Supporting Quality: guidelines for professional practice in early childhood services
Book 1 Policy & Governance

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Barnardos supports children whose well-being is under threat, by working with them, their families and communities and by campaigning for the rights of children. Barnardos was established in Ireland in 1962 and is Ireland's leading independent children's charity.

Barnardos' vision is an Ireland where childhood is valued and all children and young people are cherished equally.

Barnardos' mission is to challenge and support families, communities, society and government to make Ireland the best place in the world to be a child, focusing specifically on children and young people whose well-being is under threat.

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Foreword

The first edition of *Supporting Quality* was published in 2000. There have been major policy and service developments in the early childhood education and care field in the past decade, reflected in this third edition of *Supporting Quality* becoming two books. Completely updated, revised and extended, Book 1 deals with *Policy and Governance* and Book 2 is titled *Enhancing Children's Learning and Development.*

The importance of the first years in a child's life in terms of development and learning cannot be over estimated. Barnardos wants every child to have access to a guaranteed, quality, regulated childcare place, staffed by well-trained practitioners capable of providing for the development and well-being of each child in their care.

This publication is a significant contribution in supporting practitioners to develop and provide quality early childhood services. Book 1 pulls together the social and economic context, significant policy developments and legislation as well as leadership and management content. Book 2 will focus on early learning theory and professional practice. I want to compliment author Geraldine French for the manner in which she has managed to present such a vast amount of complex content in such an accessible way. *Supporting Quality* must be one of the few bestsellers in childcare publications.

Barnardos' Training and Resource Service continues to provide publications, training and information to the early childhood sector. I am confident that this new edition of *Supporting Quality* will play its part in supporting practitioners to enhance the quality of early years provision for children.

Fergus Finlay
Chief Executive, Barnardos

May 2008

Glossary of Terms

Adult is used interchangeably with the word 'practitioner' in acknowledgement that not everyone who works with children is on a staff team.

Agency is exercised by individuals when they feel empowered to make decisions and choices within a supportive social framework.*

Anti-discriminatory practice involves valuing and protecting children from discrimination. Encouragement and the development of positive attitudes to difference is central to an anti-discriminatory approach as well as challenging discriminatory practices and providing positive models and images for children from a young age.

Centre for Early Childhood Development and Education (CECDE) was established to develop and co-ordinate early childhood care and education in pursuance of the objectives of the *White Paper 'Ready to Learn'* (Ireland, 1999a).

Child centred refers to policy and practice that starts with the child's needs as the principal consideration.

Childminding service describes a pre-school service, which may include an overnight service, offered by a person who single-handedly takes care of pre-school children, possibly including the childminder's own children, in the childminder's home for a total of more than two hours per day, except where the exemptions provided in Section 58 of the Child Care Act, 1991 apply.

Childminders look after children in the childminder's own home. They offer this service all year round for the full working day or for different periods during the day. Parents and childminders negotiate their own terms.

Co-construction is the joint creation of an activity, action, form, stance, interpretation, argument, emotion or any other reality that is culturally meaningful between a practitioner and a child. In order to co-construct, both participants are involved in learning in partnership within their own social and cultural contexts (Ochs and Jacoby, 1995).

Constructivism is the psychological theory emanating from Piaget, Vygotsky and others, which suggests that humans construct their own knowledge, intelligence and morality.

Consultation can be considered as a form of communication that seeks to encourage ideas and opinions from others, e.g. from children, parents or community. Consultation might be achieved by talking with individuals or in a meeting.

Culture infers an identity which everyone has, based on a number of factors including memories, ethnic identity, family attitudes to child rearing, class, money, religious or other celebrations, or division of family roles according to gender or age. Culture is a shared way of doing things and evolves for individuals and communities.

Curriculum addresses the totality of the child's learning and development (National Council for Curriculum and Assessment, 2001, p.10). It denotes all of the values, knowledge and skills 'that children are meant to learn in educational establishments' in addition to all the 'intentional/unintentional learning' (Siraj-Blatchford, Sylva, Muttock, Gilden and Bell, 2002, p.27).

Development is the process by which a person changes and grows over time, influenced by both experiences and physiological changes. It has two dimensions – normative (following a prescribed pattern) and dynamic (depending on time and experience).

Developmentally appropriate practice is educational practice that embraces children's developmental stages. This term has been criticised in the past because it is based on universal laws of development, emerging from a Western ideology, and, without definition, may *not* be appropriate depending on the cultural context. The term coined as an alternative is *practice appropriate to the context of early development* (Woodhead, 1996).

Dispositions consist of enduring habits of mind and action, and tendencies to respond to situations in characteristic ways that develop through interactions with others. Dispositions that are important for lifelong learning include an enthusiasm for exploration, communication, perseverance, problem-solving and independent collaborative action.

Drop-in centre refers to a service provided in a shopping centre, leisure centre or similar establishment which is provided as part of a customer/client service and where children are left for no more than two hours while the parent or guardian is availing of a service or attending an event.

Early childhood is defined as the period before compulsory schooling, in Ireland from birth to six years.

Early childhood education and care is sometimes referred to as early childhood education (Department of Education and Science [DES], 1999); childcare (Department of Justice Equality and Law Reform [DJELR], 1999; Irish Childcare Policy Network [ICPN], 2006); and early childhood education and care (Organisation for Economic Development and Co-operation [OECD], 2004; OECD, 2006). The term early childhood education and care (ECEC) is deliberately used in *Supporting Quality* to reflect the inextricable link between care and education and to favour the OECD terminology.

Early childhood setting refers to any early childhood setting including full day care, sessional services, Early Start or the infant cycle in Irish primary schools.

Effective pedagogy occurs when, in day-to-day interactions, educators draw on a repertoire of strategies: from the provision of instructive environments for play and exploration, modelling, demonstration and direct instruction among others (Siraj-Blatchford, 2004). Three dimensions of teacher effectiveness are knowledge and understanding about the content of teaching, how young people learn and how to manage the learning processes.

Emergent curriculum is a curriculum that arises from children's interests, adults' understanding of individual children's development and dedication to pursuing those interests.

Equal opportunities work to redress any inequalities that exist, relevant to racial and cultural origins, gender and for people with disabilities.

Ethnicity refers to individuals' identification with a group sharing some or all of the following traits: customs, lifestyles, religion, language, nationality. White people also belong to ethnic groups.

Extending occurs when a suggestion is made by the practitioner, within interactions, to support the child to perceive other ideas/ways/possibilities of doing things in their current activities (Siraj-Blatchford *et al*., 2002).

Explanatory Guide refers to the explanatory guide to the Child Care (Pre-school Services) (No2) Regulations 2006.

Evidence of learning demonstrates a child's understandings, capabilities or dispositions, related to a particular learning statement, in the form of a record of observation or conversation, a piece of art, or an electronic text. This information about children's learning or evidence is gathered in partnership with children, parents and other partners such as specialist colleagues.*

Family is used while recognising the changing patterns in families' lives. An increasing rate of divorce and remarriage means that many children are growing up with a lone parent or stepparents. In addition, many children are cared for by grandparents, other relations, foster parents or their community.

FETAC stands for the Further Education and Training Awards Council, which was established in 2001 and is the national awarding body for all further education in Ireland. FETAC has replaced the processes and procedures of the National Council for Vocational Awards (NCVA).

Full day care is defined by the Child Care (Pre-school Services) Regulations, 2006 *Explanatory Guide* as follows: A full day care service means the provision of a structured day care service for children for more than 5 hours per day. Services such as those currently described as day nurseries and crèches.

Governance: The term 'governance' can relate to political decisions that grant priority to actions and decisions in ECEC provision. In the case of an ECEC service, 'governance' relates to consistent management, adherence to legislation, cohesive policies and processes. It is used deliberately in the title to include both the importance of political will to ensure quality provision of ECEC services in Ireland, and sound management and adherence to legislation within those services.

Health Information and Quality Authority is an independent authority reporting to the Minister for Health and Children charged with establishing and monitoring standards in Ireland's health and social care services.

HETAC stands for the Higher Education and Training Awards Council. It was established in 2001, and is the qualification awarding body for third-level educational and training institutions outside the university sector. It is the successor to the National Council for Educational Awards (NCEA).

Hidden curriculum consists of values, attitudes and messages that are conveyed to children, through the actions of their carers, as they participate in the setting which may not be made explicit.

Holistic curriculum incorporates a broadly based curriculum that incorporates all areas of learning and development. Learning experiences are designed to ensure that children engage with learning as a whole, rather than as separate pieces or disciplines.

Instruction/Instructive includes both direct (demonstrating, questioning and other processes whose aim is to further learning) and indirect instructional behaviours and intentions such as the encouragement of parental involvement and the provision of 'pedagogical framing' (Siraj-Blatchford *et al*., 2002, p.6).

Institutional racism is concerned with racial discrimination which has been incorporated into the structures, processes or procedures of organisations, either because of racial prejudice or because of a failure to take into account the particular needs of black and ethnic minority people. Institutional racism occurs where the activities, practices, policies or laws of an institution lead, intentionally or unintentionally, to less favourable outcomes for minority ethnic groups (Murray and O'Doherty, 2001).

Interaction is a process in which people or objects have a reciprocal effect upon each other through their actions.

Interculturalism involves the interaction, understanding and integration among and between different cultures and ethnic groups without glossing over issues such as racism. The development of an intercultural approach implies policies which further these aims (Murray and O'Doherty, 2001).

Key worker systems apply in early childhood settings where each child and family is allocated a specific member of staff who will provide continuity between home and service and who has a 'special' responsibility for the child and the relationship with the child's family.

Learning is a complex, dynamic and interactive process whereby knowledge is created through the transformation of experience.

Literacy can incorporate a broader view than just knowledge of letters, which encompasses the changing nature of communications technology. It acknowledges many forms of representation and how meanings are increasingly communicated using multimodal (see below) and electronic texts. This view of literacy also recognises the diverse nature of social and cultural practices associated with literacy and how these practices provide differential access to power within society.

Majority refers to the predominant culture in Ireland.

Minority ethnic refers to belonging to a cultural or religious group that is numerically smaller than the predominant majority. In Ireland this includes the Travelling community, indigenous Black Irish, those from Bosnia, Kurdistan, Romania, Somalia among many others.

Multiculturalism celebrates difference but focuses on minority cultures and specifically the exotic aspects of these cultures glossing over issues of racism and unequal power relations (Murray and O'Doherty, 2001).

Multimodal texts are composed using two or more modes – written, visual, spoken and sound. Examples young children are familiar with are print-based (picture story books, food and toy packaging, catalogues) and screen-based (electronic games, the internet, television) .

National Council for Curriculum and Assessment (NCCA) was established to advise the Minister for Education and Science on matters relating to the curriculum for early childhood education, primary and post-primary schools and the assessment procedures employed in schools, and examinations on subjects which are part of the curriculum.

Non-sexist implies resources or attitudes that present neutral images of the roles and behaviours of men and women. Therefore, a book that shows adults sharing domestic tasks is non-sexist.

Overnight childcare services are provided either by a crèche or a childminder and cater for children for more than two hours between 7pm and 6am (Regulations, 2006).

Part-time care is an early childhood service offering a planned programme for children for a more than 3.5 hours and less than 5 hours per day.

Pedagogy from the sociology of childhood is defined as 'analytically distinct' and 'complementary' to curriculum (Siraj-Blatchford, 2004, p.137). Pedagogy is defined as the practice or the art, science, craft of teaching; therefore to be a pedagogue is to be a teacher; it refers to the interactive process between teacher and learner and the learning environment (which includes family and community) and how they are harnessed to foster learning in children (Siraj-Blatchford, 2004, p.138). It is about knowing what is appropriate or less appropriate for children.

Pen Green Centre for Families is located in Corby, England. The centre has six major strands of activity: quality early years education and care; development work with parents; family support services; community regeneration; community based health services; training and research.

Pobal is a not-for-profit company with charitable status that manages programmes on behalf of the Irish Government and the EU. Their mission is to promote social inclusion, reconciliation and equality through integrated social and economic development within communities. Pobal manages a number of programmes for Government Departments including the National Childcare Investment Programme within the Office of the Minister for Children and Youth Affairs (Department of Health and Children).

Pre-school children are defined as 'children under 6 years of age, who are not attending a national school'. Note the term '*pre*-school' put the emphasis on school rather than a preferred focus on early childhood as time of value in its own right; a focus on children's 'being' rather than 'becoming'.

Pre-school service in a drop-in centre means a pre-school service offering day care which is used exclusively on an intermittent basis such as in a shopping centre or leisure facility.

Pre-school service in a temporary drop-in centre means a pre-school service offering day care exclusively on a temporary basis, for example when the parent or guardian is attending a once-off event such as a conference or a sports event.

Racism involves a pattern of attitudes and behaviour grounded in the belief that one group of people, defined by racial or cultural identity, is naturally superior to others. Language or behaviour would be racist if offensive words or discriminatory actions were directed at an individual or group because of their racial or cultural origins.

Regulations, 2006 refer to the Child Care (Pre-school Services) (No2) Regulations 2006. These fulfill the requirements of the Child Care Act, 1991 and stipulate mandated regulations regarding early childhood settings.

Responsiveness is based on understandings of the child that take into account children's interests, needs, background, and capabilities.

Reflective practice involves adults thinking about their work with children and planning and implementing the curriculum to best support the children's interests and strengths. Observing, listening and discussing with colleagues are key components of reflective practice. This practice can be supported by action planning.

Scaffolding is a process by which adults support and guide children's learning, enabling children to reach to the next level of ability, beyond their own personal capability at that time.

Sessional services mean the provision of:

- a planned programme to pre-school children
- of up to 3.5 hours per session

Services covered by the above definition may include: playgroups, crèches, Montessori groups, naionraí, Steiner schools, High/Scope settings or similar services which generally cater for children in the 3–5 year age bracket. Where younger children are cared for in sessional services, the appropriate requirements should apply.

Sexism pertains to discrimination on the basis of sex and especially behaviour, attitudes and language implying limitations on the capabilities or status of women and girls. It refers to discrimination against women and girls in a society in which men collectively have more power than women, based on a belief in the superiority of men and the inequality of the sexes.

Social inclusion is not simply about poverty but a complex interplay of many factors. Social exclusion limits or denies participation in economic, civil, cultural and social life. It may occur when services or resources are not available, accessible or acceptable. It may involve feelings of isolation, depression, powerlessness, apathy and experiences of loss of dignity (Home-Start International, 2002).

Specific requirement is a term which acknowledges that while all children have individual needs/requirements, some children have additional requirements such as those resulting from a disability or a specific learning difficulty or may have a continuing health condition that affects their life.

Zone of proximal development according to Vygotsky (1978, p.86) is 'the distance between the [child's] actual developmental level as determined by independent problem solving and the [child's] level of potential development as determined through problem solving under adult guidance or in collaboration with more capable peers'.

** Adapted from Queensland Government, Australia (2005) Early Years Curriculum Guidelines. Australia: Queensland Government (www.qsa.qld.edu.au/early/curriculum_guidelines/glossary.html)*

Acronyms

BCCN Border Counties Childcare Network

CCCs City and County Childcare Committees

CRA Children's Rights Alliance

CSO Central Statistics Office

DES Department of Education and Science

DEIS Delivering Equality of Opportunity in Schools – an Action Plan for Educational Inclusion (DES, 2005)

DHC Department of Health and Children

DIT Dublin Institute of Technology

DJELR Department of Justice, Equality and Law Reform

ECEC Early childhood education and care

ECNC European Commission Network on Childcare

EOCP Equal Opportunities Childcare Programme

ESRI Economic and Social Research Institute

FEL Framework for Early Learning

FETAC Further Education and Training Awards Council

HSA Health and Safety Authority

HETAC Higher Education and Training Awards Council

HIQA Health Information and Quality Authority

ICPN Irish Childcare Policy Network

IPPA, the Early Childhood Organisation

KHF Katharine Howard Foundation

KDIs Key Developmental Indicators

NCCA National Council for Curriculum and Assessment

NCCC National Childcare Co-ordinating Committee

NCIP National Childcare Investment Programme

NCNA National Children's Nurseries Association

NESC National Economic and Social Council

NESF National Economic and Social Forum

NQF/ECE Siolta – National Quality Framework for Early Childhood Education

NQAI National Qualifications Authority of Ireland

NVCOs National Voluntary Childcare Organisations

OECD Organisation for Economic Development and Co-operation

PHN Public Health Nurse

PEIP Prevention and Early Intervention Programme

SEC State Examinations Commission

UNCRC United Nations Convention on the Rights of the Child

Introduction

Welcome to the third edition of *Supporting Quality: guidelines for professional practice in early childhood services.* Ireland has witnessed a burgeoning of interest and development in the field of early childhood education and care in the last decade. Internationally, attention has become increasingly focused on how best to support children's well-being, identity, learning and development in the context in which it occurs. To reflect the wealth of information and research available nationally and internationally, this edition of *Supporting Quality* has been divided into two books: *Book 1 Policy and Governance* and *Book 2 Enhancing Children's Learning and Development*.

In this *Introduction*, some key questions are answered regarding why early childhood education and care is important, what is quality and what is professional practice? International recommendations on the delivery of quality early childhood education and care services are subsequently offered. The *Introduction* then briefly presents the overall content and direction of both *Supporting Quality* books, empathises with the demands placed upon practitioners, articulates the aims and outlines the principles that underpin this edition. Early childhood education and care is sometimes referred to as early childhood education (Department of Education and Science [DES], 1999); childcare (Department of Justice Equality and Law Reform [DJELR], 1999; Irish Childcare Policy Network [ICPN], 2007). The term early childhood education and care (ECEC) is deliberately used to foreground that children are learning from birth while also acknowledging the inextricable link between education and care. Early childhood education and care is also the term used by the Organisation for Economic Development and Co-operation [OECD] (2004 and 2006).

Why is early childhood education and care important?

The benefits of quality education and care services for young children have been widely documented. Sylva (1993), having reviewed the evidence about the impact of early learning on children's later development, concluded:

- The vast majority of research has shown that pre-school education leads to immediate, measurable gains in educational and social development.
- The most rigorous studies show that quality early education leads to lasting cognitive and social benefits in children, which persist through adolescence and adulthood.
- Investment in quality early education 'pays off' in terms of later economic savings to society.
- The most important learning in pre-school concerns aspiration, task commitment, social skills and feelings of efficacy.

Recent studies continue to demonstrate that for young children, particularly those living with the injustice of poverty and social exclusion, quality education and care lead to better school achievement, higher cognitive test scores, less special education placements, higher school retention rates (Reynolds, Wang, and Walberg, 2003; Schweinhart, Montie, Xiang, Barnett, Belfield, and Nores, 2004) and reduced depressive symptoms (McLaughlin, Campbell, Pungello, and Skinner, 2007). Well-designed early education programmes are shown to engender benefit for the participants themselves, Government and society. These benefits are reported to outweigh the costs (Karoly and Bigelow, 2005; Heckman, 2006). Children with a disability or specific requirement are also identified as being at increased risk of poverty and educational disadvantage over their life span. The research literature confirms the benefits of appropriately high-standard integrated settings. This is manifest in the children's development of social networks and increasingly complex play behaviours (Guralnick, Hammond, Connor, and Neville, 2006).

What is quality?

Defining quality in early childhood settings is a challenge. Taking a global stance, Moss and Pence (1994) suggest that quality is subjective in nature, a constructed concept and is value-laden rather than being one objective reality. They suggest that it is more accurate to talk about quality perspectives than a universal standard of quality (Moss and Pence, 1994). An international review of quality was conducted to underpin *Síolta* (Centre for Early Childhood Development and Education [CECDE], 2006a), our own quality framework (see *Part 1* and throughout this edition), and offered the following key ideas regarding quality (Schonfeld, Kiernan and Walsh, 2004):

- The idea of a universally held conception of quality is rejected; therefore there is no single definition of quality.
- Quality is relative and value based.
- Any definition/description of quality is limited to a particular time and place and connected to particular macro structures at societal level.
- What constitutes a quality service will differ in a society that views childhood as a time of 'being' in and of itself compared with a society that views childhood as a process of 'becoming' (an adult), involving the preparation of the child for its future role.
- Quality has been influenced by developmental psychology.
- The way quality is defined determines the instruments used to measure it and the support structures put in place thereafter.
- Defining, and indeed reaching, quality is an ongoing process.

In one evaluation, quality was thus seen as 'an ongoing, dynamic process that incorporated criteria specified by, and relevant to' the individual services (French, 2005, p. 23). This is not to imply that 'anything goes' regarding quality. There is wide consensus among theorists and practitioners regarding the features of policy, practice and provision which create the conditions for quality early learning experiences for young children (Pascal and Bertram, 1997). The OECD (2006) (see also *Part 1.2*) identified those aspects of quality that can be evaluated as:

- *Orientation quality* (the level and type of attention that states dedicate to ECEC policy legislation, initiatives, regulation).
- *Structural quality/programme standards* (the physical learning environment, group size, appropriate curriculum).
- *Educational concept and practice* (generally guided by national curricula, ideally with the goals of learning to be, to do, to learn and to live together).
- *Operational quality* (programme planning incorporating observations and documentation of children's learning, professional development for practitioners, and integration of flexible services with local requirements).
- *Child outcome quality/performance standards* (different outcomes can be privileged depending on the stance taken, e.g. standardised testing on numeracy and literacy is favoured in countries with a 'readiness for school' approach. Alternative approaches involve centre versus child evaluations and favour unobtrusive child observation and documentation of children's learning).
- *Parent/community outreach and participation* are also evaluated.
- *Interaction or process quality* (the quality and warmth of the pedagogical relationship which combines care, concern and upbringing/nurturing as well as expert support for children's learning).

What is professional practice?

The importance of quality practice in early childhood services is repeatedly emphasised by practitioners and researchers. Quality care incorporates the quality of the care providers (those who are responsive and sensitive to the individual children's needs, and are cognitively stimulating), the quality of the

structural environment (better staff-child ratios, small group size, highly educated providers) and the quality of the physical learning environment (Siraj-Blatchford, Sylva, Muttock, Gilden, and Bell, 2002; Schweinhart *et al.*, 2004).

In the UK, the Researching Effective Pedagogy in the Early Years (REPEY) project has revealed the most effective strategies to enhance young children's learning, thinking skills and attitudes (Siraj-Blatchford *et al.*, 2002). There is robust data to confirm the findings (see also *Part 4 Supporting Early Learning – Setting the Context* and *Part 6 Supporting Early Learning – Strategies* in *Book 2*). A range of settings from playgroups and private day nurseries to reception classes in primary schools have been identified as demonstrating particularly positive outcomes for children in relation to academic, social and dispositional learning. This edition of *Supporting Quality* incorporates the indicators of quality settings (Pugh, 1999) with the key findings on the characteristics of the most effective settings for children's early learning and development (Siraj-Blatchford *et al.*, 2002). Professional practice occurs when practitioners operate within:

- Clearly defined aims and objectives, values and principles, policies and procedures, with serious consideration of children's rights as the starting point and how to achieve that.
- An atmosphere in which every child and adult feels secure, valued and confident, with sensitivity to the non-educational needs of children.
- An effective management structure and strength of leadership combined with long-serving staff.
- A system that promotes shared educational aims with parents/carers, helping each to support children's learning in the home and vice versa.
- A strong educational focus with qualified teachers working alongside and supporting less qualified staff.
- A key worker system providing continuity of care.
- A well organised physical environment, with access to appropriate resources inside and out.
- An equal emphasis on social and cognitive development, where they are seen as complementary.
- Demonstrations of quality adult-child verbal interactions through 'sustained shared thinking', open-ended questioning and extension of children's thoughts.
- A secure knowledge base and understanding of child development and learning, curriculum differentiation and providing appropriate cognitive challenge.
- A balance of practitioner-initiated group work and learning through child initiated play activities.
- A proficiency in supporting children in talking through and resolving conflicts.
- Skilled assessment of children's learning, and consequent strategic planning for a wide range of curriculum experiences.
- A practice of regular formative feedback to children during their activities and regular discussion with parents on children's progress.
- A system for monitoring and review of provision, based on clearly structured action plans.

Ensuring professional practice from a Government perspective

According to Ball (1993), international comparisons confirm that the salient features of good practice in the direction and management of the provision of early childhood services include:

- The integration of education and care.
- Unified responsibility for provision.
- Targets for growth by a specified year.
- Coherent and thorough training of early childhood practitioners.
- A curriculum based on the principle of 'purposeful play'.
- Effective linkage between the home and early childhood facilities, and smooth transitions between early childhood settings and primary school.
- Adequate resources.

In January 1996, the European Commission Network on Childcare (ECNC, 1996) established a set of global 'quality targets in services for young children' that early childhood services in member-states should strive to meet (see *Appendix 1*). More than a decade later, both sets of recommendations remain true with a strong concurrence with those of the OECD (2006).

Twelve countries among the 30 democracies who form the OECD volunteered to have their ECEC policies and services reviewed from 1998–2000. Due to the depth and quality of the transnational exchange of knowledge regarding policy and the ensuing recommendations, the OECD Education Committee (comprised of Education Ministries of the OECD countries) authorised a second review. This involved a further eight countries, of which Ireland was one (OECD, 2004). The results of both reviews are contained within *Starting Strong II: Early Childhood Education and Care* (OECD, 2006). *Starting Strong* has taken a broad and holistic approach encompassing care, health and nutrition in addition to education. It acknowledges that young children experiencing poverty stand to benefit the most, yet too few countries have prioritised early childhood. *Starting Strong II* considers how policies, services, families and communities can support young children's early development and learning and provides clear counsel on how this can be achieved.

In order to ensure a more coherent approach to the delivery of quality ECEC services, the following factors must apply (OECD, 2006):

- High-level political endorsement of ECEC.
- An integrated approach to policy manifested in a lead agency to co-ordinate early childhood policies.
- A national policy on ECEC within an equal and strong partnership with the care and education system.
- A participatory approach to quality improvement and assurance.
- Appropriate training and working conditions for ECEC practitioners.
- Attention to systematic data collection and monitoring.
- A long-term agenda and a stable framework for research and evaluation.

Finally, it was recommended to Governments to pay particular attention to children in need of special support, but within a universal approach to access, and to substantial public investment in the infrastructure to both enhance quality and deliver quality services (OECD, 2006).

Overall content and direction of *Supporting Quality*

The overall title of *Supporting Quality* has been modified. Instead of being *guidelines for* best *practice* as in previous editions, it is now *guidelines for* professional *practice*. This is in recognition of the role of an ECEC practitioner as a professional. It is also in acknowledgement of the continuously changing nature of what is regarded as best practice at any given time.

Given what has been shown through recent research on the benefits of ECEC and how to enhance children's early learning and development, the opportunity has been taken in this third edition of *Supporting Quality* to substantially revise, update, expand and extend the original text to take account of recent developments in policy, theory and practice. In order to present the information in a digestible way, *Supporting Quality* has been divided into two books: *Book 1 Policy and Governance* and *Book 2 Enhancing Children's Learning and Development*.

Readers who are familiar with the first two editions can be assured that the original content is there, but that it may be reconfigured in a different section. There is also, however, a lot of new material with a much greater emphasis on the theory underpinning children's early learning and practical examples. The logic driving this edition is to start at the broad but important influences on young children's learning and development in *Book 1 Policy and Governance* and continue with the individual face-to-face interactions

between practitioners, children and families in *Book 2 Enhancing Children's Learning and Development.* The content of both books is necessary to ensure quality professional practice; children's learning will not be enhanced without good governance.

The term 'governance' can relate to political decisions that grant priority to actions and decisions in ECEC provision. In the case of an ECEC service, 'governance' relates to consistent management, adherence to legislation, cohesive policies and processes. It is used deliberately in the title to include both the importance of political will to ensure quality provision of ECEC services in Ireland, and sound management and adherence to legislation within those services.

Book 1 Policy and Governance therefore contains three parts. *Part 1* sets out the political, social and economic context, some of the most recent and significant policy developments and the positioning of ECEC in Ireland. *Part 2* considers legislation, regulation, health and welfare, which ultimately place statutory requirements on individuals for the broad well-being and protection of children. *Part 3* focuses on leadership, policies, procedures and human resources, and explores the importance of sound leadership, which establishes the social and emotional learning environment. Summaries and links to the main and relevant elements of both the *National Framework for Quality* (*Síolta*, CECDE, 2006a) and *Framework for Early Learning* (National Council for Curriculum and Assessment [NCCA] forthcoming) are presented in *Parts 2* and 3. (See *Part 1* and throughout this edition for more detail on both.)

