of Hyponatraemia When Administering Intravenous Infusions to Children	July 2010
Review of General Practitioner Out-of-Hours Services	September 2010
RQIA Independent Review of the McDermott Brothers' Case	November 2010
Review of Health and Social Care Trust Readiness for Medical Revalidation	December 2010
Follow-Up Review of Intravenous Sedation in General Dental Practice	December 2010
Clinical and Social Care Governance Review of the Northern Ireland Ambulance Service Trust	February 2011
RQIA Independent Review of Child and Adolescent Mental Health Services (CAMHS) in Northern Ireland	February 2011
Review of General Practitioner Out-of-Hours Services	September 2010



Review	Published
RQIA Independent Review of the McDermott Brothers' Case	November 2010
Review of Health and Social Care Trust Readiness for Medical Revalidation	December 2010
RQIA's Overview Inspection Report on Young People Placed in Leaving Care Projects and Health and Social Care Trusts' 16 Plus Transition Teams	August 2011
Review of Sensory Support Services	September 2011
Care Management in respect of Implementation of the Northern Ireland Single Assessment Tool (NISAT)	October 2011
Revalidation in Primary Care Services	December 2011
Review of the Implementation of the Protocol for the Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults	February 2012
RQIA Independent Review of Pseudomonas - Interim Report	March 2012
RQIA Independent Review of Pseudomonas - Final Report	May 2012
Mixed Gender Accommodation in Hospitals	August 2012
Independent Review of the Western Health and Social Care Trust Safeguarding Arrangements for Ralphs Close Residential Care Home	October 2012
Review of the Implementation of Promoting Quality Care (PQC) Good Practice Guidance on the Assessment and Management of Risk in Mental Health and Learning Disability Services	October 2012
Review of the Northern Ireland Single Assessment Tool - Stage Two	November 2012
Review of the Implementation of the Cardiovascular Disease Service Framework	November 2012
RQIA Baseline Assessment of the Care of Children Under 18 Admitted to Adult Wards In Northern Ireland	December 2012
Safeguarding of Children and Vulnerable Adults in Mental Health and Learning Disability Hospitals in Northern Ireland, Overview Report	February 2013
Independent Review of the Governance Arrangements of the Northern Ireland Guardian Ad Litem Agency	March 2013
Independent Review of the Management of Controlled Drug Use in Trust Hospitals	June 2013
Review of Acute Hospitals at Night and Weekends	July 2013
National Institute for Health and Care Excellence Guidance: Baseline Review of the Implementation Process in Health and Social Care Organisations	July 2013
A Baseline Assessment and Review of Community Services for Adults with a Learning Disability	August 2013

Review	Published
Review of Specialist Sexual Health Services in Northern Ireland	October 2013
Review of Statutory Fostering Services	December 2013
Respiratory Service Framework	March 2014
Review of the Implementation of NICE Clinical Guideline 42: Dementia	June 2014
Overview of Service Users' Finances in Residential Settings	June 2014
Review of Effective Management of Practice in Theatre Settings across Northern Ireland	June 2014
Independent Review of Arrangements for Management and Coordination of Unscheduled Care in the Belfast Health and Social Care Trust and Related Regional Considerations	July 2014
Review of the Actions Taken in Relation to Concerns Raised about the Care Delivered at Cherry Tree House	July 2014
Review of Actions Taken in Response to the Health and Social Care Board Report Respite Support (December 2010) and of the Development of Future Respite Care/Short Break Provision in Northern Ireland	August 2014
Child Sexual Exploitation in Northern Ireland - Report of the Independent Inquiry	November 2014
Discharge Arrangements from Acute Hospital	November 2014
Review of the Implementation of the Dental Hospital Inquiry Action Plan 2011	December 2014
Review of Stroke Services in Northern Ireland	December 2014
Review of the Implementation of GAIN Guidelines on Caring for People with a Learning Disability in General Hospital Settings	December 2014
Baseline Assessment of Access to Services by Disadvantaged Groups in Northern Ireland (Scoping Paper)	December 2014
Review of the Care of Older People in Acute Hospitals	March 2015
RQIA Quality Assurance of the Review of Handling of all Serious Adverse Incidents Reported between January 2009 and December 2013	December 2014
Review of the Diabetic Retinopathy Screening Programme	May 2015
Review of Risk Assessment and Management in Addiction Services	June 2015
Review of Medicines Optimisation in Primary Care	July 2015
Review of Brain Injury Services in Northern Ireland	September 2015



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9051 7500  
**Fax** 028 9051 7501  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)