Book 2 Enhancing Children's Learning and Development consists of five parts. *Part 4* sets the broad context for supporting early learning; it considers effective pedagogy, theoretical influences on curricula and provides an overview of pedagogical approaches to early childhood education. The *Framework for Early Learning* in Ireland and relevant elements of the Child Care (Pre-school) Regulations (Ireland, 2006a) are presented in addition to the needs and characteristics of children aged from birth to six years. *Part 5* outlines how to observe, assess and plan for children's early learning. Assessment in practice is also considered such as the use of documentation, learning stories and child observation records. *Part 6* explores the importance of attachment and building supportive relationships with young children and outlines strategies on how to support children's thinking, literacy and numeracy development, transitions, creativity and play among others. Guidelines to enable collaborative behaviour are also offered. *Part 7* then concentrates on the physical child-centred learning environment inside and outside, and the provision of appropriate materials and learning areas. Finally, *Part 8* considers the democratic participation of families to support children's learning and development and engagement in local, statutory, community and voluntary organisations. Each part ends with a summary and links to the main and relevant elements of Siolta (CECDE, 2006a) and the Framework for Early Learning (NCCA, forthcoming).

Aims of *Supporting Quality*

Supporting Quality will be of use to early childhood practitioners who work with children from birth to the statutory school age of six years. This important work can take place in homes, in statutory, voluntary and community services, in private settings and in primary schools. *Supporting Quality* should also be of use to childminders and parents. It is intended to build on the role that parents and other carers play as their children's continuing educators. The term *parent* is used to refer to the primary caregiver, in full acknowledgement that the primary caregiver could be grandparent, foster parent, stepparent or other relation.

One aim of this edition of *Supporting Quality* remains the same: to provide information to ECEC practitioners that helps to enhance the quality of their practice and which takes into account our development as a multicultural society. This edition also has a broader and more ambitious vision. It aims to demonstrate through the application of theory to practice that the role of an early childhood practitioner is critical and is deserving of professional status, recognition and respect. It is acknowledged in Irish policy documents that the role of the adult is central to enhancing the quality of young children's experiences, with the recommendation that those who work in ECEC services should have relevant qualifications (Ireland, 1999a; Ireland, 1999b; DJELR, 2002; CECDE, 2006a). Research has demonstrated the positive connection between quality ECEC services and appropriate training and staff support, including proper remuneration and good working conditions with access to professional development (OECD, 2006a).

Supporting Quality strives to provide a language for practitioners to clearly articulate their aims and the importance of their practice. A final aim of this edition is to encourage practitioners to become reflective. Considering what we do and why we do it, and whether we could do it better and how, is a process that is at the heart of improved practice in ECEC, no less than in any other field (Godhard, 1995).

In summary, the four aims are those of providing up-to-date information, supporting the development of the ECEC professionals, affording professional language and encouraging reflection.

It is important to note that this is not a static document. It is intended that the information be used as the basis for developing professional practice as part of ongoing review and evaluation of service. It cannot be emphasised enough that guidelines and standards alone cannot establish quality early childhood services. High-level political support providing adequate resources, effective management structures, clear objectives, qualified and experienced staff who have access to in-service training, and a broad-based relevant curriculum are but some of the factors which contribute to quality.

Keeping up to date with developments

The recent developments in the field of early childhood education and care in Ireland have been remarkable. It can be a daunting task for practitioners to not only maintain services, but also to rise to the challenge of updating themselves in new thinking, regulations, frameworks and other developments. It is critically important that children receive the best possible education and care experiences. Theoretical knowledge and professional practice are therefore required of practitioners. Equally, ECEC services must adapt to the changing social context of the families. This all places large demands on practitioners. These demands can be offset by strong leadership and a culture of reflective practice within services, underpinned by good working conditions and remuneration. The result will be a dedicated workforce, supported in their learning and able to reflect on their work with children.

There are now many opportunities in Ireland for services to engage in discussion, deliberation and negotiation on practitioner's needs. Being informed about what is happening and sharing experiences with colleagues can support the change process. There are many organisations such as the National Voluntary Childcare Organisations (NVCOs) and City and County Childcare Committees (CCCs) whose aim is to help the ECEC sector in Ireland (see *Useful Resources*). Communities of practice/learning/local research networks can be created to support the implementation of new developments.

Principles underpinning *Supporting Quality*

The principles which underpin *Supporting Quality* include the following:

- All children are individuals, unique in their own abilities, from a rich diversity of backgrounds, religions and cultures, and have the right to be treated with respect, positive regard and dignity.
- Children should be enabled to acknowledge, respect and affirm diversity in order to promote equality and to challenge unfair discrimination. Authentic, democratic relationships support children's development in this regard.
- Children's rights involve more than physical health and emotional well-being. They also include acknowledgment of their own agency and competence. It is incumbent upon adults to not only safeguard children's rights, but to actively promote them.
- Children's well-being, early learning and development are at the heart of ECEC work. Any action concerning children should have their best interests at heart, and their views heard and taken into account in matters that affect them.
- Children learn as social beings in interaction with others. Active learning, physical and intellectual engagement with people (ideas), first-hand meaningful experiences, self- and group-directed problem solving and repetition are at the core of learning and development. These natural learning strategies should be respected.
- Play is one of the key contexts for children's early learning and development. Adults need to plan for play and the specific interactions required to appropriately scaffold children's learning.
- Children need time to be children: they need to be provided with the appropriate learning opportunities with the time to experience and enjoy those opportunities, to do nothing, stand and watch.
- The close ties between child and family and community must be appreciated and supported.
- In order for children's holistic learning and development to be encouraged, excellent working conditions, remuneration, and professional education, training and development of practitioners must be ensured.
- The provision of quality early childhood education and care should *not* be based simply on an economic argument (the later in life we attempt to repair earlier shortcomings, the more costly the remediation becomes; or, for every euro invested there is a saving to the exchequer later on). Neither should the provision of ECEC be based on a necessity for women (particularly) to participate in the workplace. The perspective underpinning *Supporting Quality* is that young children should have a *right* to quality ECEC. Quality early childhood programmes contribute to the well-being, belonging and identity of young children. They also contribute to educational equity and social integration to overcome intergenerational cycles of educational disadvantage (Bennett, 2006).

Summary

We have examined the dynamic nature of quality and the need to ensure professional practice and will now focus on the political, economic, legislative and regulatory context in which ECEC is placed in Ireland.

Part 1 Governance – Setting the Context

Part 1 sets the broad political, social, economic and cultural context for ECEC in Ireland and highlights some particularly significant developments in the legislative, policy and practice arena. A brief snapshot of ECEC provision and practice in Ireland is then presented.

1.1 Social, economic and cultural context

Ireland is an independent state; enjoying a parliamentary democracy within the legislative boundary of a written Constitution (Ireland, 1937). Policy implementation is the responsibility of the civil service (central administration comprising of Government departments), autonomous state agencies (e.g. National Economic and Social Council [NESC]; National Economic and Social Forum [NESF]), an elected local Government, and a model of centralised collective bargaining known as social partnership (OECD, 2004).

Ireland has experienced significant economic, population, cultural and social change since the 1980s, bringing with it an improvement in our public finances (Ireland, 2007). The Central Statistics Office (CSO) observes that the population in Ireland has increased by over 12 per cent to more than four million in the period 1995–2004 (CSO, 2005). The employment rate in Ireland rose from 54 per cent in 1995 to 65 per cent in 2004. Furthermore, women's participation in the workforce has increased significantly. There is now a reversal of the trend of emigration toward immigration, contributing to an increasingly diverse and multicultural society. Despite a recent slow-down, the prospects for the economy are positive in the long term (Economic and Social Research Institute [ESRI], 2008). However, in spite of our healthy economy, social deficits including educational disadvantage, limited childcare and barriers to full engagement in society for people with a disability, require more attention (NESC, 2005).

1.2 Policy, legislation, developments and actions relating to ECEC

Reflecting the changes outlined above, there have been unprecedented developments in ECEC policy decisions and actions, legislation, programmes and infrastructure, particularly over the last decade and a half. These developments have served to place ECEC in Ireland on the political agenda. Some of the developments specific to ECEC are listed below in chronological order and the most relevant are briefly outlined further:

1991–1995

- The Child Care Act, 1991 (see below).
- Irish ratification of the United Nations Convention on the Rights of the Child (UNCRC) in 1992 (see below).
- The Early Start pilot project was introduced to primary schools in areas experiencing poverty in 1994.
- The Children's Rights Alliance was established in 1995.
- The first undergraduate degree course in ECEC began in University College Cork in 1995.

1996–1999

- Child Care (Pre-school Services) Regulations, Part VII of Child Care Act, 1991, was published in 1996 (Department of Health).
- *United Nations Convention on the Rights of the Child: First National Report of Ireland* in 1996 (see below).
- *Putting Children First* policy documents (Department of Health) in 1996 and 1997.
- The Children Bills of 1996 and 1999.
- *Small Voices: Vital Rights*: Submission to the United Nations Committee on the Rights of the Child by the Children's Rights Alliance in 1997.

1995–1999 (continued)

- Protection for Persons Reporting Child Abuse Act, 1998.
- *Report of National Forum for Early Childhood Education* (Department of Education and Science) was published in 1998.
- *Strengthening Families for Life*: *Report of the Commission on the Family* (Department of Social and Family Affairs) was also published in 1998.
- *Ready to Learn: White Paper on Early Education* was published in 1999.
- The first international conference regarding early childhood, *Enhancing Quality in the Early Years,* was conducted by the Dublin Institute of Technology (DIT), The Centre for Educational and Social Research, and the DIT/OMNA Project, 1999.
- *Children First: National Guidelines for the Protection and Welfare of Children* was published in 1999.
- Postgraduate multi-disciplinary courses in child protection in Trinity College Dublin and University College Dublin were established in 1999.
- Undergraduate degree course in Early Childhood Education and Care in the Dublin Institute of Technology was also established in 1999.
- The *National Childcare Strategy Report* of the Partnership 2000 Expert Working Group on Childcare (DJELR), 1999, was published.

2000–2004

- The *National Children's Strategy*, Department of Health and Children, was published in 2000 (see below).
- The establishment of the National Children's Office (NCO) occurred in 2000.
- Equal Opportunities Childcare Programme (EOCP) was introduced in 2000.
- The Children Act, 2001 was published.
- The National Childcare Coordinating Committee with its network of 33 City and County Childcare Committees (CCCs) was established (2001–2002).
- *Our Duty to Care: The principles of good practice for the protection of children and young people* was published by the Department of Health and Children in 2002 (see below).
- The Centre for Early Childhood Development and Education (CECDE) was established in 2002 (see below).
- A *Model Framework* for practitioner development was published by the DJELR in 2002 (see below).
- The Ombudsman for Children was appointed in 2003.
- *Towards a Framework for Early Learning* was published by the National Council for Curriculum and Assessment (NCCA), 2004 (see below).
- Organisation for Economic Cooperation and Development's (OECD) *Thematic Review of Early Child Education and Care Policy in Ireland*, 2004, was published.
- Launch of the *National Play Policy, 2004.*
- *Education for Persons with Special Educational Needs Act, 2004.*

2005–2008

- Launch of the National Council for Special Education in 2005.
- St Patrick's College, Drumcondra and the IPPA hosted Ireland's first European Early Childhood Education Research Association conference, 2005.
- Publication of the *Early Childhood Education and Care Report,* National Economic and Social Forum (NESF), 2005.
- The establishment of the Office of the Minister for Children in 2005 (now Office of the Minister for Children and Youth Affairs, see below).
- Submission of Ireland's *Second Report* to the United Nations Convention on the Rights of the Child (UNCRC), NCO, 2005
- The Irish Childcare Policy Network (ICPN) was launched in 2005 (see below).
- The *Delivering Equality of Opportunity in Schools* (DEIS), Department of Education and Science (DES, 2005) was launched which contains a specific strategy relating to early education in areas designated as disadvantaged.
- *Síolta: the National Quality Framework for Early Education*, CECDE, 2006a was launched (see below).
- Publication of the revised Child Care (Pre-school Services) Regulations, 2006 (see below within the Child Care Act, 1991).
- OECD published *Starting Strong II: Early Childhood Education and Care* in 2006, of which Ireland is one of the countries under review.
- Publication of the National Childcare Strategy 2006–2010.
- The National Childcare Investment Programme (NCIP) 2006–2010 was introduced to replace the EOCP (see below).
- The Parent and Toddler Group Initiative was established as part of the NCIP 2006–2010 (see below).
- The Early Years Education Policy Unit (EYEPU) was established in the DES, which is co-located within the Office of the Minister for Children and Youth Affairs, in 2006.
- The *National Childcare Training Strategy* was announced by the DES (see below within *Part 1.2.5 Model framework for education, training and professional Development*).
- The Prevention and Early Intervention Programme for Children was launched by the DHC in 2006 (see below).
- Planning is ongoing for a constitutional reform on the Rights of the Child (see below in UNCRC).
- Child Care (Amendment) Act, 2007 (see below within the Child Care Act, 1991).
- The *Agenda for Children's Services: A Policy Handbook* was launched in December 2007 by the Minister for Children.

1.2.1 Relevant Child Care Acts and Regulations

The main legislation governing the care and protection of children is the Child Care Act, 1991 and the Child Care (Amendment) Act, 2007, which amends the Child Care Act, 1991 to make provision for the introduction of regulations on school age childcare. However, this does not impact on the Child Care (Pre-school Services) Regulations, 2006.

The Child Care (Pre-school Services) Regulations, 1996 were developed under Part VII of the Child Care Act, 1991 and require *minimum* standards for pre-school services and oblige providers covered by the Act to notify the Department of Health and Children of their service and to be available for inspection. In 2002, a Regulations Review Committee was established and revised Regulations were formulated in 2006 (Ireland, 2006a). According to the Minister for Children (2006), the main adjustments to the Regulations are the inclusion of a requirement that all staff, students and volunteers in the service will be appropriately vetted; the introduction of a part-time day care service and an expansion of the Regulation on Child Development. More detail is given in *Part 2* on *Legislation, Regulation, Health and Welfare* and *Part 4 Supporting Early Learning – Setting the Context,* in addition to a commentary on the tension between the Regulations as minimum standards and the need to strive for the best possible quality of education and care for young children.

1.2.2 The United Nations Convention on the Rights of the Child

Ireland signed the United Nations Convention on the Rights of the Child (see *Appendix 2* for a summary of the Articles) in 1990 and ratified it in 1992 with immediate effect. The Convention sets out the rights guaranteed to all children and young people less than 18 years of age. It is in essence a 'bill of rights' relating to every aspect of children's lives including the right to survival, development, education, protection and participation. It imposes obligations on parents, the family, the community and the state. The Convention recognises the critical role of the family in the life of a child. It states that the family, as the fundamental group of society and the natural environment for the well-being and growth of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities in the community. Ireland's initial report on the implementation of the Convention, *The First National Report of Ireland,* was submitted in April 1996 and the second in 2005.

In the 15 years since ratification, Ireland has introduced a number of reforms in legislation, policy and practice which serve to advance the implementation of the Convention. However, according to the Children's Rights Alliance ([CRA, see *Useful Resources*] 2007) the Irish public, lawyers, academics, social workers and others working professionally with children, as well as political parties and non-governmental organisations, are concerned about the present position of children in the Irish Constitution and desire that greater constitutional protection be afforded to the rights of children. It has also been increasingly recognised that the full implementation of the Convention will only take place if its principles and provisions are incorporated into domestic legislation and integrated into practice and service provision; this requires an amendment to the Constitution in Ireland (CRA, 2007).

The CRA (2007) explain that as the primary and highest source of domestic law, the Constitution gives direction to the Oireachtas for the framing of legislation, and to the courts as to the parameters for judicial judgment. The UN Committee on the Rights of the Child in 1998, and again in 2006, called for constitutional change to 'reinforce the status of the child as a full subject of rights'. A referendum on children's rights is to be held in 2008. Barnardos has made a submission to the Joint Committee on the Constitutional Amendment on Children. Barnardos recommends, regarding the Proposed Amendment to Article 42(A) of the Constitution, that:

- Legislation relating to key aspects of the amendment should be drafted before people are asked to vote on the referendum in order to reduce any potential confusion arising on the issues.
- A statement of children's rights should be inserted in the Constitution, which recognises the child as an individual with rights of their own as well as those rights accorded to the child as a member of a family.
- The Constitution includes the right of children to be cared for by their parents and that that right reside with the child. However, a child should be entitled to state intervention when parents, regardless of marital status, fail to adequately protect their children.
- In cases of adoption or fostering, the voice of the child should be heard in any proceedings involving the child and the state should give the child's views due weight, as appropriate.
- In child protection cases, the amendment should be widened in scope to include all forms of abuse.
- The amendment should not set a specific age in the Constitution regarding sexual activity. Adolescents engaging in consensual sexual activity must not be criminalised.

1.2.3 The National Children's Strategy, 2000

The *National Children's Strategy* was launched by the Department of Health and Children in November 2000. This is a ten-year strategy that aims to improve the quality of life of Ireland's children and to progress the implementation of the Convention (UNCRC) in Ireland. It acknowledges past failures (on behalf of the Government) and future challenges, and it outlines strategies and objectives for the future which incorporate a vision of: 'An Ireland where children are respected as young citizens with a valued contribution to make and a voice of their own; where all children are cherished and supported by family and a wider society; where they enjoy a fulfilling childhood' (Ireland, 2000, p.4).

The Government established an Inter-Departmental Group of senior officials from eight key Government departments and a legal advisor from the Attorney General's Office. A cross-departmental team and two advisory panels supported this Group: a non-governmental service provider's panel and a research and information panel. Additional expertise was sought when required. As with previous policy initiatives, a wide consultation process, including children and young people, also informed the work. The outcome is three goals for all children outlining specific measures and objectives for various sectors of society including minority ethnic children including Travellers:

- Children will have a voice.
- Children's lives will be better understood.
- Children will receive quality supports and services.

The Strategy committed itself to addressing youth homelessness; eliminating child poverty; meeting the educational needs of children; developing early childhood programmes; enabling children with a disability to obtain a quality education; and the education of children to value social and cultural diversity – these have yet to be realised. Commitments that have been fulfilled include a framework for the accreditation and certification for the childcare sector; the initiation of a comprehensive longitudinal study of children; the appointment of an Ombudsman for Children along with the establishment of the National Children's Office and a National Children's Advisory Council, among many other positive initiatives. A Minister of State, known as the Minister for Children and Youth Affairs, has overall responsibility for co-ordinating children's policy and for implementing the Strategy. The Minister will report to a Cabinet Sub-Committee chaired by an Taoiseach. This signifies the importance of this Strategy, the details of which are found in the *National Children's Strategy: Our Children Their Lives* (Ireland, 2000). At the time of writing, a new Strategy is being devised.

1.2.4 Quality enhancement initiatives within the community and voluntary sector

The early childhood care developments mentioned above have to do with legislation and policy. It is pleasing to note the many positive developments regarding practice that have emerged. Organisations have constructively developed models of practice whose primary aim is to enhance the quality of service provision to young children (see *Useful Resources* for contact details). The IPPA, the Early Childhood Organisation, have developed a 'Quality Improvement Programme' supporting services over three years. The National Children's Nurseries Association (NCNA) and the Border Counties Childcare Network (BCCN) have both developed similar quality assurance programmes. In the southeast of the country, the Katharine Howard Foundation (KHF) developed a three-year initiative (2001–2004) to provide extra funding and support to community playgroups and to provide lessons for both policy and practice (French, 2005).

1.2.5 Model Framework for Education, Training and Professional Development

The National Childcare Co-ordinating Committee (NCCC) identified childcare qualifications as a priority area for attention and, in February 2000, established the Certifying Bodies Subgroup. This body was asked to develop for the NCCC, based on dialogue and consultation, a model framework for training in the ECEC sector. The work has led to the development of a model incorporating a set of core values, occupational profiles and standards in relation to training and qualifications (see *Part 3.10.2*). This is reported in *Quality Childcare and Lifelong Learning: Model Framework for Education, Training and Professional Development in the Early Childhood Education and Care Sector* (DJELR, 2002).

National Childcare Training Strategy

In *Towards 2016* (Ireland, 2006b), our current national partnership agreement, a National Childcare Training Strategy was announced. The Office of the Minister for Children and Youth Affairs plans to develop the strategy, resulting in the training of 17,000 additional qualified childcare workers by the end of 2010. This initiative should begin to provide a human resource infrastructure and will build on the Model Framework above, which sets out practitioner profiles for the childcare sector. NESF (2005) acknowledges that difficulties persist with regard to access, flexibility and the accreditation of prior learning in Ireland. Expertise gained through experience is valid, requiring that any changes regarding qualifications in ECEC generally must be phased in over time and require regular review, evaluation and revision of policy developments relating to qualifications (Ireland, 1999a).

1.2.6 The Centre for Early Childhood Development and Education (CECDE)

The CECDE (see *Useful Resources)* was established in 2002 to develop and co-ordinate early childhood education in order to achieve the objectives of the *White Paper, Ready to Learn,* and to advise the Department of Education and Science (DES) on policy issues in this area.

It is located in St Patrick's College, Dublin and is jointly managed by the college and the Dublin Institute of Technology. The main objectives of the Centre are:

- To develop a quality framework for early childhood education (see *Part 1.2.7*).
- To develop targeted interventions on a pilot basis for children who are educationally disadvantaged and children with special needs.
- To prepare the groundwork for the establishment of an Early Childhood Education Agency as envisaged by the *White Paper*.

Within this context, the functions of the Centre are:

- To develop early education quality standards in relation to all aspects of early childhood education including equipment and material, staff qualifications, training, learning objectives, teaching methodologies, curriculum and related areas.
- To develop a support framework to encourage compliance with quality standards by early education providers.
- To co-ordinate and enhance early education provision, including parental involvement, with a particular focus on disadvantaged and special needs groups.
- To undertake and/or commission research and development through which best practice in curriculum, teaching methodology and parent involvement may be implemented and evaluated.

1.2.7 Síolta, The National Quality Framework for Early Childhood Education

Síolta, the National Quality Framework for Early Childhood Education (NQF/ECE) was launched in June 2006 by the CECDE. The principles, standards and components of quality, devised through national consultation, are common to the five settings to which the NQF/ECE applies where children aged birth to six years are present. This includes childminding, full and part-time day care, sessional services and infant classes in primary schools. The principles and standards (see *Appendix 3*) cover all aspects of provision. During the development of Síolta, the Centre recognised, 'that practitioners should receive support in engaging with the Framework in pursuit of quality improvement' (CECDE, 2006a, p. 36). In June 2007, Síolta Workshop (CECDE, 2007) materials were developed and delivered to the City and County Childcare Committees with a view to dissemination. While there has been limited funding offered for training in some regions, there is no national implementation plan furnishing adequate resources to embed Síolta in practice. Such a plan could include advice and mentoring, information, funding for training and implementation, and the creation of communication networks. The processes involved in the quality initiatives within the voluntary and community sector, referred to above, are complementary to Síolta.

1.2.8 The Framework for Early Learning

The NCCA (see *Useful Resources*) advises the Minister for Education and Science on matters relating to 'the curriculum for early childhood education, primary and post-primary schools' (Education Act, 1998, Article 41-1). In fulfilling its remit, the NCCA is developing a national framework to support adults in giving children from birth to six years 'learning opportunities responsive to their individual strengths and needs, and so help them to realise their full potential as learners' (NCCA, 2004, p.4). The NCCA refers to this as the Framework for Early Learning (FEL) in the document *Towards a Framework for Early Learning* (NCCA, 2004) and the ensuing consultative process reported in a *Final Consultation Report* (NCCA, 2005).

The Framework for Early Learning (NCCA, forthcoming) will closely mirror the principles of Síolta (CECDE, 2006a). Both frameworks adopted a consultative process with the early childhood sector and have been welcomed (NESF, 2005). Both frameworks support adults in improving the quality of children's early experiences in all settings with children aged from birth to six years (six years is the statutory school age in Ireland). But while they are both based on the same philosophy, they differ in focus. The Framework for Early Learning (NCCA, 2004) will focus on early learning whereas Síolta sets out the broad context within which early learning is best supported. Both place particular significance on interactions between practitioners and children and offer guidelines and finally (when the Framework for Early Learning emerges) both will be voluntary. The Framework for Early Learning will be further detailed in *Part 4 Supporting Early Learning – Setting the Context* and both frameworks will be referred to throughout this edition.

1.2.9 The Office of the Minister for Children and Youh Affairs

In December 2005, following Budget 2006, the Government announced the establishment of a Junior Ministry with responsibility for children with a seat at Cabinet housed in the Office of the Minister for Children, which suggested that the case made for better integration of policy was finally heard by the Irish Government (Ireland, 1999a; OECD, 2004; NESF, 2005). This changed to the Office of the Minister for Children and Youth Affairs' in May 2008. The Office has enhanced responsibility not only for childcare, but also for child protection and welfare, for juvenile justice and for early childhood education, reflecting the Minister for Children and Youth Affairs delegated responsibilities in the Departments of Health and Children, Justice, Equality and Law Reform, and Education and Science.

This has been welcomed by the early childhood community and was heralded by Fergus Finlay (Chief Executive of Barnardos), as the 'most important thing that has happened in recent years, at least where policy towards children and young people is concerned' (the *Irish Examiner*, 10/1/2006). Located as an integral part of the DHC, the Office will support the Minister in:

- Implementing the National Children's Strategy, 2000–2010.
- Implementing the National Childcare Investment Programme, 2006–2010 (this replaces the EOCP mentioned above).
- Developing policy and legislation on child welfare and child protection.
- Implementing the Children Act, 2001 (www.omc.gov.ie).

In addition, the Office of the Minister for Children and Youth Affairs' research agenda includes the first longitudinal study 'Growing up in Ireland' the National Longitudinal Study of Children in Ireland (NLSCI), led by the Economic and Social Research Institute and Trinity College Dublin, which will give some insights into children's lives and provide reliable data for policy formation. A key aim of the Office is to engage with every Government department/agency that can contribute to better outcomes for children (Langford, 2007).

See *Appendix 4* for a map of departmental structures and responsibilities for the DHC, DJELR, DES and the Office of the Minister for Children and Youth Affairs relevant to ECEC and young children, particularly those living in areas designated as disadvantaged.

1.2.10 DEIS (Delivering Equality of Opportunity in Schools)

A significant development regarding young children living with the injustice of poverty and social exclusion in areas designated as disadvantaged occurred in May 2005, when the Minister for Education and Science, Mary Hannifin, launched *DEIS – Delivering Equality of Opportunity in Schools – An Action Plan for Educational Inclusion*. In relation to early childhood education provision (for children in the year before they start school), it is stated that the Department's particular contribution '…will be to provide funding or part-funding for the educational dimension of provision, where new [childcare and education] places are involved, and on supporting the further development of an educational dimension in the case of existing childcare provision' (DES, 2005, p. 33) (see also *Part 1.3*). Furthermore, measures to embed quality early learning experiences for children within childcare provision are advocated in DEIS; this also involves 'delivering education-related professional support and training to existing providers, together with a curriculum and quality framework for early childhood education with the assistance of the NCCA and the CECDE' (DES, 2005, p. 33).

1.2.11 The Irish Childcare Policy Network

The Irish Childcare Policy Network ([ICPN] see *Useful Resources*) was established in November 2004 to bring together all of those interested in informing and influencing Government policy to ensure increased Government investment and the implementation of a coherent strategy in advancing children's care and education from birth, both in the home and in all childcare settings. The ICPN provides a forum to facilitate:

- The exchange of ideas, knowledge, information and policy positions on a range of matters affecting children, parents, the early education and childcare sector.
- The review of national policy decisions and their implementation at local level.
- The identification and highlighting of gaps in policy development and implementation.
- Agreement on common issues that need to be addressed at national level.
- The provision of information and knowledge to support and inform the development and implementation of national policy.
- The production of relevant policy papers.

The ICPN is comprised of a broad range of representatives of the National Voluntary Childcare Organisations, City and County Childcare Committees, Area Based Partnerships, family support organisations, individuals and other agencies, each committed to children's rights and aware of the important role parents and quality early childhood and out of school services play in the lives of children, communities and society in general. In 'Promoting increased Government investment in children's care and education', ICPN recommends the following:

- Provide a free, quality pre-school service for all children at least one year before attending primary school through the provision of capitation grants directly to services providing ECEC.
- Subsidise all ECEC and out of school provision to ensure they are affordable, comply with all legislative requirements and meet national quality standards.
- Provide a quality development fund similar to the Transformation Fund available in the UK to assist all staff in ECEC and out of school provision to attain national quality standards over an agreed period of time.
- Provide a comprehensive support package to parents through:
  - Provision of funding for 26 weeks paid parental leave.
  - Provision of supports to parents in the home and in the community.

In addition, the ICPN recommends increased investment to:

- Provide additional supports to children and parents with additional needs and those living with the injustice of poverty.
- Ensure ongoing consultation with children, parents and the early education and childcare sector.
- Ensure all relevant Government departments play their part in supporting in the care and education of children. (See www.icpn.ie.)

1.2.12 The National Childcare Investment Programme 2006–2010

The National Childcare Investment Programme (NCIP) 2006–2010 is a programme of further investment in childcare infrastructure (see www.omc.gov.ie). It replaces the Equal Opportunities Childcare Programme, which provided funding of €436.8 million to enable parents to avail of training, education and employment through the provision of quality childcare supports from 2000–2006. The NCIP is a five-year programme, with an allocation of €575 million, including €358 million for capital investment. It is anticipated that both programmes will create up to 90,000 new childcare places (a combination of full and part-time places), with the objective of assisting parents to access affordable, quality childcare. The NCIP will seek to:

- Support childcare facilities for parents and their children experiencing poverty.
- Support quality measures for childminders and parent and toddler groups.
- Provide education measures for children and adults in areas of social and economic disadvantage.

The final point above represents a shift in thinking as it acknowledges the need for family support. For an example of that change in direction see the Parent and Toddler Initiative below. The NCIP will develop quality childcare supports and services, delivered at local level through the City and County Childcare Committees under the co-ordination of Pobal. Capital grants to develop childcare facilities are available to childcare providers in both the private and community sector. The level of funding will be determined by the number of places the group proposes to provide and several criteria based on specific local need. Applications will also be assessed based on the sustainability of a project.

1.2.13 The Parent and Toddler Group Initiative

A Parent and Toddler Group Initiative has been established through a strategic partnership between the Office of the Minister for Children and Youth Affairs and the Katharine Howard Foundation (KHF) as a special project within the NCIP 2006–2010. The initiative developed in recognition of the informal support parent and toddler groups offer to parents, grandparents and childminders, along with young children, which is seen as an important source of social contact. It is underpinned by the belief that it is critical to assist the funding of this activity as an important part of child and family policy. The primary purpose of the initiative is to provide grants to parent and toddler groups. It also offers the opportunity to design a framework for information, support and funding for parent and toddler groups in collaboration with the CCCs and other relevant agencies.

1.2.14 The Prevention and Early Intervention Programme for Children

The ten-year social partnership agreement *Towards 2016* (Ireland, 2006b) committed Government to improving the lives of our children. The need for innovative and rigorously evaluated measures to respond to emerging needs of children and to provide an opportunity for learning about new, more integrated ways of designing and delivering services was recognised. The Government is co-funding a €36m project with Atlantic Philanthropies (from 2007–2012). Entitled the Prevention and Early Intervention Programme for Children, it aims to avert children away from the risk associated with disadvantage as well as providing them with the resilience to overcome those risks. The initiative is based in three locations – Tallaght (the Tallaght West Childhood Development Initiative), Ballymun (Young Ballymun) and Northside Partnership (Preparing for Life).

1.3 Early childhood education and care in Ireland

Historically in Ireland, ECEC has been characterised by a clear division between the care and education sectors (OECD, 2004). Early childhood care services for young children (birth to five) are currently provided by the private, voluntary, community and statutory sector. In general, the roots of service development in the voluntary sector can be traced to philanthropic and charitable organisations (such as Barnardos), many of whom were church based. The community sector tended to be smaller than voluntary organisations and to respond to local needs within an ethos of social inclusion (CECDE, 2004). The statutory sector usually consists of the Health Service Executive (HSE, previously the Health Board). The focus in the past was on children's well-being (CECDE, 2006b).

The education sector in contrast tends to focus on the education needs of children from three to four years of age on. The greatest investment in provision is by the Department of Education and Science (DES) through the infant classes in the primary school system. The provision of early childhood education in areas of socio-economic disadvantage and low educational achievement is confined to the Early Start Pre-School Pilot Project, which was launched by the DES in 1994 as 'a one year targeted intervention for three-year-old children considered most at risk of not reaching their potential within the education system' (OECD, 2004, p. 32). It has remained a pilot to this day.

So, for young children there is a diversity of service provision matched by differing funding streams from different departments; differing philosophies and approaches (such as High/Scope, Froebel, Montessori, Steiner, and play-based curricula); differing pedagogic practices; and subsequently differing assessment systems of children's learning (see *Part 4 Supporting Early Learning – Setting the Context* and *Part 5 Planning and Assessment for Early Learning* in *Book 2*). Furthermore, there are differences in considerations of the role of play in children's learning, the involvement of parents, and qualifications, training and experience of providers. There are differing interpretations of quality itself in ECEC (CECDE, 2004).

Ireland is almost unique in Europe (with the exception of the Netherlands) and the USA in having a split care and education system, where children go to school at four years of age and where responsibility is divided between Government departments. Most countries either have a split for children from birth to three years or have integrated responsibility for children up to the age of six years (OECD, 2006). In Ireland, this division is due to a limited state role in ECEC which was reinforced by the fact that, up to recently, families took care of their children on a full-time basis until they started school (CECDE, 2006b).

It is critically important for young children that early education and care are not treated as distinct from each other. Children are learning from birth in all the environments they inhabit; whether that is at home, in a childcare setting or in a primary school. Cooperation between the systems can bring together their strengths, leading to a greater synthesis in the approach to children's learning and development.

Key dispositions and attitudes to learning will be fostered, ensuring smoother transitions for children. Recognition of the importance of a nurturing early childhood pedagogy, attention to the physical and emotional health of children and catering for their intellectual needs will be ensured (OECD, 2006, see also *Part 4 Supporting Early Learning – Setting the Context*). Young children need to be supported in their current interests and developmental tasks. We now have in Ireland an emerging consciousness that children have a right to quality ECEC that supports their holistic development and learning. ECEC is seen as the foundation of lifelong learning and a broad preparation for life and the view is that education and care are both complementary and interdependent (NCCA, 2004; NESF, 2005; CECDE, 2006a).

Summary

Part 1 has outlined Ireland's social, economic and cultural context with the raft of policy, legislation, developments and actions relating to early childhood.

There is a great deal of concurrence in the key policy documents, reviews and recommendations relating to ECEC (DES, 1998; Ireland, 1999a; Ireland, 1999b; DHC, 2000; OECD, 2004; NESF, 2005). They are as follows:

- *Principles* such as children's needs and rights being paramount, the centrality of parents and family, valuing the participation of children and the voluntary sector.
- *Attention* to the working conditions of the ECEC sector; qualifications, training and accreditation processes and learning lessons from the international ECEC community.
- *Prioritising* the needs of minority groups (including young children experiencing disadvantage).
- *Requirement* for an explicit, overarching policy incorporating early childhood care and education; co-ordination nationally, regionally and locally; evidence-based research; a statistical data strategy; resources and implementation plans regarding the delivery of services; reform of the infant cycle in primary schools and high quality and standards within services.

Some particular developments were featured such as Síolta, the National Quality Framework, the Framework for Early Learning and the National Childcare Investment Programme 2006–2010. The nature of ECEC in Ireland was also considered. All of the developments, regardless of whether they are legislation, policy or practice initiatives, are welcome and will make significant positive impacts on children's lives and those of their families. However, we still have a long way to go. There have been calls to reform ECEC in Ireland (Hayes, 2008; Moss, 2008). This is in order to realise the vision of ECEC settings as a 'life space' where children learn to be, learn to do, learn to think and learn to learn, and where practitioners and families work together based on the principle of 'democratic participation' (OECD, 2006, p. 220).

Part 2 Legislation, Regulation, Health and Welfare

Comprehensive knowledge of relevant up-to-date legislation, regulation, and practices relating to children's health and welfare is central to ethical, safe, productive and effective work practices in early childhood settings (CECDE, 2007).

Accountability and liability rests with management regarding compliance with legislation and regulations. Children, staff, parents and visiting professionals or members of the public must be catered for responsibly.

Two useful publications have been produced by Barnardos and the Border Counties Childcare Network (BCCN) in this area: *Health and Safety in Childcare: A Guide for Centre-Based Services provides* a comprehensive guide to health and safety (Barnardos and BCCN, 2006) while *Legislation handbook for childcare providers (2nd edition)* lists the main items of legislation, its purpose, who the legislation applies to, and sources of further information (Barnardos and BCCN, 2008). Part 2 Legislation, Regulation, Health and Welfare further augments those documents with other relevant information. Information is given on legislation and regulation regarding the following: young children and ECEC services; child welfare (protection); employment issues; health and safety; early childhood premises (incorporating general requirements indoors and outdoors); finance, management and governance. Finally, a summary is offered linking this section to Síolta (CECDE, 2006a) and the Framework for Early Learning (NCCA, forthcoming).

2.1 Legislation and regulation regarding young children and ECEC services

Changes regularly occur in legislation or EU directives that may impact upon providers and vigilance is necessary. However, it is not sufficient in itself to just comply with legislation; this will not achieve the best possible quality of care and education of young children in settings (CECDE, 2007). O'Kane and Kernan (2002) refer to the tension between two views, that of regulation as automatically improving the quality of services and that of regulation resulting in a focus on *minimum* standards. In Ireland, it is acknowledged, the standards as articulated in the Child Care (Pre-school Services) Regulations (1996) represent the minimum to safeguard the safety, health and welfare of young children (O'Kane and Kernan, 2002). The revised Regulations came into force on 3 September, 2007 but these amendments, though welcome and a considerable step in the right direction, remain minimal (McCarthy, 2008). Early childhood services outside of primary schools are still without minimum standards concerning the training and qualifications of staff. However, the *Explanatory Guide* to the Regulations, 2006 suggests that 'the person in charge should aim to have at least fifty percent of childcare staff with a qualification appropriate to the care and development of children'.

2.1.1 The Child Care Act, 1991

The Child Care Act, 1991 provides a legal framework relating to young people under the age of 18 years in Ireland including early childhood provision. It governs the care and protection of children in Ireland. Whereas the Office of the Minister for Children and Youth Affairs has overall responsibility for the Child Care (Pre-school Services) Regulations, 2006, the Act places a statutory duty on the Health Service Executive (HSE, formerly the health boards) to promote the welfare of children in its area who are not receiving adequate care and protection. The Child Care Act, 1991:

- Enables the immediate intervention of HSE or An Garda Siochána where children are in danger.
- Strengthens the powers of the HSE to provide childcare and family support services.
- Enables the courts to place children who have been abused or who are at risk in the care of or under the supervision of the HSE.
- Provides arrangements for the notification and inspection of pre-school services.
- Revises the provisions for registration and inspection of residential care centres.
  (Barnardos and BCCN, 2008)

It is the responsibility of the HSE Pre-school Inspection Teams to inspect and assess whether the needs of children are being met in any childcare environment under their auspices (McCarthy, 2008). This excludes childminders catering for less than three children, out of school services and primary schools. The Child Care (Amendment) Act, 2007, which amends the Child Care Act, 1991, makes provision for the introduction of regulations on school age childcare. However, this does not impact on the Child Care (Pre-school Services) Regulations, 2006.

2.1.2 The Child Care Pre-school Regulations, 2006

Part VII of the Child Care Act, 1991 facilitated the introduction of the Child Care (Pre-school Services) Regulations, 1996, which have since been revoked with the Child Care (Pre-school Services) (No 2) (Amendment) Regulations, 2006 and its accompanying *Explanatory Guide to the Requirements and Procedures for Notification and Inspection*. These will be referred to in this document as the Regulations, 2006 and the *Explanatory Guide* from here on in. It is incumbent upon every service to notify the HSE of their proposed service within a specified number of days depending on the service and to have a copy of Part VII of the Act and the Regulations, 2006 and to become familiar with them. The Regulations, 2006 are arranged in six parts:

- Part I (Regulations 1–4) refers to the revocation of previous Regulations, appropriate categorisation of pre-school services, and provides definitions.
- Part II (Regulations 5–9) details the health, welfare and development of the child and incorporates first aid, medical assistance, management and staffing, and behaviour management.
- Part III (Regulations 10–12) presents requirements on notification of a proposed service, a change in circumstances and determines the number of children who may be catered for.
- Part IV (Regulations 13–17) furnishes detail on the registration of children, record keeping, information for parents, fire safety and the requirement to have a copy of the Part VII of the Child Care Act, 1991 and the Regulations, 2006 on the premises.
- Part V (Regulations 18–28) delivers the requirements concerning premises and facilities including heating, ventilation and lighting, sanitary accommodation, waste disposal, equipment and materials, food and drink, safety measures and facilities for rest and play.
- Part VI (Regulations 29–33) outlines the kind of information required for the HSE and details insurance, annual fees, inspections and enforcement and execution.

The main revisions to Regulations, 2006 are regarding:

- Standardised inspection reports (see *Part 2.1.3*)
- Categorisation of early childhood services and adult: child ratios (see *Part 2.1.4*)
- References and Garda vetting (see *Part 2.1.5*)
- Policies and protocols required (see *Part 2.1.6*)
- Health, welfare and development of the child (see *Part 2.1.7*)
- Records (see *Part 2.1.8*)
- Space requirements (see *Part 2.5.3*)
- Management and staffing (se)

The Regulations, 2006 incorporating these revisions are further outlined below.

2.1.3 Standardised inspection reports and HIQA

A standardised structure has been put in place, facilitated by the use of assessment tools, codes of practice and guidelines to Inspectors (HSE, 2007). According to McCarthy (2008), the Pre-school Service Officers Outcome Report is sent to the provider after an inspection. It is currently available on request to parents, guardians and other interested persons and will be generally available in the future as the reports will be posted on the HSE website along with a list of all those services notified (www.hse.ie). The report is used to record all compliances and non-compliances with each Regulation. If an early childhood service has a number of non-compliances or the breaches are considered serious enough by the Pre-school Service Officer, the service could be considered for prosecution. The Health Information and Quality Authority (HIQA) is an independent authority, established in 2007, reporting to the Minister for Health and Children, charged with developing and monitoring standards in Ireland's health and social care services. HIQA will produce national standards in childcare in due course.

2.1.4 Categorisation of early childhood services incorporating adult: child ratios

A high number of adults to children ratio is considered to be essential in providing quality early childhood education and care. The number of staff a service employs is determined by the number, age range and specific needs of the children, as well as the Regulations, 2006 recommended ratios.

Childminders are an important part of childcare provision in Ireland and the preferred choice for many parents (Willoughby, 2007). Those who mind more than four children under the age of six (other than their own) are required to notify the HSE. Childminders who are not obliged to notify the HSE are encouraged to contact their local City/County Childcare Committee (see *Useful Resources*) to avail of tax exemptions, through a voluntary notification system. *Guidelines for Childminders* have been published and are available from the Office of the Minister for Children and Youth Affairs and CCCs.

Table 1 provides the adult: child ratios recommended by the Regulations, 2006. Service types are defined in the *Glossary of Terms*.

Table 1 Categorisation of early childhood services incorporating adult: child ratios

Categorisation of Service	Age of Children	Adult: Child Ratio
Full Day Care	0–1 year	1:3
	1–2 years	1:5
	2–3 years	1:6
	3–6 years	1:8
Part-time Day Care	0–1 year	1:3
	1–2 years	1:5
	2–3 years	1:6
	3–6 years	1:8
Overnight Services	0–1 year	1:3
	1–5 years	1:5 (with one adult awake at all times)
Sessional	0–1 year	1:3
	1–2½ years	1:5
	2½–6 years	1:10
Drop-in centre	0–6 years	1:4 (no more than 2 under 15 months)
Temporary drop-in centre	0–6 years	1:4 (no more than 2 under 15 months)
Childminder*	0–6 years	1:5 (no more than 2 under 15 months)

*The following are exempt from the Child Care Act, 1991:

- The care of one or more pre-school children undertaken by a relative of the child or children or the spouse of such relative
- A person taking care of one or more pre-school children of the same family and no other such children (other than that person's own such children) in that person's home.
- A person taking care of not more than three pre-school children of different families (other than that person's own such children) in that person's home.

The Regulations, 2006 also stipulate that volunteers and students should not be included when calculating ratios. Exceptions may be made in sessional services that operate a rota system for parents to meet the second adult requirement or to cover an emergency staff shortage situation. Regardless of ratio, a competent and suitable second adult must be available to cope with emergencies.

It is common practice in Europe to operate a one adult to eight children ratio even for children over eight years of age (NCNA, 2000; Maloney, 2006).

Table 2 Recommended adult: child ratios for out of school services

Categorisation of Service	Age of Children	Adult/Child Ratio
Out of school hours	4–6 years	1:8
	6 years +	

2.1.5 References and Garda vetting

A person carrying on a pre-school service must ensure appropriate vetting of all staff, students and volunteers who have access to children. This means getting references from past employers and Garda vetting. At the request of the Office of the Minister for Children and Youth Affairs, Barnardos is assisting in the processing of Garda vetting applications for a number of childcare providers who are not directly registered with the Central Vetting Unit, and who are not members of the National Children's Nurseries Association or the IPPA, the early Childhood Organisation (see *Useful Resources* for all of the above). Providers who are members of these organisations should contact them directly to process vetting applications. Regulation 14 requires that a written record of Garda clearance be kept on the premises. (See *Appendix 5* for Sample Garda Vetting Form.)

2.1.6 Policies and protocols required

Policies and protocols on the following are required: behaviour management (note, in this edition this topic is referred to as 'enabling collaborative behaviour', see *Book 2, Part 6.11*), outings, cleaning, child protection/welfare, management, recruitment and training, staff absences and sleeping babies. (See *Part 3* for suggestions on professional practice in relation to these requirements.)

Behaviour management/enabling collaborative behaviour

In the Regulations, 1996, a person conducting an early childhood service should ensure no corporal punishment is inflicted on children. Regulation 9 of Regulations, 2006 is further strengthened as follows:

- 9.(2) A person carrying on a pre-school service shall ensure that no practices that are disrespectful, degrading, exploitive, intimidating, emotionally or physically harmful or neglectful are carried out in respect of any child.
- 9.(3) A person carrying on a pre-school service shall ensure that written policies and procedures are in place to deal with and to manage a child's challenging behaviour and to assist the child to manage his or her behaviour as appropriate to the age and stage of development of the child. (See *Book 2, Part 6.11 Enabling collaborative behaviour*.)

Outings

Regulation 27(f) requires that operational procedures for the safe conduct of outings are in place and that children are safely escorted on any outing. It is stated in Appendix G (Regulations, 2006) that appropriate levels of staff to ensure the safety of children and to meet their individual needs must be in place. Staffing levels must also be in compliance with the provider's insurance cover. Other factors to be considered are the destination, how to get there, and what to do once there. Carrying out a risk assessment to identify any potential hazards on the journey or at the location should be considered (see also *Part 2.4*).

Cleaning

Within Regulation 25(b) Hygiene (vi) it is required that preventative measures are pursued involving the placement of a cleaning programme and a cleaning schedule for furniture, work and play equipment. The Regulations, 2006 provide samples forms for recording of cleaning protocols in the Appendices (see also *Part 2.4.8*).

Child Protection

Regulation 9(2) specifies that clear written guidelines on identifying and reporting child abuse should be developed by the service. This should be within the framework of a Child Protection policy based on *Children First: National Guidelines for the Protection and Welfare of Children*. Each service should have a named designated person for the reporting of child abuse (see below *Parts 2.2; 3.3.3; 3.4.1*).

Management, recruitment and training policies and staff absences

Regulation 8 indicates that:

- Services should have management, recruitment and training policies in place to ensure that a sufficient number of suitable and competent adults are available.
- The service should have a designated person in charge and a named person who is able to deputise as required.
- This person or the person deputising should be on the premises at all times while the service is in operation.
- The service should have a written policy in place as to arrangements in the event of staff absences.

Sleeping babies

Regulation 28 states that sleeping babies need to be regularly checked and procedures and rotas should be in place. These should take account of the following:

- Naming who checks the baby/babies.
- Detailing how they will be checked, i.e. the sleep position and an assessment of whether or not the child is breathing should be made – sleep monitors alone may not be adequate.
- Specifying how often they will be checked. A sleep monitoring rota should be included.
- The recording of the information.
- The sharing of the information with parents.
- The deployment of staff to include responsibilities for any sleep room area.

2.1.7 Health, welfare and development of the child

The new expansion of the previous Regulation on child development is one of particular significance regarding children's early learning. As noted by McCarthy (2008, p. 19), the increased focus on the quality of children's experience within the service 'and the increased emphasis on care that is age appropriate and child centred' is welcome. The assessment conducted by the Pre-school Inspectors is in accordance with the 'whole child perspective' as outlined in the *National Children's Strategy* (Ireland, 2000).

According to Regulation 5:

A person carrying on a pre-school service will ensure that each child's learning, development and well-being is facilitated within the daily life of the service through the provision of appropriate opportunities, experiences, activities, interaction, materials and equipment, having regard to the age and stage of development of the child and the child's cultural context.

The HSE (2007) advises that the Pre-school Inspectorate assess this Regulation under five criteria. Some exceptions are made in the case of drop-in centres (written in red below).

1. The extent to which the physical well-being and development of children is adequately facilitated through the provision of personal care which meets the basic needs of the infants and children for food, rest, mobility, hygiene and comfort in general and stimulating activities.
2. The extent to which the emotional well-being and social development of the child is facilitated through positive interactions in reciprocal relationships. This incorporates sensitivity to children cues, predicable routines, and the bonds that children have established with peers and siblings. Children's dignity, independence and own culture are respected and supported.
3. The extent to which the physical environment and the quality, quantity and variety of materials supports the development of children.
4. The extent to which the broad learning experiences provided through a programme of activities and its implementation and review supports children's development.
5. The extent to which the service is responsive to children's learning, well-being and development on an individual basis. This involves meaningful engagement with children coupled with written records on children's developmental progress; sharing of such information with families; the provision of appropriate activities and the extent to which the children are happy and relaxed in the setting.

See *Book 2* for support in enhancing children's well-being, learning and development.

2.1.8 Records

The Regulations, 2006 require that a person operating an early childhood service keep records in the following areas:

- Regulation 13(1)(f) seeks details of any illness, disability, allergy or specific need of a child together with all the notes relevant to the provision of special care or attention (see *Appendix 6 Child Record Form*).
- In addition to the register with full details of every child (Regulation 13 [1]) (see *Appendix 6*), Regulation 13(1)(i) requires written parental consent for appropriate medical treatment in the event of an emergency (see *Appendix 7 Agreement for Medical Treatment*).
- Regulation 14(1)(a) requires written records with the name, position, qualifications and experience of every person, including volunteers and students, working in the service.
- Regulation 14(1)(b) stipulates that a person carrying on a Pre-school Service shall maintain all information generated under Regulation 8(2), i.e. all documents and records relating to references and Garda and police vetting.
- Regulations 14(1)(c–m), require details on the maximum number of pre-school children catered for at any one time, the type of service and age range group, the staff/child ratios in the service, the type of care or programme provided in the service, the facilities available, the opening hours and fees, policies and procedures of the service, attendance by a pre-school child on a daily basis, staff rosters on a daily basis, details of any medicine administered to a pre-school child attending the service with signed parental consent, and any accident, injury or incident involving a pre-school child attending the service.
- Regulation 14(1)(j) requires evidence of the arrival and departure time of each child.
- Regulation 14(1)(k) requires evidence of the arrival and departure time and the meal break times of each staff member.

See also *Part 3.5* for general guidelines on record keeping.

2.2 Legislation and regulation regarding child welfare

Child protection is ultimately about promoting the welfare of children who attend a service. It is about contributing to the growth of self esteem and personal autonomy of each child and also creating an environment where trust and willingness on behalf of staff to listen to children is pervasive.

There is at this time no provision in Ireland for mandatory reporting of child abuse or suspected child abuse. For reference on the current position please see *Children First: National Guidelines for the Protection and Welfare of Children* (Department of Health and Children, 1999) and also *Our Children First – A Parent's Guide to the National Child Protection Guidelines* (Barnardos' National Children's Resource Centre, 2004).

Regardless of whether mandatory reporting is in place, the responsibility for protecting children should be paramount. It should be the overriding priority when staff are being recruited, in the promotion of an open work environment which is supportive of children and staff, and in the development of policies relating to toileting, dressing and rest periods that have safety and security as core components (see also *Part 2.1.7* and *Parts 3.3; 3.4*).

Every person working with children should be equipped with the knowledge and skills to respond effectively where there is concern about the welfare of a child.

2.2.1 Legal responsibility regarding child protection

Any service catering for children must obtain a free summary of the *National Guidelines* or a complete copy from the Government Publications Office (see *Useful Resources*). The HSE have appointed Children First Implementation Officers and Children First Information and Advice Persons to assist with the implementation of these guidelines. Any child protection policies or procedures must adopt the basic aims and objectives outlined in this document.

The *National Guidelines* are complemented by the publication of *Our Duty to Care: the principles of good practice for the protection of children and young people* by the Department of Health and Children in 2002. This document is a practical guide to staff and volunteers who work with children by outlining fundamental principles of good practice. It reflects the work of the Northern Ireland document of the same name. Useful factsheets are provided including a *Code of Behaviour between Workers and Children* and an *Anti-Bullying Policy* among others (both the *National Guidelines* and *Our Duty to Care* are available to download on www.dohc.ie).

As mentioned above, the legal responsibility for the investigation of all suspected cases of child abuse rests with the HSE. As child abuse is a crime, Gardai also have responsibilities in undertaking criminal investigations arising from cases of suspected child abuse. All concerns of suspected child abuse should therefore be reported immediately to the HSE that covers the area in which the child is residing (see *Useful Resources)*. The Gardai can also be contacted directly where there is serious concern about the welfare of a child. This may occur when HSE personnel are not available (e.g. outside office hours in areas where there is no HSE emergency/out of hours cover).

The Protection for Persons Reporting Child Abuse Act, 1998

An individual or organisation that makes a report of suspected child abuse in good faith is afforded legal protection from civil liability under the Protection for Persons Reporting Child Abuse Act, 1998. Section 3 of the Act provides protection from civil liability for persons who, acting 'reasonably and in good faith', report to a designated officer of a HSE or to any member of the Garda Síochána their opinion that:

(a) a child has been or is being assaulted, ill-treated, neglected or sexually abused.

or

(b) a child's health, development or welfare has been or is being avoidably impaired or neglected.

The Act also makes provision for protection to persons who report child abuse from penalisation by their employers and creates a new offence of false reporting of child abuse, where a person makes a report to the appropriate authorities 'knowing that statement to be false'.

2.2.2 Principles for professional practice in child protection

According to *Our Duty to Care* (DHC, 2002), adopting the following principles in an organisation will help to create an environment in which children are listened to, given a sense of belonging, and kept safe; parents are supported and encouraged; and staff and volunteers who work with children and young people are supported and protected. All organisations providing services for children should:

- Acknowledge the rights of children to be protected, treated with respect, listened to and have their own views taken into consideration.
- Recognise that the welfare of children must always come first, regardless of all other considerations.
- Develop a child protection policy that raises awareness about the possibility of child abuse occurring and outlines the steps to be taken if it is suspected.
- Adopt the safest possible practices to minimise the possibility of harm or accidents happening to children and protect workers from the necessity to take risks and leave themselves open to accusations of abuse or neglect.
- Adopt and consistently apply clearly defined methods of recruiting staff and volunteers.
- Develop procedures for responding to accidents and complaints.
- Remember that early intervention with children who are vulnerable or at risk may prevent serious harm from happening to them at a later stage.
- Remember that a child's age, gender and background affect they way they experience and understand what is happening to them.
- Provide child protection training for workers. This should clarify the responsibilities of both organisations and individuals, and clearly show the procedures to be followed if child abuse is suspected.
- Develop a policy of openness with parents, which involves consulting them about everything that concerns their children, and encouraging them to get involved with the organisation wherever possible.
- Co-operate with any other childcare and protection agencies and professionals by sharing information when necessary and working together towards the best possible outcome for the children concerned.
- Make links with other relevant organisations in order to promote child protection and welfare policies and practices.

Remember, valuing children means valuing workers as well; insisting on safe practices, eliminating the necessity for staff to take risks and providing them with support will make for a healthier and safer organisation.

2.2.3 Co-operation with parents

Children First (DHC,1999) recommends that any professional who suspects child abuse should inform the family if a report is likely to be submitted to the HSE or An Garda Síochána, unless doing so is likely to endanger the child. Co-operation with the family is essential in order to ensure the safety of the child and it is more likely to be achieved if professionals can develop an open and honest relationship with parents. Involvement in a child protection assessment can be difficult for parents. Families may have rights to know what is said about them and to contribute to important decisions about their lives and those of their children. Sensitivity must be used, and parents should be made fully aware of what is expected of them. Professional staff must strike a balance between showing respect for families and using authority appropriately.

2.2.4 Appointment of a designated officer

Children First advises that all organisations providing services to children should have a designated person to act as a liaison with outside agencies. This designated person would also act as a resource to any staff member or volunteer who has child protection concerns. The designated person should be responsible for reporting allegations or suspicions of child abuse to the HSE or An Garda Síochána. They may be known as child protection officers, children's officers, or by some other suitable title.

Factsheet 7 in *Our Duty to Care* describes the role of a designated officer/person within a voluntary organisation or community organisation.

- The organisation's child protection policy and procedures should include the name of this person, his or her role and responsibilities, and how he or she can be contacted.
- The person designated should ensure that he or she is knowledgeable about child protection and that he or she undertakes any training considered necessary to keep him or herself updated on new developments.

Role

The role of the designated person is to:

- Establish contact with the senior member of the HSE responsible for child protection in the organisation's catchment area, i.e. Childcare Manager or Principal Social Worker.
- Provide information and advice on child protection within the organisation.
- Ensure that the organisation's child protection policy and procedures are followed and, particularly, to inform the HSE of relevant concerns about individual children.
- Ensure appropriate information is available at the time of referral and that the referral is confirmed in writing, under confidential cover.
- Liaise with the HSE/An Garda Síochána and other agencies as appropriate.
- Keep relevant people within the organisation informed, particularly the head or leader of the organisation.
- Ensure that an individual case record is maintained of the action taken by the organisation, the liaison with other agencies and the outcome.
- Advise the organisation of child protection training needs.

Responsibility

The designated person is responsible for:

- Acting as a source of advice on child protection matters.
- Co-ordinating action within the organisation.
- Liaising with HSE and An Garda Síochána and other agencies about suspected or actual cases of child abuse.

Designated persons must be accessible to everyone associated with the organisation, and will need to be supported by training and supervision. A clear job description must outline the person's responsibilities to victims, employees, volunteers, the organisation and the statutory authorities. Reporting procedures to and from the designated person need to be agreed, clear and made known to all. According to *Our Duty to Care* the designated person should:

- Have good listening skills.
- Have sufficient knowledge about child abuse and child protection procedures.
- Be able to discuss personal matters in a relaxed way.

2.2.5 Steps to be taken by a designated officer

All adults owe a general duty of care to children with whom they work. This duty includes an obligation to respond quickly and competently in reporting to the HSE any concerns of suspected child abuse. *Our Duty to Care* suggests that when a designated officer in an organisation receives a report about suspected or actual child abuse, they should consider whether there are reasonable grounds for reporting it to the HSE. It may be helpful to discuss the matter with a professional, such as a Social Worker, Public Health Nurse or staff in a Health Centre, who can assist them in deciding whether or not to formally report their concerns to a HSE. The following examples would constitute reasonable grounds for concern and should be reported:

- Specific indication from the child that he or she was abused.
- An account by a person who saw the child being abused.
- Evidence, such as an injury or behaviour which is consistent with abuse and unlikely to be caused another way.
- An injury or behaviour which is consistent both with abuse and with an innocent explanation but where there are corroborative indicators supporting the concern that it may be a case of abuse. An example of this would be a pattern of injuries, an implausible explanation, other indicators of abuse, dysfunctional behaviour.
- Consistent indication (over a period of time) that a child is suffering from emotional or physical neglect.

This may mean:

- Clarifying or getting more information about the matter.
- Consulting with statutory child protection agency when there is doubt to hear their view.
- Making a formal referral.

A suspicion that is not supported by any objective signs of abuse, would not constitute a reasonable suspicion, or reasonable grounds for concern. However, these suspicions should be recorded internally as future suspicions may lead to the decision to make a report.

2.2.6 Definitions of child abuse

Child abuse can be categorised into four different types: neglect, emotional abuse, physical abuse and sexual abuse. A child may be subjected to more than one form of abuse at any given time. *Children First* adopts the following definitions of child abuse:

Neglect

Neglect is normally defined in terms of an *omission,* where a child suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to and affection from adults, or medical care. *Harm* can be defined as the ill treatment or the impairment of the health or development of a child. Whether it is *significant* is determined by his or her health and development as compared to that which could reasonably be expected of a similar child.

Neglect generally becomes apparent in different ways *over a period of time* rather than at one specific point. For instance, a child who suffers a series of minor injuries is not having his or her needs met for supervision and safety. A child whose ongoing failure to gain weight or whose height is significantly below average may be being deprived of adequate nutrition. A child who consistently misses school may be being deprived of intellectual stimulation. The *threshold of significant harm* is reached when the

child's needs are neglected to the extent that his or her well-being and/or development are severely affected.

Emotional abuse

Emotional abuse is normally to be found in the *relationship* between a caregiver and a child rather than in a specific event or pattern of events; it occurs when a child's needs for affection, approval, consistency and security are not met. It is rarely manifested in terms of physical symptoms. Examples of emotional abuse include:

- Persistent criticism, sarcasm, hostility or blaming.
- Conditional parenting, in which the level of care shown to a child is made contingent on his or her behaviours or actions.
- Emotional unavailability by the child's parent.
- Unresponsiveness, inconsistent or inappropriate expectations of a child.
- Premature imposition of responsibility on a child.
- Unrealistic or inappropriate expectations of a child's capacity to understand something or to behave and control him or herself in a certain way.
- Under or over protection of a child.
- Failure to show interest in or provide age appropriate opportunities for a child's cognitive and emotional development.
- Use of unreasonable or overly harsh disciplinary measures.
- Exposure to domestic violence.

Children show signs of emotional abuse by their behaviour (e.g. excessive clinginess to or avoidance of the parent), their emotional state (low self esteem, fear, unhappiness, anger), or their development (non-organic failure to thrive). The *threshold of significant harm* is reached when abusive interactions become *typical* of the relationship between the child and parent.

Physical abuse

Physical abuse is any form of non-accidental injury that causes significant harm to a child, including:

- Shaking.
- Use of excessive force in handling.
- Deliberate poisoning.
- Suffocation.
- Munchausen's syndrome by proxy (where parents fabricate stories of illness about their child or cause physical signs of illness).
- Allowing or creating a substantial risk of significant harm to a child.

Sexual abuse

Sexual abuse occurs when a child is used by another person for his or her gratification or sexual arousal, or for that of others. For example:

- Exposure of the sexual organs or any sexual act intentionally performed in the presence of a child.
- Intentional touching or molesting of the body of a child, whether by a person or object, for the purpose of sexual arousal or gratification.
- Masturbation in the presence of a child or involvement of the child in the act of masturbation.
- Sexual intercourse with the child, whether oral, vaginal or anal.
- Sexual exploitation of a child.

2.2.7 Recognising child abuse

Children First advises that the ability to recognise child abuse depends as much on a person's

willingness to accept the possibility of its existence as it does on knowledge and information. It is important to note that child abuse is not always readily visible and may not be clearly observable.

The recognition of abuse normally runs along three stages:

1. **Considering the possibility –** If a child appears to have suffered an inexplicable and suspicious looking injury, seems distressed without obvious reason, displays unusual behavioural problems or appears fearful in the company of parents.
2. **Observing signs of abuse** – A cluster or pattern of signs is the most reliable indicator of abuse. Children may make direct or indirect disclosures, which should always be taken seriously. Less obvious disclosures may be gently explored with a child, without direct questioning (which may be more usefully carried out by the HSE or An Garda Síochána). Play situations such as drawing or story telling may reveal significant information. Indications of harm must always be considered in relation to the child's social and family context, and it is important to always be open to alternative explanations.
3. **Recording of information** – It is important to establish the grounds for concern by obtaining as much detailed information as possible. Observations should be recorded and should include dates, times, names, locations, context and any other information which could be considered relevant or which might facilitate further assessment/investigation.

2.2.8 Response to a child disclosing child abuse

- Be as calm and natural as possible. Remember that you have been approached because you are trusted and possibly liked. Do not panic.
- Be aware that disclosure can be very difficult for the child.
- Remember the child may initially be testing your reactions and may only fully open up over a period of time.
- Listen to what the child has to say. Give the child the time and opportunity to tell as much as he or she is able and wishes to. Do not pressurise the child. Allow him or her to disclose at his or her own pace and own language.
- Be careful when asking questions. Questions should be supportive and for the purpose of clarification. Avoid leading questions such as asking whether a specific person carried out the abuse. Also, avoid asking about intimate details or suggesting that something else could have happened other than what you have been told. Such questions and suggestions could complicate the official investigation.
- Assure the child that you believe him or her. False disclosures are very rare.
- It is important that the adult differentiates in his or her own mind between the person who carried out the abuse and the act of abuse itself. The child, quite possibly, may love or strongly like the alleged abuser while also disliking what was done to him or her.
- It is important, therefore, to avoid expressing any judgement on, or anger towards, the alleged perpetrator while talking with the child.
- It may be necessary to reassure the child that your feelings towards him or her have not been affected in a negative way as a result of what has been disclosed.
- Do not promise to keep secrets. At the earliest opportunity tell the child that:
  - You acknowledge that they have come to you because they trust you.
  - There are secrets that are not helpful and which should not be kept because they make matters worse. Such secrets hide things that need to be known if people are to be helped and protected from further ongoing hurt.

Promises that cannot be kept should never be made to children.

By refusing to make a commitment to secrecy to the child, you do run the risk that they may not tell you everything or indeed anything, there and then. However, it is better to do this than to tell a lie and ruin

the child's confidence in yet another adult. By being honest, it is more likely that the child will return to you at another time.

At the earliest possible opportunity:

- Record in writing what the child has said, including, as far as possible, the exact words uttered by the child.
- Inform your supervisor/manager immediately and agree measures to protect the child, i.e. report the matter directly to the HSE.
- Maintain appropriate confidentiality.

Ongoing support

Following a disclosure by a child, it is important that the service staff continue in a supportive relationship with the child. Disclosure is an enormous step for many children. Adults should continue to offer support, particularly through:

- Maintaining a positive relationship with the child.
- Keeping lines of communication open by listening carefully to the child.
- Continuing to include the child in the usual activities.

Any further disclosure should be treated as a first disclosure and responded to accordingly.

2.2.9 Response to suspicion of child abuse

In situations where a suspicion/concern may be deemed vague, i.e. where there is no specific allegation but there is some concern based on the emotional behaviour and/or physical presentation or behaviour of a child, it is recommended that the supervisor/manager consults with a suitably qualified individual in the child protection and welfare field, e.g. one of the HSE designated officers, in order to assess whether or not a report is warranted. Details of the consultation should be recorded. A formal report to the HSE may follow as advised.

2.2.10 Response to allegations of abuse against employees and volunteers

Allegations of abuse may be made against any adults working with children, employees, volunteers and students. The *National Guidelines* (DHC, 1999) are offered to assist managers in having due regard for the rights and interests of the child on the one hand, and those of the employee against whom the allegation is made on the other hand (see *Parts 3.3.2; 3.3.3; 3.4.1* for policies and general reporting procedures).

2.2.11 Confidentiality

It is imperative that details of any report of abuse (i.e. child's and family's name, reason for suspicion etc.) should be kept confidential and should only be disclosed to those who have a right to such information, e.g. manager of the service or the designated officer of the HSE. In order to protect the welfare of the child (and indeed the accused), third parties should *not* be told of the allegations unless it is absolutely necessary. A full guarantee of confidentiality cannot generally be given by the HSE to an individual or organisation who makes a report of suspected child abuse. However, where an individual or organisation specifically requests anonymity and/or it is deemed to be in everyone's best interests, every effort can be made to preserve the identity of persons or organisations providing the information.

2.2.12 Working with families

Many of the children who come to the attention of HSE services are living in difficult and stressful environments (DHC, 1999). Their families may be living with the injustice of poverty or may be experiencing a variety of personal, social and health problems. While not all children are being abused in these situations, some *may* be at risk of future harm. Interventions to support families who are

experiencing difficulties can greatly reduce the possibility of future risk or harm. Support may be given to families through the direct services of statutory, community and voluntary organisations, but also informally through extended families, friends, neighbourhoods, communities, parishes and other local networks (see also *Part 8 Participation of Families and Community Engagement* in *Book 2*).

Early intervention can prevent worsening of current difficulties for children and families. It can reduce future risk, help families to develop strategies for coping with stress, and prevent children from being separated from their parents/carers.

2.3 Legislation and regulation in relation to employment issues

Employment legislation changes consistently. This requires providers to be generally proactive and vigilant. Organisations such as the Barnardos' Training and Resource Service, other voluntary childcare organisations, the CCCs and information networks (see *Useful Resources*) can be of great benefit in alerting practitioners to upcoming legislation and indeed can offer advice on the daunting task of what to do.

It should be noted that it is not only immoral not to keep up to date with employment responsibilities; but the penalties can be very costly in terms of finance and time.

This section, which draws from Barnardos and BCCN (2008), names and very briefly outlines alphabetically the main employment/employee legislation and/or regulation that providers must adhere to. Please consult that publication for further information.

Adoptive Leave Acts, 1995 and 2005

These apply to all adopting mothers, sole male adopters and adopting fathers (where the adopting mother has died in the timeframe of the adoption process) who are under a contract of employment. The entitlements are 24 consecutive weeks beginning at the date of placement and additional adoptive unpaid leave of 16 weeks, time off work without loss of pay to attend pre-adoption meetings and other entitlements.

Carer's Leave Act, 2001

This allows employees to take time off to care for people deemed relevant by the Department of Social and Family Affairs. There is an allowance of a total of 104 weeks that may be taken. However, any time taken after 13 weeks will not be allowed as reckonable service for annual leave entitlement.

Employment Equality Acts, 1998 and 2004

These outlaw direct and indirect discrimination in relation to employment on the following nine grounds:

- Gender
- Marital status
- Family status
- Sexual orientation
- Religion
- Age
- Disability
- Race
- Membership of the Traveller Community

Juries Act, 1976

This applies whereby employees are provided with paid leave during their period of absence from the work place to attend jury duty. If you are self employed and where attendance at jury service may mean you cannot earn a living, you may be exempted from jury service.

Maternity Protection Acts, 1994–2004 and Regulations

These require that employees give their employer at least four weeks written notice of their intention to take maternity leave and later to return to work. The statutory entitlement is 26 weeks' maternity leave, together with a further 16 weeks' additional unpaid maternity leave. Employees are entitled to any public holidays and annual leave that occurred during their maternity leave. There are further entitlements with regard to sick leave, hospitalisation of the child, attendance at antenatal classes (for both parents), leave for fathers (in the event of mother's death) and breastfeeding breaks.

Minimum Notice and Terms of Employment Acts, 1973–2001

These apply to employees who have 13 weeks or more service, although there are certain categories to which these Acts do not apply. An employee's notice depends on the length of their continuous service. The Acts outline the required minimum notice for terminating employment, and also the rights of the employees and employers regarding periods of notice.

Organisation of Working Time Acts, 1997–2001

These entitle employees to either a break of 15 minutes for every four hours worked or a break of 30 minutes for every six hours worked. Part-time employees who work in more than one job are not entitled to work a total of more than 48 hours in a week. Both employer and employee can be prosecuted. It is necessary, therefore, for the employee to furnish all employers with details of their employment. This Act also specifies annual leave entitlements and public holidays, and details the records on their employees that employers must keep in order to comply with the legislation.

Parental Leave Act, 1998 and Parental Leave (Amendment) Act, 2006

These entitle an employee who has one year's continuous service and who is the natural or adoptive parent of a child to take unpaid leave for a period of 14 working weeks in respect of a child up to eight years of age to take care of that child (with further age extensions for adopted children and children with a disability).

Force Majeure Leave

This refers to leave with pay for imperative and urgent family reasons, owing to an injury or illness to certain family members, life partners and those to whom the employee is in *loco parentis*. Employees are entitled to up to three days paid force majeure leave in a 12-month period or up to five days in a 36-month period. An employee who works part-time for part of a working day will be seen to have taken one day's entitlement.

Unfair Dismissals Acts, 1977–2007

These apply to all persons employing staff and those who are in employment.

All legislation is available from the Government Publications Sales Office and online at www.irishstatutebook.ie.

2.4 Legislation and regulation in relation to health and safety

It is the shared responsibility of all adults to ensure that children are kept healthy and safe within an early childhood service. For the manager, this involves ensuring that sensible measures to protect children and those caring for them are put in place and recognised by everyone. The Safety, Health and Welfare at Work Act, 2005 and the Safety, Health and Welfare at Work (General Application), 2007 places a statutory duty on all employers to take responsibility for the health and safety of their staff.

The Health and Safety Authority (HSA, see *Useful Resources*) was established to monitor the implementation of the law and promote a greater awareness of safety issues among employers and employees. In addition, a number of useful publications have been produced by the HSA. Inspectors from the HSA offer information and advice. They have also been given wide ranging powers to prosecute, fine and prohibit employers from conducting their business if found in breach of the Act. The main aim of the Act is the prevention of accidents and ill health in the place of work. The Act imposes duties of care on both employers and employees. Please note that *Parts 2.5.13; 2.5.14; 2.5.15; 2.5.16* deal with general safety measures in relation to indoor and outdoor premises and vehicles.

2.4.1 Responsibilities of employers

In the case of a childcare setting, the responsibilities of the employer extend to children, practitioners, parents, visitors and delivery personnel. Therefore, the overriding responsibility is to conduct *all* work activities to ensure the safety, health and welfare of people at work. A safe place of work is achieved by the provision of:

- Appropriate design of equipment and premises with safe access and egress.
- Identification systems for assessment of hazards and prevention of same.
- Planning, maintaining and, where appropriate, revising systems of safe work practices.
- Cooperation and consultation with, information to, and training of employees on health and safety matters in a format that will be understood by them.
- Appropriate protective equipment if necessary.
- The appointment of a Safety Officer (see below) to specifically advise the employer on compliance with the health and safety laws.
- Efficient reporting of workplace accidents to the Health and Safety Authority.
- Appropriate safety signs.
- A written Safety Statement (for further information see Health and Safety Authority, 2006).

Safety Statement

The Safety Statement must be specific to the place of work and must:

- Identify workplace hazards.
- Indicate control measures taken to reduce the risk of each hazard.
- Specify the resources allocated to improve safety management.
- Specify the procedures for dealing with emergencies or potential danger.
- Document the consultation process with employees.
- Note the names and positions of those responsible for safety.
- Indicate the duties of employees and the co-operation necessary from them.
- Detail health and safety information and make it available to employees.

These duties, though specific, are not comprehensive. The fact that an employer neglects to provide other safety measures if required is not a valid defence if, as a consequence, an employee is injured.

Safety Officer

The Safety, Health and Welfare at Work Act, 2005 stipulates that a competent member(s) of staff must be designated as Safety Officer(s). In this role that person will be responsible for giving informed advice on health and safety issues to management. Occasionally the employer may appoint themselves as Safety Officer or, as advised by the HSA (2006), there may be a combination of internal and external competence in safety matters. The employer is also responsible for carrying out (or organising) a risk assessment (Barnardos and BCCN, 2006). This involves examining all aspects of the service to identify potential hazards. A safety audit checklist should be devised to ensure that nothing is missed. It will include checking room by room, area by area, all fixtures, fittings, and equipment, both indoors and out, for hazards. Having identified hazards, measures must then be taken to replace equipment or repair any damage. It is recommended that an audit be carried out every month. No hazard should occur more than twice over a two month period. Any accidents or injuries should be recorded in the accident book and reported to the Safety Officer.

2.4.2 Responsibilities of employees and others

Responsibilities of employees

All staff must co-operate with management on health and safety matters, and a precise allocation of responsibility between staff members should be made. The Safety, Health and Welfare at Work Act, 2005 depicts the responsibilities of employees as follows:

- To take reasonable care for their own safety and that of any other person who may be affected by their acts or omissions while at work.
- To avoid horseplay, bullying or other improper conduct which may impact negatively on the health and safety of others.
- To ensure that they are not under the influence of any intoxicant while at work that could result in them being a danger to others (or themselves).
- To co-operate with the employer and any other person to an extent that will enable their employer to comply with the law on health and safety.
- To use protective clothing/equipment as provided.
- To report anything at work that might endanger safety.
- Not to interfere with any system for securing safety.

Responsibilities of others

Barnardos and BCCN (2006) explain that manufacturers and suppliers of equipment, food or other articles also have responsibilities for the safety of their products. The Act also extends to individuals who manage:

- A shared, non-domestic workspace, e.g. when an early childhood service is delivered in a public building such as a health or community centre.
- The access and exits of that workspace.
- Any implement or substance provided for use at that workplace (by those other than direct employees of the service, e.g. any permanent gardening equipment).

2.4.3 Accident reporting requirements

All places of work are required to report occupational accidents – this includes employees and the self-employed, and persons training for employment. This also requires that records be kept of accidents.

Whenever any of the following events occur, the person responsible as designated in the Safety Statement as Safety Officer must report *in writing* on the approved form to the HSA, and must keep a record of it.

- The death of any person, irrespective of whether or not they are at work, as a result of an accident arising out of work.
- The death of any employee which occurs up to a year after a reportable injury.
- An accident to any employee or self employed person which disables them from carrying out their normal work for more than three days.
- Injuries requiring medical treatment to a person not at work as a result of work activity.
- Work related accidents to members of the public which require medical treatment

2.4.4 Fire safety

The Regulations, 2006 refer to the *Fire Safety in Pre-Schools* guide produced by the Department of Environment, Heritage and Local Government (www.environ.ie). This is intended to assist persons operating a pre-school service in discharging their statutory fire safety responsibilities under the Fire Services Act, 1981. This document recommends a written fire safety management programme consisting of the following:

- Preventing outbreaks of fire.
- Instruction and training of staff on fire prevention and fire safety procedures.
- Emergency procedures and evacuation drills.
- Maintenance of fire protection equipment.
- Maintenance of building services.
- Providing appropriate furnishings and fittings including bedding.
- Availability of escape routes.
- Keeping of fire safety records.

Regulation 16 (1–3) of the Regulations, 2006 states that a person carrying on a pre-school service shall keep a record in writing of:

- All fire drills which take place in the premises.
- The number, type and maintenance record of fire fighting equipment and smoke alarms in the premises.

The record will be open to inspection by:

- A parent or guardian of a pre-school child attending or proposing to attend the service.
- Every person working in the service.
- An authorised person.

A notice of the procedures to be followed in the event of fire should be displayed in a conspicuous position in the premises.

In order to ensure the health, safety and welfare of pre-school children attending the service, it is essential that:

- Adequate arrangements are in place for extinguishing fires, for the giving of warnings and for the evacuation of all pre-school children in the premises in the event of fire, and for the maintenance and use of fire fighting equipment.
- Adequate arrangements are in place to ensure that the staff and, as far as is practicable, the pre-school children in the premises know the evacuation and other procedures to be followed in the event of fire. Regular fire drills should be carried out in order for staff and children to become familiar with the procedures. Initially they should be very frequent, until children get used to the system, and then every three months. Drop-in services should have fire drills more frequently, at least once a month. Services are advised to engage with the local Fire Safety Officer regarding the development of an appropriate fire safety policy.

- Materials contained in bedding and the internal furnishings of the premises have adequate fire retardancy properties and have low levels of toxicity when on fire (see also *Code of Practice for Fire Safety of Furnishings and Fittings in Places of Assembly* [www.environ.ie]).
- Heat emitting surfaces are protected by a fixed guard or are thermostatically controlled to ensure safe surface temperatures, In addition, fire extinguishers and/or fire blankets must be stored ready to use. Smoke detectors must be frequently checked and any other fire-fighting equipment must be in good working order. Fire fighting equipment should be serviced annually, and a record maintained of dates.

The following recommendations are made:

- Services should make adequate provision for emergency lighting, which is usable at all times.
- All rooms need two means of escape. One will be the door, the other may be a window. If this is normally kept locked for security reasons, the key must be readily accessible.
- Provide a separate, switched socket outlet for each electrical appliance regularly used in the service.
- Outlets should be installed as close to appliances as possible.
- Regular checking of flexes for fraying.
- Permanently fixing all electrical wiring.
- Eliminate children's access to heat controls.
- Ensure that all doors serving as fire exits are free from obstructions, and fastened as to be easily opened from the inside, without needing to use a key.
- Never dry clothes or towels around a fire or cooker.
- Clearly written instructions for drills must be posted in a conspicuous place in each room.
- It is important that children are not distressed or frightened by fire/emergency drills, but holding them more frequently means that children and staff are familiar with the routine and their roles within it, enabling the building to be evacuated more quickly.
- A map showing exit routes and clearly designating a place of safety outside the building must be posted with fire drill instructions.
- Staff responsibilities with regard to fire and emergency should include each staff member (and volunteers and students) knowing exactly what they need to do in the event of a fire or other emergency to safely evacuate children from the premises. Each member should:
  - Be aware of primary and secondary evacuation routes to use.
  - Know that all children must be removed from the building to the designated place of safety.
  - Know the location of the nearest external telephone to the service in case it is needed.
  - Know that the children's register must be taken when the building is evacuated.
  - Know that, in the case of fire, the fire brigade must be called.
- Information such as this could suitably be held in the staff/volunteer/student information file, a copy of which should be given to each adult on appointment.
- Written instructions concerning action to be taken by staff in the event of emergencies other than fire should be displayed clearly in each room.
- It would be a useful practice for all services to have a board near their front entrance, indicating how many children and adults are present on the premises. In the case of a fire or other emergency, this would immediately indicate to rescue personnel how many persons need to be accounted for. This board would, of course, require updating as necessary throughout the day.

2.4.5 First aid

- Every adult working with children should be trained and qualified to administer first aid. If not, one adult, qualified in giving first aid, should always be present on site. This qualification should be current. Training in first aid is arranged by the CCCs, Order of Malta Ambulance Corps, the Irish Red Cross Society and the Civil Defence (Regulations, 2006).
- A person with first aid training should accompany children on outings.

- It is recommended that all members of staff are familiar with simple first aid procedures such as mouth to mouth resuscitation, and for regular staff training to be given on this subject.
- First aid boxes and a simple First Aid Book should be provided and sited, at least, in the kitchen and toilet areas.
- They should be stored in places which are easily available to all adults, but beyond the reach of children. Contents of the boxes should be checked regularly and replaced as necessary.

Table 3 Recommended contents of a first aid box

Materials	First Aid Box Contents		
	1–5 children	6–25 children	26–50 children
Hypoallergenic plasters	12	20	20
Sterile eye pads (bandage attached)	2	6	6
Individually wrapped triangular bandages	2	6	6
Small individually wrapped sterile unmedicated wound dressings	1	2	4
Medium individually wrapped, non-stick, sterile, unmedicated wound dressings	1	2	4
Individually wrapped antiseptic wipes	8	8	10
Paramedic shears	1	1	1
Latex gloves – non-powdered latex or Nitril gloves (latex-free)	1 box	1 box	1 box
Additionally where there is no running water, sterile eye wash	1	2	2

In addition to a first aid box, you may have a fever scan thermometer and a toughcut scissors.

- The first aid box must not contain any substance that may cause allergies. In addition, cotton wool for cleaning wounds and a multi-purpose bowl are recommended. However, an accessory box containing sticking plaster and antiseptic lotion for children you know are definitely not allergic to these substances may be kept.
- Medical supplies in the first aid boxes should be regularly checked by the designated person, for freshness and to ensure that there is a sufficient quantity of items.
- Services should develop their own protocol for the administration of medicines. Under no circumstances should medicine be administered without the written permission of the parent.
- If parents provide prescribed medicine for children, the child's name and the correct dosage should be clearly labelled on the container. Any medicines administered should be recorded in a drugs book and signed by two members of staff.
- On each administration of doses of medicine, the instructions should be carefully read and followed. Medicine must be kept in a locked medicine cupboard out of the reach of children.
- Accidents should be recorded in the Accident Book. The IPPA, the Early Childhood Organisation and the NCNA (see *Useful Resources*) have such record books available.
- For injuries other than minor cuts and bruises, parents must be notified as soon as possible following the accident.

2.4.6 Nutrition

Provision of a healthy environment and adequate nutrition is essential to the well-being of children and adults, and to full participation in an active programme.

Good digestion is linked to relaxed emotional states and eating together provides the opportunity to socialise and learn about each other. In addition to helping to serve food, children should participate in activities which encourage knowledge of hygiene and health issues, basic nutrition, food preparation, different tastes and textures, and the food traditions of a variety of cultures.

Services must ensure that children's nutritional needs are met while they are in their care. This may include ensuring that packed lunches are brought in or providing snacks, breakfast and full lunch or afternoon meal. In some cases, children will get their main meal of the day in the early childhood service. In all cases, the service has a duty to feed children responsibly, which means offering nutritionally good food and discouraging potentially harmful food (Regulations, 2006). Parents/carers should be informed on what children are eating. Weekly menus should be placed on the parents' notice boards and both practitioners and parents should discuss naturally what the children ate as well as their likes and dislikes. Information on healthy eating could also be shared with parents. Eating can be a nutritious, learning, fun experience for children and staff. The following is an extract from 4Children (formerly Kid's Club Network, see *Useful Resources)*

Guidelines of good practice

- Diet is a significant factor in general health. Eating habits learnt at an early age will often form the basis for life.
- In developing a balance diet, varied nutritious food should be encouraged, including: vegetables (fresh or frozen), fruit (raw, dried or freshly cooked), breads, lean meat, fish, poultry, potatoes, pasta, rice, beans, peas, lentils, breakfast cereals (low or no sugar).
- Intake of foods high in fat, sugar, salt or unnecessary additives should be limited, including: sweet drinks, processed meats, salty snacks, cakes, biscuits, jam, pastries, sausages, burgers, tinned vegetables or fruits, sweets.
- Menus should be planned in advance.

Figure 1 outlines the MyPyramid for Kids scheme from the United States Department of Agriculture (USDA) (www.cnpp.usda.gov).

Figure 1 MyPyramid for Kids

A Close Look at MyPyramid For Kids

MyPyramid for Kids reminds you to be physically active every day, or most days, and to make healthy food choices. Every part of the new symbol has a message for you. Can you figure it out?

Be Physically Active Every Day

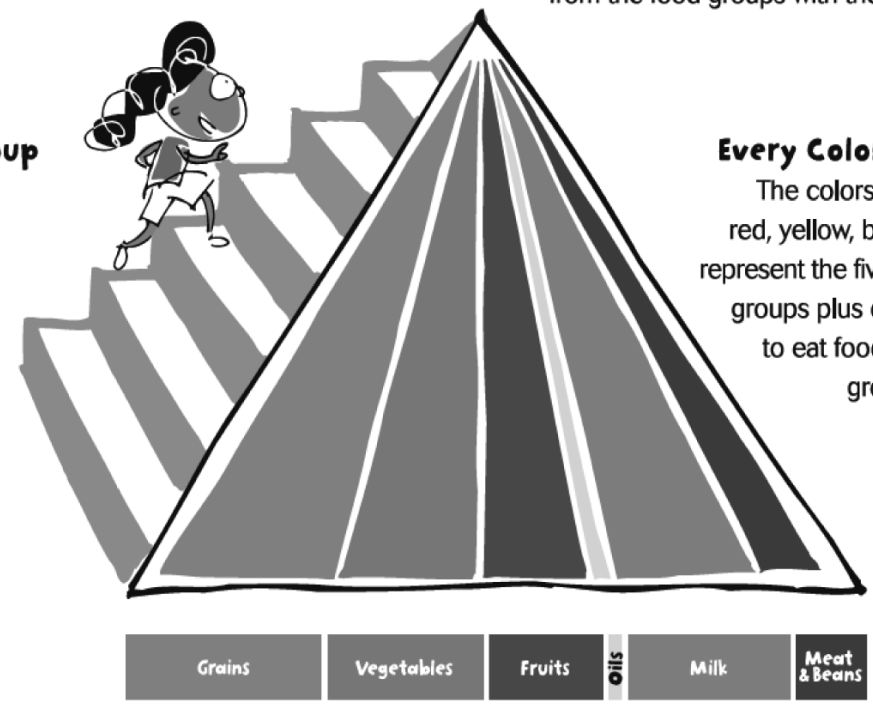
The person climbing the stairs reminds you to do something active every day, like running, walking the dog, playing, swimming, biking, or climbing lots of stairs.

Eat More From Some Food Groups Than Others

Did you notice that some of the color stripes are wider than others? The different sizes remind you to choose more foods from the food groups with the widest stripes.

Choose Healthier Foods From Each Group

Why are the colored stripes wider at the bottom of the pyramid? Every food group has foods that you should eat more often than others; these foods are at the bottom of the pyramid.



Every Color Every Day

The colors orange, green, red, yellow, blue, and purple represent the five different food groups plus oils. Remember to eat foods from all food groups every day.

Make Choices That Are Right for You

MyPyramid.gov is a Web site that will give everyone in the family personal ideas on how to eat better and exercise more.

Take One Step at a Time

You do not need to change overnight what you eat and how you exercise. Just start with one new, good thing, and add a new one every day.

- All food and drink provided in the service should adhere to the *Food and Nutrition Guidelines for Pre-School Services* (Health Promotion Unit, DHC) having regard to the age, stage of development and special needs of children and whether the food is produced by outside caters (HSE, 2007)
- Menus and meals should be prepared sympathetically for children with special dietary needs. Information on special needs should be recorded on registration.
- A rich variety of multi-ethnic foods should be encouraged (see www.cnpp.usda.gov for dietary advice). Providing food from different countries and cultures is important, not only in giving positive recognition and reinforcement to the children of that culture within the service, but also in encouraging children to learn and respect others' traditions and cultures. Ways of cooking, serving and eating food can differ between the cultures. This, too, needs exploring and encouraging.
- Clear procedures should be drawn up for the preparation of food. Within these it should be clearly stated whose responsibility it is to cook the food. Services may choose to employ a cook; others may see cooking food as a duty of staff. It must be recognised that adults preparing food will not be able to supervise children. Responsibility for maintaining the food preparation and storage area in a clean and hygienic state must be carefully delegated. Procedures for storage and maintenance should be clear.
- Responsibility for budgeting and buying food should be clear. There should be agreed procedures for buying food which need to take into account storage facilities.

2.4.7 Food and hygiene

Regulation 26 (a–c) requires that where food is consumed on the premises by a young child (Regulations, 2006), the person providing the service shall ensure that adequate and suitable facilities are provided for the storage, preparation, cooking and serving of food and that eating utensils, hand washing, wash-up and sterilising facilities are provided.

Special care and attention must be given to the sterilisation of infants feeding equipment and the preparation of infant's formula foods and bottles. Special attention is further required regarding the purchase, storage and preparation of food, the water supply and Hazard Analysis and Critical Control Point ([HACCP] Barnardos and BCCN, 2008). HACCP is a systematic approach to identifying and controlling hazards that could pose a danger to the preparation of safe food. All staff involved in food preparation should receive HACCP training. The NCNA (2006) have produced a manual for early childhood education and care providers.

According to the HSE (2007), ECEC services are subject to the provisions of the Food Hygiene Regulations 1950–89, the European Communities (Hygiene of Foodstuffs) Regulations, 2006 (SI No 369) Regulation, EC 178/2002 and Regulation (EC) No 852/2004. With regard to food and drink delivery, storage, preparation and serving, these take precedence with regard to enforcement. These are enforced in pre-school services by the Environmental Health Officers Service.

Food may be cooked on the premises or children may bring packed lunches including cooked meals which may require re-heating. If the food is supplied by the person carrying on the service, it must be prepared on the premises or purchased from a supplier whose premises is registered with the relevant HSE. All waste and other refuse must be stored hygienically and disposed of frequently and hygienically and in a manner as not to cause a nuisance.

2.4.8 Prevention of Illness, health promotion and general hygiene

The service should have a positive approach to health promotion; local health centres and the DHC Health Promotion Unit will be able to provide a range of information for use by services (see www.healthpromotion.ie). The CECDE (2005) identifies broad elements of preventative healthcare and health promotion which include:

- Active reviews of developmental progress.
- Ensuring children's mental health is supported through information education and activities.
- Parenting guidance on the importance and modelling of physical activity, healthy sleep patterns and infant positioning.
- Screening and early detection of hearing and vision impairment and immunisations.
- The encouragement of 'healthy communities' who value and understand the influence which early preventative health measures can have on children's well-being.

General hygiene, prevention of illness and/or the spread of disease among the children, staff and parents are of primary importance in the service. Awareness of how illness spreads and using cleanliness to control its transmission should be the basis of prevention. Accurate information on exclusion periods for commoner communicable diseases should be sought and followed and an illness policy developed. The most common ways to transmit infections are:

- Touch – Infections may enter the body through grazes.
- Airborne droplets – Through uncovered coughs or sneezes.
- Poor hygiene practices – Particularly through a lack of hand washing. (Maloney, 2006)

The following recommendations go a long way towards ensuring hygienic environments:

- Scrupulous attention should be paid to general hygiene and cleanliness of toilets, potties, nappy changing area, kitchen and areas where food is consumed after every use. Floors and carpets should be thoroughly cleaned on a regular basis.
- In-service training, which draws from current information and stresses the importance of frequent hand washing and the dangers to staff and children in not observing that, is strongly recommended.
- A supply of disposable gloves should be available for adults to use whenever they are dealing with body fluids. This should be regarded as a basic practice for good hygiene.
- Liquid soap dispensers, disposable towels, nail brushes (one for each adult and child) and hand cream are recommended around basins that staff are likely to use for hand washing,
- Staff should always wash their hands with soap and warm water before food preparation and handling, and after nappy changes and toileting children.
- Signs should be posted reminding adults to follow hand-washing procedure, and to ensure that children learn the need to do so. This is essential for all adults.
- Adults should only spend a minimum amount of time on maintenance chores while children are present. The majority of cleaning should be done before or after opening hours.
- Facilities for the hygienic disposal of tissues after nose wiping should be available in each room.
- Toys, equipment and bedding should be washed and/or disinfected regularly. Toys must be disinfected immediately after any contact with an infectious child.
- Adults working with children have a responsibility to see that children are properly dressed when out of doors.
- Pregnant mothers in the service should be informed whenever there are cases of measles, for example.
- Adequate ventilation is essential. Windows that can be opened to let in fresh air are desirable.
- A supply of extra clothing should be kept. Spare sets of clothing should be available in case of accidents, or children being cold or wet. Articles of clothing should not be used by more than one child in between washes.

2.4.9 Care of pets

Children often enjoy having pets around them and may have their own pet(s) at home. They can be a source of pleasure and learning for children and adults alike. Any pets in an early childhood service will need to be considered in terms of their possible effect on the health and safety of the child.

- Parents should always be informed if there are pet(s) before a child begins in the service. Information on potential allergies should be sought.
- Children should never be left unsupervised with pets.
- Ensure that the pet is not dangerous. Avoid Pit Bull Terriers and Rottweilers. Large/playful dogs may need to be kept in a segregated area to avoid them accidentally knocking children over.
- Pet food and water must be safely located away from the children.
- Litter trays for cats and other animals must not be accessible to the children. The service premises, i.e. the external play area, entrances and exits, must be kept clear of animal litter and should be checked regularly.
- Animals in the service should never be allowed to frighten children.
- Pets must be kept clean and well-cared for, i.e. vaccinated and wormed.
- All services that have dogs on their premises should comply with all the legal requirements contained in the Control of Dogs Act, 1986 and 1992, and Control of Dogs Regulations, 1998.
- All animals carry some potential health and safety risk. Regular veterinary checks are essential (HSE, 2007).

2.5 Legislation and regulation in relation to early childhood premises

Regulations apply to the construction of buildings and provide for the health, safety and welfare of people in and about buildings, provide access for people with disabilities to buildings and provide for the conservation of fuel and energy in relation to buildings (Barnardos and BCCN, 2008). The main legislative Acts are the Building Control Act, 1990 and 2007, which provide for the Building Regulations, 1997–2007, and the Building Control Regulations, 1997–2004. A Fire Safety Certificate must be obtained before work can begin on all non-residential buildings. Compliance with the requirements of the Building regulations rests with the owners and builder of the building. Other legislation pertinent to buildings includes Planning Acts and Regulations on water supply, electricity and gas, radon (see Barnardos and BCCN, 2008) and the Regulations, 2006. Smoking is never permitted in a pre-school facility; see Section 47 Public Health (Tobacco) Acts 2002 and 2004. The following sets out the detail in relation to the Regulations, 2006.

2.5.1 Number of places

The maximum number of children attending a service at any one time should be assessed carefully, taking into consideration the overall free space available, the size of rooms and ease of passage. It should be noted that Regulation 12 (1) allows for the HSE to make a proposal to fix the maximum number of children who may be catered for at the same time in an early childhood service. This can occur after inspection of a service. In doing so, the HSE will have regard to the age range of the pre-school children, the adult/child ratios, the group size and the space per child. The following table depicts the maximum group size based on age range in full and part-time services.

Table 4 Adult: child ratios and maximum group size

Age range	Adult : child ratio	Maximum group size
0–1 year 1–3 children – one adult 4–6 children – two adults 7–9 children – three adults	1:3	9
1–2 years 1–5 children – one adult 6–10 children – two adults	1:5	10
2–3 years 1–6 children – one adult 7–12 children – two adults	1:6	12
3–6 years 1–8 children – one adult 9–16 children – two adults 17–24 children – three adults	1:8	24

- The National Children's Bureau in the UK recommends that the maximum number of children attending a full day care service at any one time should be no more than 50. This is because in larger centres there is a greater risk than in smaller ones that the importance of responding to children as individuals and encouraging their spontaneity may begin to take second place to issues of control and organisation. Larger numbers of children create greater stress for staff due to increased problems among children and to the increased noise levels. This leads to greater job fatigue, less job satisfaction and higher rates of staff turnover. Should the owner/manager of a proposed service feel that there is good justification for a service to provide care for more than 50 children, and where facilities are suitable, it is strongly recommended that children are in 'home base' units of not more than 25 children. Each of these 'home base' units should be self-contained with its own equipment, staff and range of toilet facilities.
- The time-limited and irregular nature of drop-in centres means that an upper limit of 24 children attending is required. Where the service caters for children under two, that group of children must be cared for separately in their own room and the staff child ratio of one staff member to three children must apply.
- Sessional services should also have an upper limit of 24 children.
- Childminders who are considering taking more than five children (allowable by the Regulations, 2006) should employ staff and notify their local HSE of their change of status to full day care.

Groupings

Groups should be made up of children of approximately the same age or as 'family' groups of equivalent size. Family group means a group of children of mixed ages or supports siblings to be in the same group. Some parents prefer their children to be with a more 'home-like' grouping. In Flanders (Belgium), some full day care settings provide for just such a mixed age group. This allows siblings

and differing age groups to interact naturally (Training and Resource Centre for Childcare, 2001). As with any age grouping, attention should be paid to the continuity of the group and of its staff. In services operating the key worker system, it is recommended that each member of staff is key worker to three babies, or four toddlers or eight young children or to a mixed age 'family' group of four to five children. Each small group contains children of a range of ages within the stage or in a 'family' group of equivalent size. A final point regarding ratios is that the Regulations, 2006 promote the interaction of siblings in early childhood settings. This must be facilitated when establishing staff rosters.

2.5.2 Accessibility

Services should be accessible to families in terms of their opening hours, proximity to home, work or training and to those with special needs.

- Wheelchair and buggy ramps and wide double doors should be provided in services.
- The service should also be situated on the ground floor. If more than one floor is in use, younger children should be on the ground floor. This facilitates easy evacuation in the event of an emergency.
- If the service is not on the ground floor, extra precaution must be taken to ensure that the premises can be evacuated easily with regard to the numbers of children and staff.
- Procedures must be in place to ensure the safe entrance and exit by children to the facility. The use of an intercom system provides for open access and is recommended. Supervision is also necessary.
- The premises should be situated where car parking is adjacent to enable the safe transportation of children to the service without causing a traffic hazard. Children should never be allowed into the car parking area without supervision.

2.5.3 Space requirements

Space ratios

Space requirements (Regulation 18 of the revised Regulations, 2006) refer to the recommended clear floor space. Table 5 shows the *minimum* space required. Please note that service types are defined in the *Glossary of Terms*.

Table 5 Space ratios

Categorisation of Service	Age of Children	Floor area per child
Full day care	0–1 year	3.5 sq metres
	1–2 years	2.8 sq metres
	2–3 years	2.35 sq metres
	3–6 years	2.3 sq metres
Part-time day care	0–1 year	2.8 sq metres
	1–2 years	2.35 sq metres
	2–3 years	2.3 sq metres
	3–6 years	3.5 sq metres
Sessional	0–6 years	2 sq metres
Drop-in centre	0–6 years	2 sq metres
Temporary drop-in centre	0–6 years	2 sq metres
Childminder	0–6 years	In line with code of practice

One of the key components of learning environments for young children is space; space where children can actively experience many things. The space requirements set out above relate to clear floor space per child. Clear floor space means the area available for children's play and movement, and should not include furniture or permanent fixtures. Extraneous areas such as kitchens, toilets, sleeping and other ancillary areas are deemed to be separate.

2.5.4 General issues in relation to premises

The premises must adhere to the Regulations, 2006, which are briefly as follows:

- Regulation 18 states that the premises must be of sound and stable structure and suitable for the purposes of providing a pre-school service.
- The premise's fixtures and fittings must be kept in a proper state of repair, in a clean and hygienic condition and must be protected from infestation.
- Furniture and work or play surfaces must be suitable, in a proper state of repair and non toxic. All reasonable precautions should be taken to ensure that they are not a source of infection.
- The premises must be adequately rodent-proofed in a manner which does not compromise the safety of the pre-school child or constructed in such a manner as to prevent the ingress of pests.
- The premises must be adequately heated throughout with suitable means of heating while the service is operating. The recommended temperature is 65°F/18°C. In addition, any heating system liable to emit into the premises offensive or harmful gases, fumes or odours is not permitted.
- Regulation 20 states that the premises should be well-ventilated to the external air either directly or by a suitable and adequate means of mechanical ventilation. A minimum range of ten to fifteen changes of air per hour should be achieved and an extractor fan is needed above steam and heat emitting equipment.
- Suitable and adequate lighting is essential. Rooms should have natural light and good artificial light as back up.
- All drinking water supply points should be connected directly to a public or private water supply via a rising main. All drinking water should comply with requirements of the Regulations with regard to the provision of water intended for human consumption. Where a private supply is used, evidence of potability should be supplied to the local Environmental Health Officer (check with the Local Authority). Hot water provided for use by pre-school children must be thermostatically controlled with a maximum of 43°C.
- Storage space is essential for dangerous, toxic substances and for prams, pushchairs, carrycots, play and work equipment and personal belongings.

2.5.5 Sanitary accommodation

The sanitary accommodation, which includes the nappy changing area and toilet, should not communicate with any occupied room or food room except by means of a hall, corridor, ventilated lobby or ventilated space. Both areas require a leak proof and sealed container, out of children's reach for nappies and other waste. The waste must be disposed of daily for services, and regularly for childminders. There should be a separate toilet for staff and parents.

Nappy changing area

- A suitable and separate nappy changing facility must be provided.
- There must be access to hot and cold water.
- The changing table should be strong and at a comfortable adult height (90 cm)
- It should be covered with an easily cleanable surface.

Toilets

There should be separate toilet facilities for adults. All toilets should have:

- Hot (thermostatically controlled to not more than 100°F/39°C) and cold running water.
- Adequate ventilation to external air.
- Liquid antibacterial (non-allergenic) soap in an easy to use soap dispenser.
- Suitable means of hand drying – either a hand drying machine, or paper towels.
- Child-sized toilets and sinks and safety mirrors.
- No locks on toilet doors.
- At least one wheelchair accessible toilet.
- Step ups and toilet seats for children using adult toilets.
- Individual potties for toilet training, when not in use these should be stored away.
- Individual cubicles for privacy.
- Individual storage for children's creams toothbrushes and other toiletries.
- The toilet area should be easily accessed and supervised.
- Staff should have access to their own toilet.

In addition to the ratios recommended for staff working with children in the various services, the *Explanatory Guide* sets out the sanitary accommodation ratios required. These are as follows:

Table 6 Sanitary accommodation for all categories of early childhood service

No of Persons	Water Closets	Wash-hand Basins
For every 10 children	1	1
For every 8 adults	1	1

2.5.6 Laundry

- Regulation 18 (c) states that for full and part-time day care, separate laundry facilities should be provided or adequate arrangements made to launder bedding, towels and other linen.
- Where laundry facilities are provided on site, children should not be allowed access.
- In a childminding service, no laundry work should be carried out in the kitchen when food is being prepared or served.

2.5.7 Entrance, storage hall and circulation areas

- These should be kept free from obstacles and effectively lit.
- There should be ample storage space for buggies, car seats and equipment.
- The entrance hall would be a good area to have a Family Notice Board. Weekly menus, photos of recent trips, photos of staff with their names, policies, fire evacuation procedures, ethos, and news relevant to the service are some examples of what could be displayed.
- Individual personal hooks at the appropriate height for children, with storage space for lunch boxes, 'special' toys, and rain gear could be situated here.
- Storage space for aids for children with disabilities should be easily accessible.
- If space allowed, some comfortable adult chairs would be ideal.

The National Children's Nurseries Association (NCNA, 2002) recommends that circulation areas and corridors (inside or out) be designed for the children to use with ease and safety and must cater for people of all ages with a disability. 'Children need to see and understand the direction of an activity and

how it is linked. Where corridors are used, it is worthwhile giving consideration to providing seating and/or small areas of play along the route' (NCNA, 2002, p. 19), this allows these areas to become more interesting circulation areas. Long corridors are to be avoided.

2.5.8 Kitchen

Adequate and suitable facilities for the storage, preparation, cooking and serving of food; adequate and suitable eating utensils; hand washing, wash-up and sterilising facilities should be provided. In addition:

- A dishwasher is recommended to ensure hygienically clean dishes.
- There must be adequate worktop space for the hygienic preparation of food.
- Consideration of the need for extra equipment/procedures in the provision of halal, kosher, vegetarian and other diets.
- Where there are large numbers of children in a service, a separate milk fridge must be provided.
- A double sink is recommended.
- All waste and other refuse must be stored hygienically and disposed of frequently and hygienically and in a manner so as not to cause a nuisance.

If the food is supplied by the person carrying on the service, it must be prepared on the premises or purchased from a supplier whose premises is registered with the relevant HSE. Please see *Part 2.4.6* to *Part 2.4.8* for regulations of nutrition, hygiene and prevention of illness. The size of the kitchen should be adequate to cater for the food preparation and food storage for the number of children catered for.

Bottle and baby food preparation and sterilisation must be carried out in an allocated area of the kitchen and must include sterilisation facilities.

The following must be available when full meals are provided:

- Two-compartment refrigerator, sufficiently large to ensure separate storage of raw and cooked meat. Refrigerator temperatures must be maintained at 1°C to 3°C and freezers at below minus 18°C.
- An oven cooker suitable to cater for the maximum number of children attending the centre. The cooker should be located under an extract canopy with adequate grease filters.
- A separate area for vegetable storage and preparation to prevent food contamination.
- Adequate numbers of suitable serviced sinks for food preparation and washing up and a separate wash hand basin for staff hand washing.
- A continuous supply of hot and cold water.
- Storage cupboards and work surfaces of smooth, impervious and readily cleanable materials.
- Appropriate hygienic food storage that is cool, ventilated and suitably racked or shelved. No food items should be stored on the floor.
- Cookers, kettles and other electrical appliances that are adequately protected and out of children's reach.
- Sharp knives and utensils that are in safe storage.
- Childproof safety catches on all cupboards and storage presses.

Furthermore:

- Drinking water supply points must be connected directly to a public or private water supply via a rising main.
- All refuse must be in storage containers with close fitting lids and inaccessible to children. All waste must be removed from the premises frequently.
- Laundry and sluicing must not be carried out in the kitchen.

Please see *Part 2.4.6* to *Part 2.4.8* for further regulations on nutrition, hygiene and prevention of illness.

2.5.9 Administration area

A separate office for administration work is recommended. This should contain a locked filing cabinet for the storage of staff and children's records and other confidential information.

2.5.10 Staff room

Staff should be able to retire to a comfortable room with tea/coffee making facilities, a fridge and comfortable furniture on their breaks.

2.5.11 Family room

A room allocated especially for parents is advantageous in early childhood services. The provision of such a room clearly imparts the message that parents are valued and it encourages parental participation and a feeling of partnership. The room should have comfortable chairs, which can facilitate breast feeding, and tea/coffee making facilities. The room can provide opportunities for parents to socialise, engage in parent education or simply have a rest.

2.5.12 Facilities for rest and play

Regulation 28 conveys that providers must ensure that adequate and suitable facilities for a pre-school child to rest during the day and night (for an overnight) are provided. Facilities for a pre-school child to play indoors and outdoors during the day should also be provided, having regard to the number of pre-school children attending the service, their age and the amount of time they spend in the premises.

Provision for rest

A number of studies have demonstrated the importance of physical activity for the developing and learning child (CECDE, 2006b). Benefits include:

- Increased physical skills.
- Decreased anxiety.
- Enhanced self-esteem and confidence, and cognitive performance.

Highly rigorous and intense exercise can have harmful effect, however.

The essential functions that sleep plays in the growth and development of young children have also been outlined (CECDE, 2006b) including:

- Repairing and enhancing neural activity and immune system function.
- Aiding memory encoding processes and therefore learning.
- Releasing growth hormones during sleep.

Both of these functions highlight the importance of sleep to the developing infant and young child and the need for services to offer a balance of opportunities for physical exercise and quiet time. The Regulations, 2006 recommend the following regarding sleep facilities:

- Age appropriate bedding should be used with an appropriate supply of clean bedding, towels and spare clothes for the children (Regulation 25).
- While it is desirable for children to have their own cots, this may not always be feasible; therefore an adequate supply of bed linen should be in place to ensure that each child has their own linen.
- For children over two years of age who use sleeping mats, individual linen should also be provided. Linen changes should be documented. Sofas, beanbags and buggies are not suitable for children to sleep in.
- Infants up to one year should not be given pillows, nor should they be allowed to sleep in baby nests. The Regulations, 2006 contend that children under two years should not sleep in anything other than a cot.

- The HSE (2007) require that a separate area is provided for sleep or rest purposes where lighting and noise levels can be appropriately controlled for all children in overnight facilities and for children aged from birth to two years in day care facilities.
- Overnight pre-school services are required to provide a standard cot for every child under two years of age and a separate bed for every child over two years of age. The location of cots and beds must provide appropriately for the age range, genders, and other siblings sharing the same area.
- Daytime pre-school services are recommended to provide separate cots for children up to two years of age. Where this is not deemed feasible, the *minimum* requirements (shown in Table 7) will apply, based on children's general napping patterns (HSE, 2007):

Table 7 Minimum requirements on cot/bed provision

Age	Night time sleep needs (approx)	Day time nap needs (approx)	Minimum cot/bed provision
6 months	10–11 hours	2 naps 2–3 hours each	1 standard cot per child
9 months	10–12 hours	2 naps 1–2 hours each	Standard cots for 2/3 children
1 year	10–12 hours	2 naps 1–2hours each	Standard cots for 2/3 children
18 months	11–12 hours	1 nap 1–2 hours	Standard cots for 1/2 children
2 years	11–12 hours	1 nap	Floor bed/mats

Provision for play

The HSE (2007) requires that:

- An adequate number of suitable indoor playrooms for children are provided based on the age groups and numbers attending the service.
- The layout of the play space allows children to move freely and be adequately supervised within the rooms.
- Regarding outdoor play, the area should be of adequate size for the numbers using it at any one time, thus allowing children active play and to run safely without undue collision.
- The shape and size of the area should allow for adequate supervision of pre-school children.
- The play area should be easily accessible from the pre-school premises.

2.5.13 Premises indoors – security and general safety measures

Regulations 16 and 27 (Regulations, 2006) requires that in order to maintain security, outside doors should be properly locked and windows secured with safety and access features in line with Building Regulations. General recommended safety measures to be taken include:

- Gas and electrical appliances should be turned off.
- Any security alarm system should be working properly.
- Providers should seek advice from the local Fire Authority in relation to the fire safety requirements for such services.
- Child proof locks on doors, windows, drawers and cupboards.
- Doors and windows must also be secured to prevent any birds or vermin from infesting the building, particularly the food areas.
- Appropriate safety precautions on all low level windows, glass panels and patio doors. Patio doors and doors where the glazed panel extends below 1,500 mm above floor level must be laminated.
- Windows at a first-floor level fitted with restricted opening safety devices.

- Handrails on stars and steps.
- Suitable and adequate gates at the top and bottom of stairs. In addition, safety gates must always be kept closed, and the gap between the floor and the bottom of the gate must not exceed 5 cm. All safety gates must be firmly fixed to adjoining walls and must be regularly checked to ensure they are in the correct position.
- Thermostatically controlled hot water.
- All electrical sockets must be covered with safety inserts when accessible to children.
- All cleaning products and disinfectants and other toxic substances should be kept in their original containers, with the contents clearly labelled and safely stored.
- Similarly, all medicines should be stored in their original containers, clearly labelled and kept out of the reach of children.
- Smoking must be prohibited all indoor areas.

2.5.14 Premises outdoors – security and general safety measures

The Regulations, 2006 recommend that children in part-time or full day care services have access to the outdoors on a daily basis, weather permitting. The following safety precautions must be taken:

- The play space must be checked before children have access to it.
- It should accessible only by the children cared for and adults/authorised persons.
- It must also be suitably secure so that children cannot leave without adult supervision.
- Special precautions should be taken in winter months if slippery conditions arise.
- Where sand pits are provided, the pit should only contain washed sand and should be covered when not in use.
- Sheds or stores in the play area should be secured to prevent unsupervised access by children.
- Where slides, climbing apparatus and swings are provided, they should be securely fixed on grass or impact absorbing materials. This applies whether indoors or outdoors. The NCNA (2002) quotes the British Standard 5696 which recommends the use of impact absorbing surfaces beneath equipment, particularly where the fall height is greater than 60 cm from the equipment. Regarding minimum space around equipment, it recommends that this surface extend 1.75 m beyond the extremities of stationary equipment and 1.75 m beyond the maximum travel distance of, for example, see-saws.
- Swings for young children should include appropriate restraints, and swing seats made of rubber. Restricted access to the swing area is advisable.
- Ponds, pits and other hazards in the garden must be fenced (Regulation, 27)
- Ponds must be covered with rigid mesh grille.
- Paddling pools should be drained after use and stored away so that they cannot collect rain water.
- A child must not be left unsupervised at any time. Supervision in this context means within sight or hearing of a member of staff at all times (Regulation 27).
- Children should be protected from extremes of weather. Children should always be protected from the sun with appropriate cover-up clothing and sunscreen. Outdoor space for babies should be shaded from direct sunlight.
- Operational procedures for the safe conduct of outings must be in place and children escorted safely (HSE, 2007).

Children have a tendency to run immediately if the front door is opened (NCNA, 2002). It is very important, therefore, that there is not a direct line between the front door and the exit gate. Creating distractions such as seating or play equipment might well be an annoying delay mechanism on the part of a busy parent, but the few minutes delay could well prove to be a life saving exercise. In addition, the NCNA (2002) advise attention to the following:

- Any hazardous or undesirable litter, such as plastic bags, syringes, drink cans, must be sought and disposed of.
- Pipe and drain covers must be safe and childproof.
- Areas where plants are growing must not have poisonous plants in or overhanging the play areas.
- Outdoor play equipment needs to be inspected weekly for safety and condition. Bolts must be checked to make sure they are adequately tight.
- Children's clothing, such as scarves, belts or flapping coats, must be checked when using climbing equipment.
- Climbing frames in wet weather require caution.
- Bark should be topped up to sufficient depth.
- Opening window sections must not cause a hazard to paths or play areas outdoors.

2.5.15 Fittings, furniture and equipment – general safety measures

Fittings

- Floor coverings must be close fitting flat materials. Vinyl coverings must be non-slip and easy to clean. Although rugs and mats are not recommended, there should be a soft area for babies who are starting to crawl.

Furniture

- All furniture must have no sharp edges or finger traps.
- Chairs and tables must be child sized. There must be safe chairs for infants. High chairs should be avoided where possible and where used must comply with safety standards. They should be fitted with restraints, which should be used at all times children are in the chairs.
- Cupboards and drawers must be fitted with approved locks and low level cupboards and must not be used for chemical storage.

Equipment

- Where electrical equipment is in use in the vicinity of children, there should be no trailing flexes.
- Nurseries must have access to a number of telephone facilities. Emergency numbers should be clearly displayed beside all telephones. Parents' telephone numbers should be quickly accessible to all adults working with children. The location of the telephone should allow staff continued supervision of children when telephone is in use.
- A person carrying on a pre-school service shall ensure that play and work equipment and materials are suitable and non-toxic and are maintained in a clean and hygienic condition.

2.5.16 Vehicles

The National Children's Bureau in the UK recommends that vehicles used in transporting children, whether belonging to the service or privately owned, must be properly licensed, inspected and maintained. They should be fitted to the supplier's instructions with sufficient numbers of safety restraints appropriate to the age of children carried in the vehicle.

- The service must keep its own vehicles in proper order. Any privately owned vehicles used for the transportation of children on trips must be fully insured, and the adult should ensure that this is so.
- When children are being transported, there should always be at least one other adult in the vehicle, excluding the driver.
- No child should ever be left alone in a vehicle.

The NCNA (2000) recommends the following in relation to transport:

- The vehicle should be insured specifically for transporting children including public liability insurance and the capacity of the vehicle clearly defined.

- All children should be securely seated and safety belted during transportation and while stationary.
- A minimum of two adults at all times are recommended in addition to the adult: child ratios as defined by insurance.

2.6 Legislation and regulation in relation to finance, management and governance

The day to day demands of operating a service are complex and demanding and should not be underestimated. It has long been recognised that inadequate finance for early childhood services has resulted in insufficient attention being paid to the management needs of running a service (Vernon and Smith, 1994).

2.6.1 Finance

It is essential that sound financial systems are established from the beginning of the operation of any service.

The legislation governing finances are (among others):

- Income Tax Act, 1967
- Finance Acts, 1967–2008
- National Minimum Wage Act, 2000
- Payment of Wages Act, 1991

Barnardos and BCCN (2008) identified that a childcare service is regarded as a small business for revenue purposes. The responsibility is on the owner to register with the local tax office. This must occur for payment of tax for employees to establish PAYE/PRSI status. Committee managed services should register as employers with the local tax office. If the service operates as a limited company, it will be bound to comply with the Companies Act for tax purposes, and will need to prepare audited annual accounts. Staff members are responsible for giving their employer their tax credit certificate (obtainable through local tax office). The employer is responsible for deducting due tax from the employee and forwarding these monies to the Revenue Commissioners. All childcare services should prepare annual accounts and balance sheets for submission to the Revenue Commissioners. Services are advised to get professional guidance from a suitably qualified financial professional and, if registering as a limited company, will need to engage the services of an accountant and a registered auditor. The local tax offices also provide advice and information.

The National Minimum Wage Act, 2000 sets minimum rate of pay for employees. Since 1 July 2007 the rate has been €8.65 per hour.

2.6.2 Management and governance

The main Acts and Regulations regarding management and governance are:

- Regulation 8 (Regulations, 2006)
- Companies Acts, 1963–2006
- Equal Status Act, 2000–2004
- Employment Equality Acts, 1998 and 2004
- Regulations 30 Insurance (Regulations, 2006)
- Freedom of Information Act, 1997 and Freedom of Information (Amendment) Act, 2003
- Data Protection Acts, 1988 and 2003

Regulation 8 (Regulations, 2006) stipulates that a person carrying on a pre-school service shall ensure that:

- The service has a designated person in charge and a named person who is able to deputise as required.
- At all times the designated person in charge or the named person (deputy) is on the premises.

(See also *Part 3 Leadership, Policies, Procedures and Human Resources*, in particular *Parts 3.1; 3.3; 3.4; and 3.10* for discussion on professional practice in relation to these issues).

According to Barnardos and the BCCN (2008), the Companies Acts cover a number of areas, such as the legal aspects of establishing and running a company; the roles and responsibilities of directors; articles of association (by-laws of the company) and financial duties and responsibilities. The Equal Status Act prohibits discrimination in the public arena where people buy goods, use services, obtain accommodation or participate in education. The Employment Equality Act outlaws direct and indirect discrimination in relation to employment on nine grounds (see *Part 2.3*).

Regulation 30 Insurance (Regulations, 2006) stipulates that a person carrying on a pre-school service shall ensure that the pre-school children attending the service are adequately insured against injury while attending the service. The HSE (2007) advises that the Pre-School Inspectorate should assess that service providers have current, adequate insurance covering the following:

- Public liability
- Provision for outings (if applicable)
- Fire/theft
- Numbers catered for
- Transportation by service provider of pre-school children (if applicable)

This may be assessed by requesting a copy of the insurance documentation from the provider under Regulation 19. The amount of insurance per child is left to the discretion of the provider.

The Freedom of Information Act confers a legal right, subject to certain restrictions, for every person to access personal records and official information held by Government Departments, agencies and other designated bodies in receipt of State funding. This includes reasons for decision taken, the right to a review and to access and amend personal records. Parents, guardians and next-of-kin are also conferred with the above rights. A record can be in any format, i.e. 'post-its', paper, books, files, letters, papers, diaries, films, tapes, videos, CDs, x-rays, microfilm, microfiche, photographs, maps and plans. This Act protects people from having confidential information divulged and allows for access to personal information.

The Data Protection Act applies to anyone (public and private) who holds records. A record can be a document (paper or electronic) which must be retained by an organisation for a period of time until the information contained in it is of little or no value. As explained by Barnardos and BCCN (2008), data controllers have to comply with data protection principles. A data controller is someone who controls and is responsible for the keeping and use of personal information about living people on computer. A childcare provider is a data controller.

Summary and links to Síolta and the Framework for Early Learning

Part 2 Legislation, Regulation, Health and Welfare has considered the broad legislation and regulation requirements relevant to early childhood services within the remit of the HSE.

Ensuring compliance with the variety of ever-changing legislative and regulatory systems requires an awareness of those systems, a proactive approach to accessing further information and is central to quality provision. In the ECEC sector, attention is required regarding:

- Young children and ECEC services
- Child welfare (protection)
- Employment issues
- Health and safety
- Environments (number of places, accessibility, space, sanitary accommodation, ancillary rooms and so on)
- Security and general safety measures for premises indoors and outdoors
- Finance, management and governance

Legislation and regulations supports the development of minimum standards. As reported by the CECDE (2007), the process leading to establishing our legislative and regulatory frameworks has been long and arduous. However, the development of the CECDE itself and *Síolta, the National Quality Framework* (CECDE, 2006a), supports practitioners to go beyond the minimum and strive for professional practice. As stated previously, Síolta sets the context for ensuring that the specifics of children's early learning and development can be supported through our emerging *Framework for Early Learning* ([FEL], NCCA, forthcoming).

Part 2 is particularly linked to the following standards and components of Síolta and the theme of FEL.

Part 2 Main links to Síolta	Part 2 Link to FEL
Standards 15 + 9: Legislation and Regulation and Health and Welfare • Component 15.1 states that 'all relevant legislation and regulations are met or exceeded by the setting'. **Standard 9: Health and Welfare –** • Components 9.1, 9.2, 9.7 Implementation of policies, procedures and actions to prevent illness and hazards, to deal effectively with medical and emergency situations and to promote health generally. • Component 9.3 Implementation of national guidelines in relation to child protection. • Component 9.4 The encouragement of healthy eating habits in a social context. • Component. 9.5 Significant efforts in place to ensure that children have rest and quiet time.	**Theme of Well-being** Where children develop as happy and healthy individuals.

Part 3 Leadership, Policies, Procedures and Human Resources

The role of management in ECEC services is a crucial one, encompassing leadership and responsibility for children, staff, parents and the public who may be on the premises, either in a professional capacity or a visiting one. Services may be managed by committee, by contractors, by parents, or services may be privately operated. Childminders are also managing a service, and certain legislation is also relevant to them (see Part 2). The variety of early childhood services that exist inevitably demand different management requirements. An overarching aim of management in ECEC services is to provide the smooth operation of the service, which is responsive to the needs of children, parents and practitioners, and which invites and implements suggestions for development (French, 2003).

Part 3 highlights the role of ethical leadership and effective management in ECEC services. The importance of a clearly defined and articulated mission statement and aims, objectives, policies, procedures and efficient administration systems is outlined in addition to consultation with children and other stakeholders. Action planning, monitoring and review of service and the management of change is examined along with human resource issues such as recruitment; the qualities of ECEC practitioners and their role; the inclusion of volunteers and students; and the qualifications, training and development of practitioners. Appraisal systems are considered along with staff meetings and the characteristics of an effective team. Finally there is a summary links to Síolta and the emerging Framework for Early Learning.

3.1 Role of ethical leadership and effective management in ECEC services

Siraj-Blatchford, Sylva, Taggart, Melhuish and Sammons (2007) revealed that, in the most effective centres for enhancing children's social, emotional and cognitive development, strong leadership and long-serving staff (over three years) prevailed. This leadership is characterised by thorough planning, an emphasis on the critical importance of adult-child interaction, a strong focus on education and the curriculum, and staff support (CECDE, 2007).

Management and leadership are different dimensions of the operation of services and are inherently connected (CECDE, 2007). Management refers to the process of managing and is embedded in how an organisation is structured and how decisions are made and in the resources used to achieve these desired aims. Managers are given responsibility for making decisions, ensuring that work is achieved and resources used wisely. They are also responsible for ensuring that the overall purpose, nature and direction of the service is clearly identified and currently operating efficiently while strategically keeping an eye to future needs.

Leadership, on the other hand, is embedded in individuals rather than in organisational structures. Leadership refers to an ability to motivate and inspire others to work and make decisions because they *want* to, not because they *have* to (Adirondack, 2000). Effective leaders influence and are influenced by others and inspire confidence in themselves while having confidence in and developing the confidence of those around them.

Both leadership and management skills are required for the effective delivery of quality services (Adirondack, 2000). Services that have managers without leadership skills can stagnate, with children experiencing the same routine and activities. Services that have leaders without managerial skills may take on lots of interesting projects or follow different approaches to learning, but may not follow through on the daily planning required to consistently build on children's interests and strengths to enhance their learning and development.

3.1.1 Responsibilities of effective managers

Effective managers' responsibilities fall under the following broad headings:

- Ensuring compliance with all relevant legislation.
- Maintaining a service of the highest quality which upholds the principles of professional practice for children, parents and practitioners.
- Ensuring that there is a clear management structure in place with each staff member's role and responsibilities delineated.
- Acting as an employer – selecting, recruiting, motivating, supporting, giving feedback, empowering, supervising, and arranging for the ongoing training of staff.
- Establishing and maintaining financial systems and administrative procedures.
- Planning and setting objectives; organising how to meet the objectives; coordinating and communicating with and inspiring individuals and teams to contribute to the objectives.
- Monitoring and evaluating programme activities and the efficient operation of the service on an ongoing basis to ensure the service is meeting current needs and is responsive to future trends (see also *Part 3.6.3*).
- Devising (in consultation with stakeholders), distributing, implementing and reviewing policies and procedures.
- Supporting the participation of parents, respecting their wishes and consulting with them regularly.
- Keeping up to date with ECEC locally, nationally and internationally.

- Keeping up to date with resources and activities locally and engaging in the community.
- Providing adequate resources for the service to function; funding is necessary for equipment, parental participation, staff training and development, and proper remuneration to maintain staff.

3.1.2 Key elements of effective management

Generally, the categories of ECEC services in Ireland include those operated by voluntary agencies, the HSE, community providers, employers, shopping centres, training agencies, and those which are privately operated. Once it is decided to employ staff, raise funds or borrow money to establish a service, legal and/or management responsibilities follow. In these circumstances, it is essential to adopt a set of rules which define who is responsible for meeting these obligations. The form of management chosen will reflect the aim of the service – whether it is for profit/not for profit; whether funding is to be sought from the HSE or other sources (Pobal/Office of the Minister for Children and Youth Affairs – see also *Parts 1.2.9; 1.2.12*); whether local employers might subsidise places; and whether the service will be run by an individual or a group. People who are undertaking these responsibilities for the first time would benefit from reading about their roles and responsibilities and from undertaking some training (see *Useful Resources* for details of Barnardos' Training and Resource Service).

The very long timescale involved in the setting up of a service can prove extremely demoralising for new groups which have been formed for that purpose. A programme of management training may prove invaluable in keeping the group motivated by involving them in positive activities as well as helping them to develop essential skills. Whatever structure is chosen for service operation, there should be a clear system of consultation with parents (see *Book 2, Part 8*). Management needs to thoroughly familiarise itself with all of these areas, and to seek advice and assistance where necessary. Key elements of professional practice in management include:

- Fostering clear communications between all people involved in the service.
- Creating positive relations with the wider community.
- Maintaining financial stability.
- Being sensitive and responsive to the needs of staff members, and to the working conditions within the service.
- Providing strong leadership.

3.1.3 Leadership style

Leaders reflect, give direction, make strategic development, identify new objectives, offer motivation, build teamwork, model what leaders do and gain acceptance of their role. Leadership concerns learning; 'effective leaders are learners' (Rodd, 2006, p. 22). Leadership also concerns adopting professional responsibility and ethical behaviour (respect for all stakeholders with all communications characterised by honesty, truthfulness and justice). Leading by example, keeping the team informed of new developments, seeking advice when necessary, emphasising skills as opposed to rules, giving credit when it is due, praising in public, criticising constructively in private and genuinely welcoming new ideas are suggested as some golden rules for leaders (Bradley, 2007).

The leadership styles discussed here are closely linked to the interaction styles portrayed by practitioners in *Book 2, Part 6.1.3 Interaction styles.* Leadership styles are defined as autocratic (directive/coercive), laissez-faire (permissive) and democratic (authoritative/supportive). There may be situations that require urgent attention and a directive approach is required. In other cases, a more permissive approach may be necessary with a highly skilled and motivated team who work cohesively together. In the main, however, it is important that an ethos of partnership predominates in the setting. A democratic leader promotes participation and values group discussion (Byrne, 2005). Visionary, dynamic and ethical leadership is a key element in the quest for enhancing quality in early childhood services (Rodd, 2006).

See also *Part 3.6.4 Management of change*. Leadership such as this is exemplified in the Pen Green Centre (a Centre of Excellence in ECEC practice located in Corby, England) where it is seen as accessible, engaging, personalised, adaptive and enabling. 'Leaderfulness' involves shared leadership and management and consistent ways of working (Whalley, 2007). Furthermore, effective leaders of ECEC services are:

- Committed to the belief that all children, and their parents, have the right to access quality early years services.
- Skilful social entrepreneurs working within a strong value base.
- Well informed, rigorous thinkers committed to their own learning and the learning of the people they lead.
- Aware and articulate human developers, concerned with the people in the organisation in which they work and able to recognise and support the emotional lives of their organisations.
- Able to engage in rigorous debate and reflexive practice (discussing, trying things out, further discussion and reflection amongst staff).
- Concerned with improving outcomes for children and their families.
  (Whalley 2007)

Thus, in general, the style of leadership should be characterised by a tone of openness and responsiveness to children, parents and practitioners (French, 2003).

- There should a primary concern for professional practice and fairness in all operations.
- How the management structures operate should be transparent to all.
- Management and senior staff should be responsive to the conditions of work of staff members and the needs of parents.
- Correct legal requirements should always be adhered to.
- The chain of command should always involve senior management taking ultimate responsibility in all areas of the service.
- Unless the service is directly parent-managed, an advisory group should exist on which parents are strongly represented.
- Discussion should take place, with the whole group involved, about any major initiatives or changes.

Flexibility, agility, excellent communication and collaboration skills, encouraging employee participation, building core skills/competencies/human capital among staff and being able to anticipate a changing environment are all requirements of effective leaders (Bradley, 2007).

3.1.4 A total quality approach

The characteristics of a total quality approach to management, which can be applied to early childhood services, includes the need for everyone to be involved, assessing all activities and examining all relationships both externally and internally. Siolta (CECDE, 2006a) offers a framework within which a total quality approach can be implemented. In examining individual processes, it becomes clear how important practitioners are in producing quality ECEC services. Through this process, a quality culture develops in the service. A total quality approach involves:

- Identification of children, parents and practitioners' needs and requirements.
- Management commitment to quality.
- Involvement of all employees.
- Establishment, maintenance and review standards of all services, involving all users of the service.
- Assessment of systems and processes in terms of quality. This involves looking at the care provided by staff, the referral systems, administration systems, recording systems and follow up services.
- Recognition of all relationships both internally and externally.
- Allocation of time and resources to training staff on quality procedures.

- Careful support and management of staff. Staff participation is the key to achieving quality. Practitioners need to be motivated, encouraged, their potential developed, innovation supported and, primarily, they need to be valued. With the right encouragement, support and training, staff will see quality as being an issue for them to be concerned with and will associate themselves with the vision of striving to be the best. Ultimately the culture of the service will become quality orientated.

3.2 Vision and Mission Statements, ethos, aims and objectives

It is essential for professional practice that any early childhood service articulates their vision, defines their ethos, and states their aims and objectives to support their values. These aims and objectives will inform a Mission Statement. Furthermore, it is essential that policies be established. These should stem from the service aims and objectives and support them. The development of policies will in turn lead to the development of corresponding procedures. Written policies and procedures minimise misunderstanding, and allow people to predict how situations will be viewed and dealt with.

In practice, it is tempting to use the policies and procedures already drawn up by other services or indeed use those presented here. However, policies and procedures must be relevant, meaningful and developed in the context of individual services.

Staff, parents, children old enough to contribute, committee members (who may manage the service) and representatives of local community, statutory and voluntary agencies can be involved in the drawing up and reviewing of policies and procedures. These need to be clearly articulated and recorded. A system for the dissemination of policies and procedures and information should be developed. These should be reviewed annually. See also Barnardos' forthcoming publication on policies in a childcare service.

3.2.1 Vision and Mission Statements

The most effective early childhood settings are characterised by an articulated philosophy that is collectively shared by all personnel (Siraj-Blatchford *et al.*, 2007). The vision or philosophy of a service underpins the Mission Statement by providing an image of the ideal. Barnardos' vision is as follows:

Barnardos' vision is an Ireland where childhood is valued and all children and young people are cherished equally.

The Mission Statement is the core message of the organisation's purpose and what it stands for. It succinctly relates the reason why the organisation exists and the underlying value system (French, 2003). People within the service should identify with its message and communicate the purpose to people outside. Barnardos' Mission Statement is as follows:

Barnardos' mission is to challenge and support families, communities, society and government to make Ireland the best place in the world to be a child, focusing specifically on children and young people whose well-being is under threat.

The Mission Statement, as with all information in the service, should be translated into the first language of *all* services users.

3.2.2 Ethos

The ethos or culture of a service is difficult to define but very apparent to all users or visitors. It encompasses the atmosphere or spirit of a service. It is the set of beliefs and principles that guide the work. The ethos in which the service is managed affects both the smoothness of operations and the interactions between children, families/carers and staff. A good ethos in an early childhood service is characterised by:

- Happy children, happy caring staff, happy parents, and positive interactions.
- Equality for all, irrespective of gender, race, religion or disability.
- A safe, developmentally appropriate environment which respects, supports and celebrates children's individual needs, culture and differences.
- An environment which encourages children to express themselves freely and spontaneously, and promotes enthusiasm for learning.

3.2.3 Aims

Clearly stated aims and objectives are two of the criteria for ensuring a quality service. There needs to be a shared understanding among all the educating adults (parents and professionals of all kinds) and between the adults and the children of what they are aiming to achieve. It is not enough to establish a clear set of aims – they need to be openly and regularly discussed, and opportunities should be provided for everyone involved in the learning process (children and adults) to shape and modify them (Ball, 1993). The aims are the broad, general statements of what the service hopes to achieve and they set the priorities for the organisation. The aims should:

- Stem from the mission statement.
- Be limited in number.
- Show a clear direction.
- Be focused on intended outcomes.
- Be integrated.
- Be realistic and achievable.

Another term for aims is the goals of the organisation.

The aims of the Thomas Coram Early Childhood Centre (1999), which is a Centre of Excellence in England, are as follows:

- To support the learning and development of each individual child by providing an integrated, balanced, broad, stimulating and differentiated curriculum.
- To achieve this we work in partnership with parents, carers and children and as a multi-disciplinary team. We want to provide a secure learning environment, which enables children to be:
  - Respectful of themselves and others.
  - Happy and confident.
  - Independent and inter-dependent.
  - Compassionate and caring.
  - Tolerant and patient.
  - Curious and creative.
  - Appreciative and appreciated.

3.2.4 Objectives

Objectives are specific statements of the outcomes the service plans to achieve. Setting objectives requires deciding on a structured approach to realising the aims of the service. Objectives give direction to everyone in the service and should also ensure that the available resources are used as effectively as possible. When the service is being reviewed, the objectives can be used as a standard against which performance can be measured. There are usually a number of objectives related to each aim. The objective is a definite stage on the road to the achievement of the aim and it says:

- What will change or be achieved?
- In what way/by how much?
- When/by what date?
- When it will be reviewed?

Objectives should be realistic, clear, specific, timed, as concrete as possible, measurable, and achievable. They must relate to the aims. The following objectives underlie the approach of the Thomas Coram Early Childhood Centre (1999):

- To provide a safe, secure, stimulating environment which embraces all children and values their race, language, gender, age, disability, culture, class and religion.
- To value all children as individuals and appreciate their uniqueness.
- To value parents and carers as the primary educators of the child.
- To have high expectations of ourselves and the children.
- To ensure that all staff receives appropriate training and maintain high levels of practice.
- To develop practice which is based on a philosophy of responsibility towards each other.
- To enthuse the children about the extensive range of creativity and imagination experiences through the arts.
- To develop practice which values the wider community as a means of adding to the richness of our curriculum and centre.
- To recognise children as part of communities, for example peer groups, families and the wider society.

The meaningfulness of any set of objectives is dependant on the extent to which they are translated into practice.

3.3 Policies

A policy is a collective, agreed statement of beliefs and a commitment to their implementation.

Policies within childcare services exist to protect children, parents, and staff. It is a course of action or administration recommended or adopted by a service. Policies can be a useful aid to parents in helping them to choose an appropriate service for their child. General policy statements may be similar for many early childhood services. However, it is important to take account of the differences in individual services and the needs of children attending those services. According to the CECDE (2007), clearly established policies and procedures in early childhood settings:

- Ensure greater consistency and clarity in communications with stakeholders generally.
- Enable parents and children to make informed decisions on whether the setting suits them.
- Demonstrate commitment to professional practice, increase efficiency and cohesion.
- Allow for greater participation and sharing of responsibility, prevent having to create a new response every time there is an issue.
- Ultimately enhance the standards and quality of the settings.

Policies must be developed by a team of those involved in the service. In practice, this means that a time, at least annually, is put aside for a 'policy and procedures development' or 'review'. This could be part of a general evaluation of the service incorporating aims, objectives, mission statement and ethos to tease out if these are still relevant and meaningful for the service. A meeting should be called with an agenda clearly stating the purpose of the meeting. Those attending must include management, (with at least one representative from a committee if appropriate), staff (see below), ideally parents (or a parent's representative) and representation from outside agencies where links have been established. The voice of children should also be incorporated in the decision-making process. Children are very clear about what processes they enjoy in the service and are very capable of contributing to the policy making process (see *Part 3.3.1*). The overall policy areas should be identified and corresponding procedures discussed and outlined. A person should be appointed to draw up the new or enhanced policies (and any other items) and arrangements for their dissemination should be made.

Once formulated, these policies must be written down, communicated and put into practice, otherwise they remain ineffective. Policies give rise to procedures, which are a written statement of how a policy will be carried out. The National Early Years Network (1995) stress that written policies can often be very indigestible and recommend the following:

- Keep the language simple without being patronising and avoid jargon.
- Keep sentences quite short and make sure the text is well-spaced.
- Choose a typeface that is easy to read.
- Always give an example of what you mean in practice.
- Make the document shorter rather than longer.
- Provide stakeholders with space to write their comments on the policy, if they wish. These can either be discussed immediately or when the policies are being reviewed.
- Make sure that key policies are available in all the major languages spoken in your service. Work towards making them available in the minor ones too.
- Have policies available on audiotape for parents with visual disabilities or those who do not read English.

3.3.1 Children's participation in policy making

Children who are verbal could be consulted on what they would like considered as important in the running of the service. For example, they may have views on what outings they would like, what should be contained in a healthy eating policy and how they would like situations where there is conflict to be handled. An example of a situation where three and four-year-old children resolved a classic problem, when children were being jostled while 'lining up' to go downstairs, was presented by Bingham and Whitebread (2007). It should be acknowledged that it is not appropriate that young children should *have* to line up. However, in this circumstance, it was a matter of safety as the children's room was upstairs. The solutions that the children suggested included alternating leaders, allowing exact space between children and other recommendations. Beyond solving the immediate problem, this study also proved that meaningful collaborative consultation with children can successfully promote young children's social understanding and knowledge, specific social skills and emotional regulation.

Consultation with children is enshrined in Article 12 of the *UN Convention on Children's Rights* (1989) (see *Appendix 1*) while the *National Children's Strategy* (2000) states 'children will have a voice'. One important facet of consultation with children, whether it is about policies and procedures, undertaking research or conducting quality audits, is that their rights and well-being are not negatively impacted by it. This is true of all participants but children are particularly vulnerable to being victims. Concern for ethics in both the planning and execution of consultation or research will enhance the quality of it. Informed consent is the key to ethical research. That is, the right to autonomy; to determine what is in

their [participants'] own best interests. In the case of young children, 'it is imperative to gain the consent of the child's parents' (Coady, 2001, p.66). It is also good practice and in keeping with the UNCRC (1990) to also ask the child to give 'assent'. This means continually checking with children whether they are happy to continue in the consultation process. This can involve discussion or use of techniques such as visual cues. Visual cues can include sad and smiley faces; the children can be asked to point to the one which applies to them. For more information on consulting with children see *Book 2, Part 5.6.8 Mosaic approach.*

3.3.2 Required policies

The Child Care (Pre-school Services) (No 2) (Amendment) Regulations, 2006 require the development of policies and protocols on the following: behaviour management (in this edition of *Supporting Quality* called 'enabling collaborative behaviour' see *Book 2, Part 6.11*), outings, cleaning, child protection, management, recruitment and training, staff absences and sleeping babies. *Our Duty to Care* (DHC, 2002) provides a sample Recruitment Policy and Anti-bullying Policy. It is recommended as part of professional practice that policies and procedures are developed in the following broad areas:

Health and welfare

Child protection
Child collection
Food
Outings
Exclusion

Participation of parents and families and community engagement

Confidentiality
Parental participation
Engagement within the community
Engagement with statutory and voluntary organisations

Human resources

Qualifications
Equal opportunities
Key worker system
Volunteers/students

Child well-being and identity

Equal opportunities
Children with special requirements
Language
Enabling collaborative behaviour

Administration

Admissions
Fees
Compliments /complaints
Record keeping

This list is not exhaustive; services may find in practice that they have to develop other policies where they are appropriate and desirable for the well-being of the children and the service as the need arises. The following are sample policy statements.

3.3.3 Health and welfare

Health, safety and welfare policy

In this service we will take all reasonable steps to ensure the health, safety and welfare of each individual in the service. To achieve this we will establish and maintain safe working procedures amongst staff and children, and ensure that everyone is aware of these procedures. We will ensure all articles and substances are handled, stored and transported safely. We will ensure that all staff have access to training in first aid. We will comply with the Safety, Health and Welfare at Work Act, 2005 and the Safety, Health and Welfare at Work (General Application), 2007.

Child protection policy

This service will ensure a safe and secure environment is provided for all our children. We aim to support primary carers under stress to cope with their child's behaviour, provide a non-judgemental listening ear and to give respite, thus preventing child abuse. Practitioners are regularly updated on current child protection procedures. The Department of Health and Children's guidelines (*Children First*) on protecting children from abuse clearly places a duty on service providers to protect their children. In the event of there being any suspicions about physical, emotional, sexual abuse or neglect of any children, it is the responsibility of this service to report such suspicions to the Health Service Executive. Parents are kept informed and confidentiality will be maintained at all times. If a member of staff is accused of abuse, the matter will be investigated immediately in collaboration with external authorities, and other users of the service will be protected. In some instances this may mean the suspension of staff from duty. Responsibility for child protection and welfare issues is delegated to a nominated senior member of staff.

Child collection policy

Children who attend this service can only be collected by a parent/guardian or person named on the registration form. The parent must notify staff if an unnamed person is to collect a child.

Food policy

This service aims to provide a well-balanced, nutritious diet. Any special dietary requirements or parents' wishes will be respected. The weekly menus are on display on the family notice board. The menus will reflect the cultural and religious backgrounds of the children. A variety of multi-ethnic foods will be encouraged. Parents are welcome to make suggestions. Mealtimes are viewed as opportunities to encourage social interactions between children and staff.

Outings policy

This service believes in encouraging children to become familiar with their environment, community and to explore new situations. Appropriate adult to child ratios are adhered to. A signed consent form is sought from parents. Outings are posted on the family notice board. Every child will have a seatbelt if they are being transported by motor vehicle. Helpers are always welcome.

Exclusion policy

A child will be excluded from the service if they have the following illnesses or symptoms: diarrhoea, vomiting, a fever of 101° F/38° C or above or the following communicable diseases: chickenpox, measles, mumps, meningitis or hepatitis. Children will not be excluded if taking antibiotic medicine.

See *Parts 2.4* and *2.5* for further information on health and safety. See *Part 2.2* for further information on child welfare. See *Part 2.4.6 and 2.4.7* for further information on nutrition and hygiene.

3.3.4 Participation of parents and families and community engagement

Parental participation policy

Parental participation is an integral part of this service. The policy in this service is based on an understanding of the importance of establishing positive working relationships between parents and staff in the best interests of the children. The service will aim to seek ways that suit parents and families so they can participate in the service. Parents should always feel welcome to suggest how the service can best meet their needs.

Confidentiality policy

It is the policy of this service not to discuss details of any child or family outside the service without written permission. In the event of a suspicion of child abuse, the manager will talk to the Gardai or the Health Service Executive with the knowledge of the parents. Confidential information is shared only with the staff members who need the information to effectively perform their job. Personnel details are not discussed without consent of staff. Both staff and parents have a right to examine their own files.

Community engagement policy

In order for our children to have opportunities to feel part of and explore the wider community, regular outings to local shops, the library, park, post office, bank, fire station, centres of worship and other places of interest are organised. Visitors such as the Gardaí or a dental nurse are invited to talk to the children about their work. Families will be informed prior to visits being arranged.

Statutory engagement policy

This service maintains a policy on complying with the Child Care (Pre-school Services) (No 2) (Amendment) Regulations, 2006, and as such is inspected by pre-school officers annually. We also wish to develop and maintain contact with relevant local organisations. The Public Health Nurse (PHN), a dental hygienist, speech and language therapist and other relevant health professionals from the local health centre are invited to visit. Children can undergo periodic health checks by the PHN in the service. Links have been established with local schools to help the transition from our service to school.

Voluntary engagement policy

This service maintains connections with voluntary services, such as specialist early childhood care and education resource libraries, refugee agencies, the money advice and budgeting service (see *Useful Resources*) and will undertake liaison with any agency which will benefit the children in our care.

See *Book 2, Part 8* for further information on parental participation and engagement with voluntary, community and statutory services.

3.3.5 Human resources

Key worker policy

This service operates a key worker system. Each child and family is allocated a specific member of staff, who will provide continuity between home and service, who has a 'special' responsibility for the child/family and is the main person to consult with the family on their children's early learning and development.

Qualifications policy

All staff in this service have, or are undertaking appropriate training towards, a recognised childcare qualification.

Training policy

This service is committed to the ongoing professional development of its staff. Regular in-service training is provided and external training and attendance at seminars/conferences is supported. A training needs analysis is carried out annually as part of our appraisal and review systems. Training is then planned for the coming year.

Equal opportunities policy – practitioners

This service will make sure that no job applicant or employee will receive less favourable treatment on the grounds of religious persuasion, gender, family status, sexual orientation, age, disability, race or membership of the Traveller community, which cannot be justified as being necessary for the safe and effective performance of the work.

Volunteers/students policy

All volunteers and students will be over the age of sixteen and will be Garda vetted. The duration and timing of placement will be agreed in advance of the placement. The volunteers and students are requested to read all policies and procedures of the service as part of their induction. Volunteers and students will not work unsupervised with groups or individual children. Volunteers and students are supernumery to the staff numbers, i.e. they are in addition to the existing staff numbers not instead of.

See *Book 2, Parts 6.1.2,* and *6.3* for further information on key workers and *Parts 3.7* and *3.10* below on human resource issues and volunteers and students.

3.3.6 Child well-being and identity

Equal opportunities policy – children

We in this service are committed to an anti-bias educational practice. We seek to actively address issues of diversity and equity in our service. Children will learn about difference and will be capable of assigning values to them. It is essential that the people working with young children are aware of this, so that their practice enables children to develop positive attitudes to differences of race, culture, language, gender and disability.

Integration of children with specific requirements policy

This service is committed to the integration of children with special requirements. We believe that the development of young children with disabilities or specific requirements is more likely to be enhanced through attending services for *all* children. We ensure that:

- The physical environment is appropriate (e.g. wheel-chair access).
- The staff receive training where necessary (e.g. sign language).
- The staff/child ratios are increased.

Language policy

Where possible, any written information about the service's Mission Statement, aims, objectives, and operational details, will be translated into the first language of the user. Staff will endeavour to learn key words in the children's first language.

Enabling collaborative behaviour policy

The methods used in the service will only be those which promote the development of self-discipline, and will be developmentally appropriate. They will be reflected throughout our whole service approach. We believe in enabling collaborative behaviour. We aim to encourage self-discipline and consideration for each other, our surroundings and property. Service rules are concerned with safety and care and respect for each other. The parents may be asked to meet with staff (or vice-versa) to discuss their child's behaviour, so that if there are any difficulties we can work together to ensure consistency between home and service. In some cases, in collaboration with parents, we may request additional advice and support from other professionals such as a psychologist or speech therapist. By positively promoting collaborative behaviour, valuing co-operation and a caring attitude, we hope to ensure that children will develop as responsible members of society.

See *Book 2, Part 6.2* for further information on supporting children's well-being through anti-bias educational practice; *Book 2, Part 6.11.9* for further information on supporting children with specific requirements; and *Book 2, Part 6.11* for enabling collaborative behaviour.

3.3.7 Administration

Complaints/Compliments policy

All complaints will be recorded and acted upon within two weeks of receipt of the complaint. A register of complaints will be maintained and made available for inspection on request. A compliment book is available at all times on the 'Family Notice Board'.

Admissions policy

In order to ensure equitable allocation of places and to provide clear instruction to families, this service operates on a first come, first served basis. All children are welcome regardless of race, religion, gender or ability. When all available places are taken up, a waiting list is established. The child at the top of the list is offered the first available place. Two places are reserved for children referred from the Health Service Executive personnel.

Fees policy

The fees are set annually each December, at the end of the financial year, at a rate that ensures continuance of the service. Fees are paid in advance each week. There is no refund for children who are absent due to illness. Fifty per cent of fees are payable for three weeks of holidays annually.

Record keeping policy

Records as required by the Child Care (Pre-school Services) (No 2) (Amendment) Regulations, 2006 will be maintained and available. Confidential records will be kept in a locked storage facility. Access to these records will be limited to staff, authorised persons and parents regarding their own children. The length of time they will be retained will be in accordance with legal advice.

See *Part 3.5* for further information on administration systems.

3.4 Procedures

Procedures are the practices by which the policies are implemented in the service – the way of doing things.

The procedure is underpinned by the policy. The procedures should be developed in consultation with staff, parents, children and others, written down, and kept in an easily accessible file. Each member of staff, volunteers and students should read these on induction and they should be communicated to parents and children. The following are sample procedures, one chosen from each policy group.

3.4.1 Child protection procedure – from health and welfare policy

All adults have a responsibility to ensure that children are kept safe within the service and that they are clear how to respond if they have a concern of suspected child abuse. In line with *Children First* (DHC, 1999), the service management will strive to protect children by ensuring:

- Garda vetting of *all* adults working in the service.
- The promotion of an open work environment.
- The provision of up-to-date training on the recognition of signs of child abuse and the steps to be undertaken to protect children.
- The dissemination of the child protection policy and procedure.
- That all disclosure by children will be taken seriously.
- That any concerns or allegations about the welfare of a child will be:
  - recorded by the staff member and
  - discussed immediately with the staff member's supervisor/manager.
- The concerns will be documented and filed securely by the supervisor/manager (see *Standard Reporting Form for Reporting Child Protection and Welfare Concerns*, *Appendix 8*).
- The supervisor/manager will report the concerns to the Health Service Executive designated officer at the earliest opportunity. The name and address of the designated officer who receives the report will be recorded together with the date.
- A verbal report will be followed up in writing. A copy of the correspondence will be kept on file by the supervisor/manager. All records will be filed securely and confidentially with access only by the manager/supervisor.
- The confidentiality of the child and family will be respected.
- The parents of the child will be notified as early as possible.
- The staff member/supervisor/manager will not attempt to assume the responsibility of the Health Service Executive by carrying out an investigation.
- If a child alleges or if there is a suspicion of abuse by a staff member, the same procedures for reporting the case as outlined above should be adhered to. This requires that the Health Service Executive be informed immediately.

When an allegation is made against an employee, the following steps will be taken:

1. Action will be guided by the agreed procedures, the applicable employment contract and the rules of natural justice.
2. The Chairperson (or equivalent head of organisation) will be informed as soon as possible.
3. The first priority will be to ensure that no child is exposed to unnecessary risk. The employer will, as a matter of urgency, take any necessary protective measures, proportionate to the level of risk. The employer will privately inform the employee of the fact that an allegation was made and the nature of the allegation. The employee will not be unreasonably penalised, financially or otherwise, unless necessary to protect children. Where protective measures do penalise the employee, early consideration will be given to the case.
4. The follow up on an allegation of abuse against an employee will be made in consultation with the Health Service Executive and An Garda Síochána. An immediate meeting will be arranged with these two agencies for this purpose.
5. After these consultations referred to above and when pursuing the question of the future position of the employee, the Chairperson (or equivalent head of organisation) should advise the person accused of the allegation of the decisions made and the agreed procedures should be followed.
6. The service management will take care to ensure that actions taken by them do not undermine or frustrate any investigations being conducted by the Health Service Executive or An Garda Síochána. The service management will maintain a close liaison with these authorities to achieve this.

3.4.2 Parental participation procedure – from participation of parents policy

The policy in this service is based on an understanding of the importance of a positive relationship between parents and staff in the best interests of the child.

- Parents will be well-informed about the general operation of the service and welcomed as contributors to and participants of the service.
- A handbook giving details of the service is available before a child is enrolled in the service (see *Book 2, Part 8.1.12* for the suggested contents of such a handbook).
- The parents are welcome to visit the service at any time.
- The child's appointed key worker will visit the family before the child enters the service.
- Each parent can participate in the service at his or her own pace.
- The parents are invited to discuss children's progress, interests, achievements and challenges with the staff informally on a daily basis and formally at arranged meetings with the child's key worker (these meetings will be held at a time appropriate for the parents and staff). To this end, parents are informed of and invited to contribute to the planning and delivery of service to their children.
- Parents are invited to attend three term meetings annually along with all other service users.
- We believe it is important that parents have opportunities to actively participate as partners. Furthermore, parents are invited to contribute to the development of policy in the service. This can occur if they wish to become members of the committee on policy development or to contribute to the annual review of services.
- Other opportunities exist to become involved through receiving the newsletter, helping out in the service, telling stories, going on outings, collecting recyclable materials for creative activities, sharing observations of children, sharing a talent, engaging in the parent network, looking after the family notice board, fundraising and other ways that parents might suggest themselves.
- All ideas or suggestions for the general delivery of the service are welcomed and, if possible, acted on.

3.4.3 Key worker procedure – from human resources policy

- Each child and family is appointed a key worker (see also *Book 2, 6.1.2).*
- The key worker undertakes a home visit in advance of a child coming to the centre.
- The key worker links closely with parents in helping to settle the child in to the service.
- This is achieved by the worker:
  - Understanding the child/parents needs.
  - Understanding cultural differences/key words from child's own language.
  - Bridging the worlds of home and service.
- The key worker makes contact at the beginning and end of each day with child and parent and provides an update on progress and developments.
- The key worker also takes part in reviews with the children.
- The children are encouraged to develop relationships with other staff at the centre. Key workers do not remain with their children all day, as they will have a responsibility for a key learning area. This system provides for continuity of relationship without exclusivity.

3.4.4 Equal opportunities procedure – from child well-being and identity policy

Every child is a unique individual and has the right to be respected as such. Children, like adults, come from differing socio-economic, cultural and religious backgrounds and are characterised by differences in gender, sexuality and physical and learning ability. Children have different tastes in clothes, different ideas about how to do things, different interests and different ways of expressing themselves. Around the world, children and adults experience discrimination because of prejudice. Children under six learn attitudes in much the same way that they learn how to count or to tie shoelaces. They listen, watch and copy. *All* staff have a responsibility to show clearly, through their work, that they value *all* cultures, social and racial backgrounds equally. This responsibility exists whether you are working in a racially mixed service or an all-white playgroup. It is essential that children feel welcomed and valued and accepted for who they are in any service, without fear of being ridiculed or condemned.

Religion

Staff will not always be in agreement with the primary carer's beliefs, whether these are part of a religious faith or more personal views on child rearing. However, respect is shown by attempting to understand the beliefs of others. Staff will offer a courteous explanation if what parents want goes directly against their own values or those of the service.

Gender

Inflexible views of what boys and girls 'should' or 'should not' do will restrict their opportunities for learning. Such views can also shake the confidence of children who are not behaving in line with what a boy or girl 'ought' to do. Professional practice combines a respect for children's interests with an active encouragement to try a broad range of play activities. Applying equal opportunities on gender doesn't mean that you stop girls playing with dolls or never let boys play with cars. Staff should remove limits set by rigid views, and stretch children's interests and skills.

When a language is not shared

It is essential that children are welcome in the service and are encouraged to become involved. This process is impeded if the child does not understand the language used.

- Practitioners will try to learn some key phrases in the child's language, e.g. 'hello', 'goodbye', 'hungry', 'thirsty', 'do you need help?'
- They (preferably the key worker) will communicate with parents and ascertain the key words.
- Practitioners will talk to the child, speaking slowly and simply, demonstrating or using concrete examples of what is meant by the words.
- If necessary, they will interpret and talk for children, checking that that their interpretation is correct.
- Practitioners will use plenty of repetition.
- They will encourage other children to talk to the new arrival in similar straightforward ways and at normal volume.
- They will encourage natural conversation.
- Practitioners will communicate in the context of a trusting relationship (see *Book 2, Part 6.1*).

Prejudice and discriminatory behaviour

Attitudes are basically individuals' own business, but they become the concern of early childhood practitioners when those attitudes emerge through behaviour. Staff will aim to ensure that no children, staff, parents or other visitors behave offensively or in a discriminatory way towards anyone else for reasons of their group membership. This includes:

- Ethnic or social background.
- Culture, language or religion.
- Sex and sexual orientation.
- Any form of disability.

3.4.4 Equal opportunities procedure – from child well-being and identity policy (continued)

The kind of behaviours that could concern staff and should not be ignored are:

- Persistent refusal to co-operate with or to let particular children join in.
- Derogatory name calling and offensive remarks or ridicule.
- Offensive graffiti, whether on walls, bags, badges or clothing.
- Bringing in to the service offensive leaflets, comics or magazines.
- Physical assaults which follow a pattern.

Practitioners' reactions will depend on the behaviour, and the extent to which this persists. At different times and in different situations they might sensibly take a slightly different line, but this would never include letting any of the above behaviour pass without comment or action, as if it did not matter. The staff teams will discuss how they will all approach such situations. The service management commits to ensuring training on anti-discriminatory educational practice.

See also *Book 2, Part 6.*

3.4.5 Complaints/compliments procedure – from administration policy

A complaints procedure exists to provide a better service. A complaint may be about the behaviour of a staff member, or concern about an element of practice. All complaints will be recorded and acted upon within two weeks of receipt of the complaint. A register of complaints will be maintained and made available for inspection on request.

In the event of the parent having an issue either involving their individual child or the service as a whole, they should in the first instance raise this with their child's key worker. If the issue is not resolved, the manager/supervisor can be consulted. Every effort will be made to resolve any matter immediately and without prejudice. A Complaints Form may be available and completed by the complainant.

A compliment book is available for families to freely express their appreciation of the service. This can be found on the 'Family Notice Board'.

According to the CECDE (2007), effective policies and procedures are regularly monitored, reviewed and updated. Updates are generally in response to new legislation or regulation, a request from a parent, child or staff member, a previous omission, an unforeseen incident, or a change in the organisational structure of the setting (Maloney, 2006). Stakeholders (child, parent, staff or other relevant personnel) should be involved in the drawing up and regular reviewing of policies and procedures. These need to be clearly articulated and recorded.

See also *Part 3.6 Action planning, monitoring and review of service*.

3.5 Administration systems

Having a full factual record of all details of the service and the children has several benefits, ultimately that staff and parents/carers can provide the best quality care for each child.

There are many benefits of sound administration and record keeping systems. These are to:

- Comply with regulations.
- Maintain an overview of the service in order to support general planning, monitoring and review.
- Deal effectively with illness and emergencies.
- Write reports and funding proposals within the bounds of confidentiality.
- Review children's progress; identify patterns, progress or developmental delay.
- Identify what has been offered, what is being offered, and what will be offered to the children in the ECEC service.
- Ensure finances are adequate – know whether one is charging enough and to aid payment of tax/wages/bills.
- Remember who did what, such as what were the staff rosters.

Good record keeping will provide the following:

- Transparency.
- Accountability.
- Defence against public liability claims.
- Demonstration that safe practices are being employed, particularly child protection.

3.5.1 Financial records

It is essential that sound financial systems are established from the beginning of the operation of any service (see *Part 2.6.1 Finance* for the legal situation). Monthly records of income and expenditure, which include service fees received and due, salaries and benefits paid and due, and every item purchased for the service, must be maintained. The financial policy of the service must be decided before estimating income from fees. Services are advised to get professional guidance from a suitably qualified financial professional. The following questions must be considered:

- Will parents be charged the full fees even if their child is ill or on holiday?
- Are some children attending part-time, and therefore attracting part-time fees?
- What is the agreed period of notice before a child leaves?
- Will fees be paid in advance or in arrears?

For any service, children must be settled in gradually, so fee income cannot be based on full simultaneous take-up of places, particularly when establishing a service.

The following is a checklist of potential expenditure:

- Salaries and staffing costs – Early childhood practitioners, cleaning, cooking.
- Insurance – Buildings, contents, and public liability.
- Recruitment costs – Advertising and interviewing.
- Staff training costs.
- Accommodation – Rent, light, heat, decorating, maintenance, repairs, rates and water rates. If you buy the building, the capital and conversion costs should be spread over a fixed period; these may be included as mortgage repayments or annualised capital costs plus interest.
- Equipment – These are initially capital costs, but a certain amount must be included in revenue (annual expenditure) for renewal of consumable items such as, toiletries, and replacement of furniture and large equipment when worn.
- Equipment for children's learning and development (see *Book 2, Part 7 Child-Centred Learning Environments* for full details) particularly renewable items such as art materials, e.g. paper, paint, sand, clay; computer programmes; books and so on.
- Furniture – Tables and chairs, couches for adults and children.

- Office equipment – Filing cabinets, card indexes, computer, computer programmes, photocopier and desks.
- Catering equipment – Fridge, freezer, cooker, crockery and cutlery.
- Cleaning equipment – Washing machine and drier, sweeping brushes and dustpans, mops, buckets, vacuum cleaner, nappy container, and bins.
- Administration/office costs – Telephone rental and charges, stationery, photocopying, training, publications and subscriptions, financial audit fee, local authority refuse charges, water charges, inspection fees.
- Food – Ensuring provision of healthy and nutritious food.
- Marketing – Research, publicity, leaflets, posters, flyers, handbook and costs associated with holding open days, and meetings.
- Outings – Cost of bus hire, extra adults, tickets for exhibitions.
- Revenue costs.

3.5.2 General record keeping and storage

The Child Care (Pre-school Services) (No 2) (Amendment) Regulations, 2006 require that a person operating an early childhood service should keep records in the following areas:

- Child/family records – Register/details in relation to parents/guardians/health details (see *Appendix 6*).
- Personnel and operational details – Personnel details of staff members/references/photos, Garda vetting, medicines and accidents/fire drills, fire drill procedure and fire fighting equipment, opening hours and fees, facilities available, staff rosters, children's attendance, policies and procedures.

See *Part 2.1.8* for a list of all records required.

In addition to the records required by the Regulations, 2006, to operate professionally it is recommended that services maintain the following records:

- A Children's Interests Record (see *Appendix 9*).
- Contract with parents.
- Observation, assessments and documentation of children's development and learning (see *Book 2, Part 5 Planning and Assessment for Early Learning*). Some early childhood services give copies of these records to the parents/carers to hold.
- A Visitor's Book.
- A Compliments Book and Complaints Forms.
- Initial interview form with child and family (consider using *Appendix 9 Children's Interests Record* as a basis for interview).
- Waiting list.
- Log book/diary.
- Outing consent and other consent forms, e.g. permission to take photographs or undertake research.
- Staff, volunteer and student on placement records.
- Regular checks/safety audit.
- Inventory of equipment and materials.
- Administration – enrolment forms, attendance register, menus, minutes of staff meetings, annual review, and financial audits.

Storage of records

Whatever records are kept in the service, it is essential that a reliable system for their storage and retrieval is devised.

- Ensure there is a separate space for administration paperwork; an ordinary filing cabinet is still the best choice.
- If information is confidential, keep it in a locked drawer, safe or metal box.

- Devise a simple filing system with names and numbers that will enable you to locate information quickly, and keep it regularly 'weeded' of out-of-date information. Records should then be disposed of in such a way as to continue to protect confidentiality. Shredding is the best option in this regard.
- The amount of recommended length of time to retain records varies depending on the record.
  - The maximum length of time for the retention of records on Parental Leave, Force Majeure Leave and Carer's Leave (see *Part 2.3*) is eight years.
  - Revenue Commissioners' records (payslips, P.30, P.65) must be retained for six years.
  - With regard to children's records, although the Data Protection legislation does not stipulate what constitutes 'no longer than is necessary', in relation to records created under the Child Care Act 1991 and associated Regulations it is specified that records should be retained in perpetuity. Therefore it would appear that all records that are required under the Regulations, 2006 should be retained in perpetuity. The Dublin City Childcare Committee (2004) in its Childcare Management Committee Guidelines says that records should be kept until a child reaches 21 years. In the *Explanatory Guide* that accompanies the Regulations, 2006, it is suggested that 'Providers may wish to seek legal advice as to the length of time for which records should be retained'.
- A system for regularly updating records must be developed. For example, people authorised to collect children may change, or children may have received more vaccinations. A member of staff could be appointed to check this information. Adults working on their own should allocate time in the calendar to do this.
- Note the Acts that have implications for the storage of records – Freedom of Information Act, 1997 and Freedom of Information (Amendment) Act, 2003 and Data Protection Acts, 1988 and 2003 (see Part 2.6.2 *Management and Governance*).

3.6 Action planning, monitoring and review of service

'Enriching and informing all aspects of practice within the setting requires cycles of observation, planning, action and evaluation, undertaken on a regular basis' (Standard, 8, Planning and evaluation, Siolta, [CECDE, 2006a]). The purpose of evaluation is to make informed judgements about the quality and effectiveness of the service. A system of evaluation will ask in what ways the human relationships, the programme, the learning environment, and the daily routine provide the best quality education and care for the children. Evaluation procedures emphasise the quality of provision and make use of all the forms of assessment that can be carried out by both adults and children. Assessment of children's learning and development will be part of the information needed to evaluate the programme (see *Book 2, Part 5 Planning and Assessment for Children's Learning*). The evaluation processes will identify whether the environment and programme are providing for the needs of all the children in the early childhood service. Annual open evaluation of the service by the whole service – management, staff, parents and children – where objectives for the forthcoming year are set is essential. Broad aims and the specifics of how they are to be achieved are established. Every aspect of the service is evaluated. This evaluation should be written out, publicised and made available to all concerned with the service.

3.6.1 Action planning

Planning is the single most important tool of effective management. The service's objectives are the starting point for service planning, as they provide the lead for subsequent policy decisions such as who the potential users of the service will be, the ages of the children, the criteria for admission and so on. It is vital that the objectives are clear, unambiguous statements and are fully agreed by the management team (see *Part 3.2.4*). Achievement of these objectives requires a working plan. Planning for the systematic operation of the service should include:

- Allocation of responsibilities, such as opening and closing the service, key holding for alarm activation, drafting menus and grocery shopping.

- Staff rotas, which must be planned with an awareness of annual events such as religious festivals, children's vacations, staff vacations, seasonal outings and curriculum planning.
- Financial planning, which addresses cash flow difficulties such as holiday pay and temporary replacement staff.
- Safety checks.

Planning can be ongoing day by day, week to week, term by term and annually. Planning is essential for teamwork and reflective practice. It is advisable to devise work plans and display these in the service to facilitate routine tasks. Time should be allocated to plan and regular planning meetings should be held. Planning should be as inclusive a process as possible, ideally involving all members of staff. Finally, having devised a plan, it is essential that actions are taken to implement the plan. Professional practice recommends the establishment of an annual review date, e.g. the beginning of summer, with plans being implemented from September. Specific action plans should be developed and carried forward. The following is a sample.

Table 8 Action Plan

Quality Enhancement Process Date of Action Plan _____

Item	How to Achieve	When	Who takes responsibility	Resources needed
Photos of staff and children for doors and notice board	Purchase of centre camera, and photographs taken	April	Jane	Money for camera, and development of photos. Blue tack for posting photos.
Staff appraisal	Procure outline forms and information	April for appraisal meetings in June	Dee	*Supporting Quality*, photocopier and office to meet.

3.6.2 Monitoring

The implementation of these plans should be monitored over the year and their success should be considered in the following year's review. Monitoring should occur continually in order to ensure that the policies, procedures and service plans are being carried out. The programme should be continually or regularly modified in light of evaluation to ensure that it meets the needs of the children within the service goals. It is important that the curriculum as a whole, or a particular range of experiences in the programme, is modified if it is not working well to meet the needs of the children and the goals of the curriculum. Although the responsibility for monitoring rests with the management, it is up to all adults to ensure that the service continues to meet the needs of the children.

3.6.3 Strategic review of service

Processes of review require adopting a reflective approach to practice embedded in a culture that values critical thinking. The benefits are thoughtful practice, which is critically analysed and can be informed by theory, research, and experiences (Adams, 2005). These processes involve adopting self reflection, team reflection and evaluation and, where resources allow, external evaluation (French, 2005). At least once a year, the management, staff, parents and evaluator should meet specifically to review the service. The review should include examination of the following:

- Adherence to regulations and legislation.
- The aims and objectives of service, and policies and procedures.
- Management systems.
- Staff meetings, staff supervision and appraisal.
- Record keeping.
- Parental participation and engagement in community, statutory and voluntary agencies.
- The child-centred learning environment.
- Supporting children's early learning.
- Planning for and assessing early learning.
- Facilitative practitioner-child interactions.

A critical feature of an early childhood service operation is that it meets current needs while being responsive to future changes. For example, services may be catering for younger children in an area of decreasing birth rate. The service may need to consider offering out of school hour's services, or holiday programmes in order to sustain the service. This requires regular strategic review sessions. Such sessions provide the means 'whereby an organisation can understand the present and future context in which it is operating, and which enables it to determine its future direction' (Graham, 2007). In order to understand this context, the use of management tools, such as environmental scanning in the form of what is called PEST analysis (analysing the Political, Economic, Social and Technical factors that might impact upon them), and internal review of their service using what is called a SWOT analysis (examining their Strengths, Weaknesses, Opportunities and Threats).

Siolta can be used as the primary tool for a quality enhancement process in ECEC services (CECDE, 2007). Where regular review of practice and policy takes place, change is an ongoing, necessary and inevitable process (Rodd, 2006).

3.6.4 Management of change

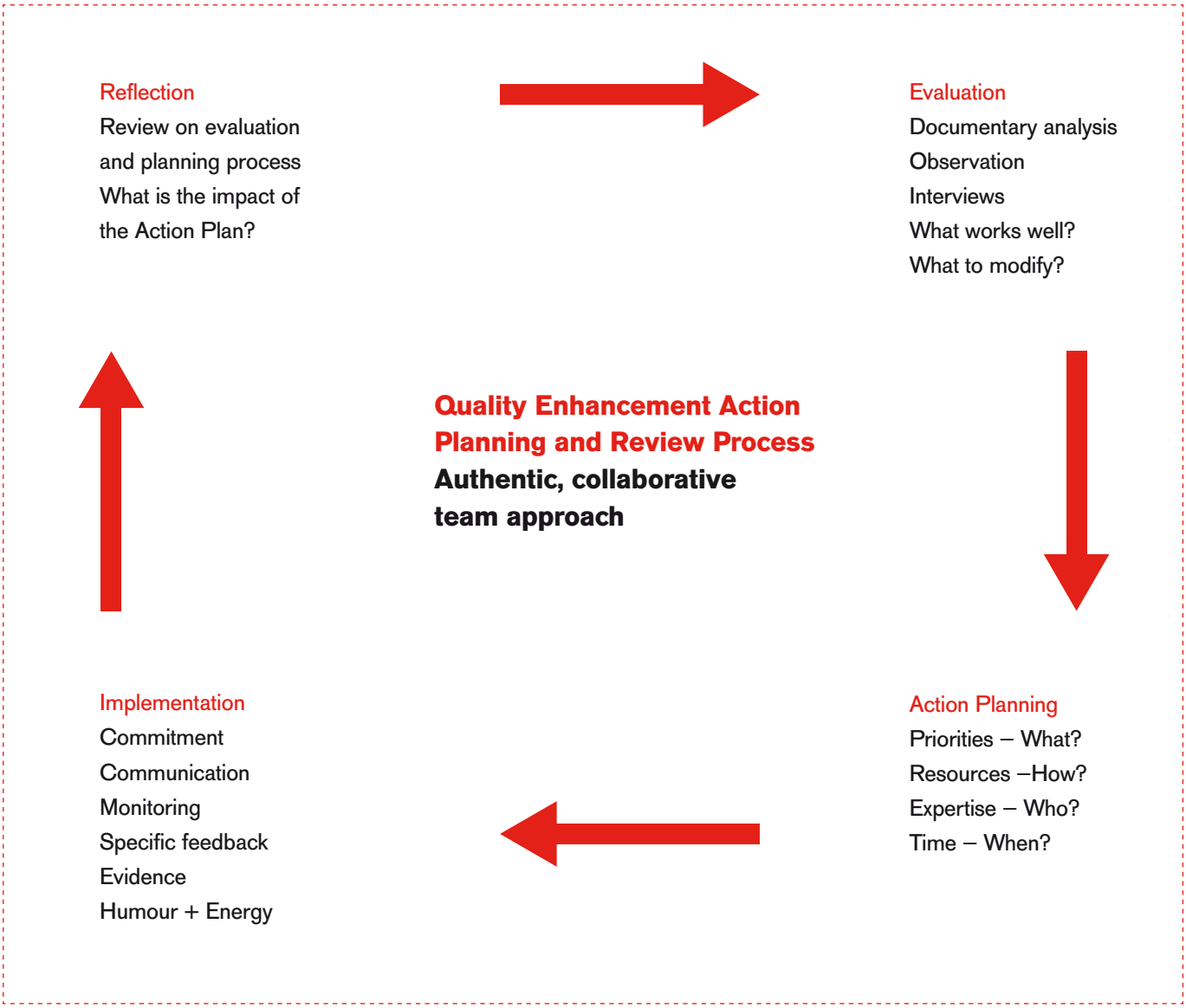
The process of action planning and implementation involves change in organisational policies and procedures as well as individual attitudes and skills. As a leader, orchestrating change in early childhood services involves inspiration and vision, vigilant planning, effective communication, decision-making skills, positive conflict and time management, sufficient resources and sensitivity to those affected by or engaged in the change process.

Many childhood services now adopt consensual and joint decision-making styles in a collaboration of management and staff, which makes resistance to change less likely to occur. Sources of resistance to change can be organisational or individual (Bradley, 2007). Organisational sources of resistance can be rooted in the structure of the organisation, group inertia, a threat to expertise or established power relationships, a threat to existing resources and a lack of previous experience of positive change. With individuals habits, selective perceptions, fear of the unknown, security and lack of understanding may be sources of resistance. Should resistance occur, recommended strategies include encouraging full staff expression of concern through honest, open expression of the issues and adopting a problem-solving approach. Rodd (2006) advocates:

- Communication and education.
- Participating and involvement.
- Facilitation and support.
- Negotiation and agreement.
- Preparing for change.

Effective implementation involves change being understood by leaders as a people-oriented process, through maintaining staff self esteem, providing positive feedback on staff's implementation and continual review to evaluate the effects of the change to make adjustments. Early childhood leaders must demonstrate the incentive to overcome challenges, to offset sources of resistance and to activate both external and internal resources to support change. The following diagram demonstrates the process of review based on the writings of Pascal and Bertram (1994) and adapted from CECDE (2007).

Figure 2 The quality enhancement action planning and review process



3.7 Human resources

Employees are arguably the most importance resource of any ECEC service. Highly trained and qualified staff is an indicator of a good quality service. One of the most important functions of management, therefore, is the recruitment and selection of appropriate staff. The process of employing staff is an important aspect of the role of the manager, who must ensure that the process is carried out fairly and who is accountable for all decisions taken. Staff should be selected who will be able to identify with and provide for the needs of the children and families in their care; to develop programmes to counter inequality and developmental delay; and who will be stimulated, challenged and motivated to develop their skills and knowledge. There are a number of considerations in relation to staff and staffing, including:

- Appropriate recruitment and selection procedures.
- Adequate staff: child ratios.
- Appropriate qualifications, experience and training.
- Appropriate pay and conditions.
- Staff retention.
- Staff support and supervision.
- Staff motivation.
- Performance measurement and appraisal.
- Employment procedures which emphasise importance of recruiting employees who reflect the culture and ethnic diversity of the local community.

3.7.1 Recruitment

Section Three of *Our Duty to Care* (DHC, 2002) is devoted to developing safe recruitment practices. It advocates that safe practice regarding child protection begins with safe recruitment procedures and always involves the following:

- Applying thorough selection procedures, no matter who the applicant happens to be.
- Judging the suitability of applicants in relation to a broad range of matters.
- Taking all reasonable steps to eliminate people who are not suitable for working with children.
- Providing training.

Attention must be paid to the following tasks before the appointment of staff: establishment of terms and conditions, job analysis, job description, person specification, advertising, equal opportunities, processing applications, interviewing, references, personnel files, Garda vetting (see also *Part 2.1.5* and *Part 3.7.10*), appointment, contracts, probationary period and induction.

3.7.2 Establishment of terms and conditions

Prior to engaging in the recruitment process, it is essential to document the terms and conditions of employment as they apply to all staff. This document will state the roles, responsibilities, policies and procedures, practices of the service, legal rights and expectations of both employer and employee.

3.7.3 Job analysis

This involves thinking through what the role will be and the exact skills needed for it to be performed effectively. Clear definition of the role of employees or volunteers is advocated by *Our Duty to Care* (DHC, 2002). This means clarifying and agreeing expectations regarding the role of a new worker, and involves identifying the minimum level of personal qualities and skills required to fill the post.

3.7.4 Job description

This is the summary of the tasks and responsibilities that make up the job. It will include the name and address of the employer, job title, purpose and objectives, key areas of work, who the employee will be responsible for, who they will be responsible to, hours and days of work, location, salary range and whether the job is permanent/temporary/full-time/part-time.

3.7.5 Person specification

This specifies the experience and abilities required to undertake the job in question. This involves preparing a description of the education, training, qualifications, skills, knowledge, experience and personal qualities required to carry out the job satisfactorily. All persons who indicate an interest in applying for the job should be sent a Job Description and Person Specification (see Byrne, 2005) and Job Application Form (see *Appendix 10*). They should be invited to submit a letter of application with the appropriate forms *or* their curriculum vitae before a specified closing date.

3.7.6 Advertising

An employer can advertise in a number of locations, internally and externally, the objective being to reach as many people as possible who may be suitable for the job. Under the Employment Equality Act, 2004, neither the recruitment nor the selection process should discriminate, either directly or indirectly, on the grounds of sex or marital status, e.g. advertisements cannot define or describe a position on the basis of gender. It is recommended that the advertisement contain the following information:

- Employer's name and a brief description of the employer service.
- Job title.
- Brief outline of responsibilities and duties.
- Location.
- Minimum experience required.
- Minimum required education/qualifications.
- Required personal qualities.
- Salary range.
- Hours and days of work.
- Whether the position is part time or full time, temporary or permanent.
- Equal Opportunities Policy.
- How applicants should apply and a closing date.

Some suggestions for placement of job advertisements include local and national newspapers, community social welfare offices, local health and community centres, ECEC training colleges, City and County Childcare Committee websites. Electronic information newsletters are also available to advertise jobs (see *Useful Resources*).

3.7.7 Equal opportunities

The principle of equal opportunities must apply to adults (both men and women) providing early childhood education and care, in terms of employment and all aspects of the way the service is developed. According to Irish legislation (see *Part 2.3*) no job applicant or employee should receive less favourable treatment on the grounds of religious persuasion, gender, family status, sexual orientation, religion, age, disability, race or membership of the Traveller community. The only exception being if it can be justified as necessary for the safe and effective performance of the work. The *National Childcare Strategy* (Ireland, 1999b) states that it is desirable that the ethnic and cultural diversity of the local community are reflected within the staff that work in childcare services (Recommendation 6) and that children should have contact with both men and women in childcare services. Target 29 of the European Commission's Network on Childcare action programme, *Quality Targets in Services for Young Children*, 1996, states that '20% of staff employed in childcare in collective services should be men' (see *Appendix 1*).

3.7.8 Application forms and processing

According to *Our Duty to Care* (DCH, 2002), an application form, with a clear job description and information about the organisation, should be supplied. The form should be designed, as far as possible, to collect all relevant information about the applicant including past experience of working with children. In order to undertake the exercise of processing the applications, those responsible should:

- Ensure that decisions taken are based upon the criteria agreed in drawing up the Person Specification and Job Description.
- Set aside time, without interruptions, to go through all of the applications.The employer is now ready to set an interview date and to invite the short-listed candidates to attend. Ample notice of the interview date should be given. The remaining applicants should receive a letter thanking them for their application and informing them that they have not been short-listed for interview.

Interviewing

It is important to prepare in advance for the interviewing process. *Our Duty to Care* (DHC, 2002) suggests that all applicants should be interviewed by a panel comprising of at least two representatives of the organisation. Professional practice would suggest:

- A suitable venue should be organised which is free from interruptions and has a comfortable waiting area for candidates. A toilet should also be available.
- The furniture in the interview room should be arranged appropriately and in a manner which reflects the style of the interview, i.e. formal/semi-formal.
- Every effort should be made to represent both sexes on the interview panel.
- An interview strategy should be formulated by the interview panel.
  - The interviewers could draw up a list of core questions that will be asked in a particular order to each candidate or explore the information stated on the application form and assess the applicant's suitability for the post (*Our Duty to Care,* DHC, 2002).
  - A fair approach would be to draw up a list of core competencies relating to the job specification and a standard rating or points system compiled by the interview panel to give appropriate weight to each candidate's qualifications, experience, personal attributes and performance during the interview.
  - The interview panel should also establish how they plan to conduct the interview process and agree roles accordingly.

Following the interview process:

1. The most suitable candidates for the job are arranged in order by the panel.
2. The unsuitable candidates are identified by the panel.

A decision may be reached to offer the most suitable candidate the job, pending the checking of references and agreement of terms and conditions of the post. In situations where interviewers cannot decide on their choice of candidate, second interviews may be convened at a later stage. Where a suitable candidate cannot be identified, the employer may make a decision to re-advertise the post. Unsuccessful candidates should be notified in writing and thanked for their application.

The information supplied by the applicant and any other information supplied on their behalf should only be seen by persons directly involved in the recruitment procedure (*Our Duty to Care,* DHC, 2002). It is important to ensure that written records of the interview assessments are kept for each candidate. The written record for the successful candidate should be placed in the personnel file. The candidate has the right of access to this record under the Freedom of Information Acts, 1997 and 2003 (see *Part 2.6.2* for more detail). For an unsuccessful candidate, the record should be kept for at least one year after the interview. This is particularly important should a dispute arise over the selection of a candidate, or should a candidate allege that an interview panel illegally discriminated against him or her. A person has six months within which to bring such a claim under the Employment Equality Acts 1998 and 2004. The time limit may be extended when a person has reasonable cause for the delay.

3.7.9 Personnel files

Employers should have a personnel file for each employee. Legislation requires that certain records be kept, e.g. annual leave, statutory sick pay, and maternity pay. Organisations also need a record of employment history; curriculum vitae or job application form; letter of application; notes of interview assessment; contract; absences; accidents; disciplinary/grievance procedures; training; salary scale, point on the scale and incremental date, if applicable. It is also a good idea to seek an employee's permission to place the name and contact address/telephone number of his/her next of kin on the file in case of accident or emergency during work. It is the employer's responsibility to keep all employment-related records and personnel files securely and confidentially.

3.7.10 References, Garda vetting and medical check

Professional practice recommends the importance of obtaining and checking references. These references are to be made available to the Pre-school Inspectors as mandated by the Pre-school Regulations, 2006. In addition, Garda vetting is now a requirement of all personnel in ECEC services (see *Part 2.1.5* for more detail and *Appendix 5 Sample Garda Vetting Form*). *Our Duty to Care* (DHC, 2002) advocates that an applicant should be expected to supply the names of two referees (not family members) who will testify as to their character, their suitability to the role of employee/volunteer or any other issues which may affect their ability to perform the tasks required of them. At least one referee should have first-hand knowledge of the applicant's previous work or contact with children. An acceptable reference will indicate that the person is known to the referee and is considered suitable by them to work with young people. All references should be received in writing and later confirmed by telephone, letter or personal visit. It is important to verify that the information supplied is accurate. Candidates have been known to falsify information in order to acquire the job.

Successful candidates may be required to complete a medical examination or questionnaire for the information of the employer. However, under an equal opportunities policy, neither a disability nor a history of poor health should bar an individual from being seriously considered for appointment to a post.

3.7.11 Appointment

Once a decision is made to employ the successful candidate, a written offer of employment should be sent to them. The letter usually contains the job title, date of commencement and salary (with details of the point of entry on the scale) of the prospective employee. When available, the terms and conditions document should also be included. If the person accepts the offer, then the contract of employment has legally come into being, i.e. an offer of employment has been made and accepted.

3.7.12 Induction

The purpose of having an induction programme is to ensure the effective integration of staff into a childcare service for the benefit of both the employee and employer, and to provide information on the service to all new employees.

Induction usually involves the new employee meeting with other staff and discussing aspects of the childcare service. It also involves taking time to read written information about the service and the new job. All services should have an agreed process of induction for new employees, which states clearly who will be responsible for ensuring the process takes place.

3.8 Staff ratios

A high adult: child ratio is considered to be essential in providing quality childcare. The number of staff a service employs is determined by the number, age range and special needs of the children, as well as requirements with regard to adult: child ratios in the Regulations, 2006 (see *Part 2.5.1*). These requirements are minimal, professional practice recommends a higher adult: child ratio. Finch, (1993) recommends consideration of the following:

- The service manager/supervisor should be supernumerary (additional to staff: child ratio) where there are more than 20 children.
- If the opening hours are longer than 8am to 6pm, a higher staff ratio will be needed. Service staff should not work more than 35 hours a week, so at least two shifts will be required to cover opening hours of 8am to 6pm; more shifts would be needed to cover a longer day.

In sessional services, a second adult should be present on the premises at all times. The maximum number of children to be catered for in one room in a sessional group is 24 (see *Part 2.5.1*). A second adult should be present at all times.

- Staff holiday and sickness cover will be needed.
- Staff will be required to cover breaks and lunches and training.
- Staff ratios should not include those involved in cooking, cleaning, and administration.
- There should never be fewer than two childcare staff on the premises.
- Volunteers and students, while they may be an invaluable source of help, should not be included in the staffing ratio.
- Children with special requirements may require a higher staff ratio.

A childminder should have a telephone on the premises and a second person available to cope with emergencies.

3.9 Staff qualities

The following personal attributes and dispositions of early childhood practitioners have been identified by Abbott and Pugh (1998). Early childhood workers should:

- Have high expectations of children and self.
- Have a genuine liking for and sensitivity towards children.
- Respect and value children as autonomous people in their own right.
- Respect and appreciate the contributions of other adults – parents, colleagues and other professionals.
- Be committed to work in partnership with parents.
- Be non-judgemental in dealing with children, staff, parents and the wider community.
- Be open-minded and eager to take on new challenges.
- Be aware of and sensitive to the needs of others.
- Be well-adjusted with positive self-image.
- Have an enquiring mind and be alert to needs or further professional development.
- Be willing to support others personally and professionally.
- Be willing to share knowledge and expertise in ways that support professional development and team work.
- Be able to communicate well with colleagues, parents, other agencies and above all children, irrespective of their culture, religion and gender.

In addition to these attributes, being caring, flexible, enthusiastic, warm, reliable, patient, responsive and having a sense of humour are also welcome (see *Book 2, Part 6.1* for further attributes).

3.10 Staff role

In *A Model Framework for Education Training and Professional Development in the Early Childhood Care and Education Sector* (DJELR, 2002, p. 38), one of the Core Value statements for the early childhood care and education sector in Ireland is that of the 'role of the practitioner as the facilitator of enhanced well-being and development of the child'. This involves reflection on personal views of the world, theoretical approaches and practice. It also involves advocacy work both for children's needs and rights and for those in the ECEC profession. The *Expert Working Group on Childcare's Subgroup on Registration, Training and Qualification* (Ireland, 1999b) outlined the occupational roles and key tasks and responsibilities of early childhood practitioners named as specialist, manager, supervisor, childcare worker, childcare assistant, family day care.

Professional practice recommends the introduction of the key worker system for full day care and sessional services (see also *Parts 3.3.5; 3.4.3* and *Book 2, Parts 6.1.2* and *6.3*). The key worker's role in the learning process is emphasised in the Thomas Coram Early Childhood Centre (1999). Key workers monitor the curriculum offered to individual children and groups for:

- Breadth – to ensure that a range of experiences are offered.
- Depth – to ensure opportunities to explore a topic in detail.
- Balance – to ensure that all areas of learning and development are covered over a period of time, deciding the appropriate emphasis on different aspects of the area of learning and development.
- Differentiation – to ensure that experiences are matched to a child's abilities, needs and development level.
- Relevance – by choosing themes which relate to children's experience and interests.

3.10.1 Volunteers and students

Professional practice recommends that a well-contemplated written policy should be developed before the admittance of volunteers and students in a service. Volunteers and students must be Garda vetted (see *Parts 2.1.5* and *3.7.10*). A completed Garda vetting form is required in addition to consent for a medical reference. The policy can include recruitment of volunteers, how they are selected, minimum age, what their responsibilities and accountability will be, what information they can/cannot have access to, and what meetings they can/cannot attend. In addition, the support/supervision/training that will be offered to them and how they are inducted into the service should be noted. Supervision for students and volunteers is as essential as supervision for staff. Students may also need a learning plan and support with assignments.

Volunteers or students are never to be used in place of staff.

3.10.2 Model Framework for Education, Training and Professional Development

In order to develop a framework for qualifications and training in ECEC, it was necessary to first identify the practitioner profiles associated with each stage of professional development. In the process of the consultation undertaken by the OMNA project (OMNA, 2000) for the National Co-ordinating Childcare Committee, it became clear that consensus on terminology to describe practitioner profiles and associated occupational roles was not possible. It was therefore agreed that the terms presented would be adopted as working titles until such time as more extensive consultation was possible with a view to arriving at a consensus on this issue. The term practitioner was used. These profiles were developed as a result of extensive consultation and research both nationally and internationally.

The table below, adapted from the document *Model Framework* (DJELR, 2002), draws upon the work of the Northern Ireland Credit Accumulation and Transfer System. It provides generic descriptors of the different stages of professional development that have been identified within the ECEC sector. These then provide the basis upon which to develop the key tasks and responsibilities and core skills and knowledge outlined in the document.

Table 9 Occupational profiles and descriptors

Occupational	Intellectual skills and attributes	Processes	Accountability
Basic Practitioner	• Elementary understanding of core knowledge areas. • Ability to apply solutions to familiar problems. • Ability to receive and pass on information.	• Ability to carry out routine tasks. • Basic competence in a range of clearly defined operations.	• Directed activity under supervision. • Reliance on external monitoring and quality control.
Intermediate Practitioner	• Broad range of core knowledge with some depth. • Ability to interpret and reflect on information. • Well-developed range of practical skills.	• Ability to carry out varied range of tasks in a limited range of different contexts.	• Responsibility for own actions under direction. • Some responsibility for quality of services within prescribed guidelines.
Experienced Practitioner	• Broad range of core knowledge with greater depth. • Specialist theoretical knowledge in one area. • Ability to access, evaluate, compare and interpret information. • Well-developed range of skills and ability to employ in complex non-routine situations.	• Ability to select from a broad range of skills appropriate to context. • Ability to present information to an audience.	• Ability to operate with full autonomy with broad guidance/evaluation • Responsibility for quality of services in accordance with specified standards. • Limited responsibility for work of others.
Advanced Practitioner	• In-depth understanding of comprehensive body of knowledge. • Expertise in particular area of knowledge. • Ability to generate responses, demonstrating some innovation, to challenging situations. • Ability to analyse, evaluate and interpret a wide range of information.	• Ability to perform effectively in a wide range of contexts involving creative and non routine activities. • Ability to use judgement in planning, selecting or presenting information, methods or resources.	• Full autonomy and responsibility for own for actions and those of others. • Responsibility for meeting required quality standards.
Expert Practitioner	• Mastery of complex theoretical knowledge. • Ability to critically evaluate knowledge, concepts, and practice. • Expertise in research and policy development.	• Ability to apply diagnostic and creative skills in a wide range of situations. • Ability to engage in planning, policy development, and management. • Ability to engage in research, publication and dissemination of knowledge and skills.	• Complete autonomy in professional activities • Responsibility for achieving personal and group outcomes. • Accountability for all decision-making.

3.10.3 Staff qualifications, training, development and salaries

It is widely recognised in our policy documents that the role of the adult is central to enhancing the quality of young children's experiences with the recommendation that those who work in ECEC services should have relevant qualifications (Ireland, 1999a; Ireland, 1999b; DJELR, 2002; CECDE, 2006a).

Research has demonstrated the positive connection between appropriate training and qualifications of practitioners and development in young children.

In the *Effective Provision of Pre-school Education* project (Sylva *et al.*, 2003), settings in which staff had higher qualifications gained higher quality scores and their children made more progress socially and cognitively. Quality indicators included warm interactive relationships with children (see *Book 2, Part 6*) and having a qualified practitioner as a role model and a good proportion of qualified staff. As yet, we have no requirement that practitioners are qualified in Irish ECEC community and voluntary services. Part 2 of the Child Care (Pre-school) Regulations, 2006 refers to having a sufficient number of 'suitable and competent adults' to be with the children at all times (Regulation 8).

Enhancing children's learning and development requires engagement by both the practitioner and child. Practitioners should be knowledgeable about child development and early childhood education, understand and respect the diversity of children's backgrounds, and understand and respect the variety of child rearing practices as they apply to the children in their care. If practitioners are to co-construct children's learning, engage in scaffolding, intersubjectivity and meaning making and adopt instructive techniques (see *Book 2, Part 8*), high educational standards, theoretical knowledge and professional practice are required. Equally, ECEC services must adapt to the changing social context of the families in their service and practitioners must enhance their role to develop social cohesion (OECD, 2006). This all places large demands on practitioners. These demands can be offset by:

- Strong leadership.
- A culture of reflective practice.
- Ongoing training and development in the service.
- Time to absorb what was learned.

It is recommended that early childhood practitioners should have attended a full time (or equivalent) childcare course of at least two years duration, with supervised placements in a setting independent of the educational college. The work of the OMNA Project (see *Part 3.10.2* and *Part 1*) will be instrumental in ensuring practitioners gain accreditation for prior learning in Ireland. While acknowledging the need for flexible access to training and qualifications, professional practice suggests that *all* early childhood practitioners should strive towards ECEC qualifications. This is currently being achieved in New Zealand.

The National Qualifications Authority of Ireland (NQAI) was established in February 2001 to oversee the development of a National Framework of Qualifications (NFQ). The NFQ stipulates a ten level awards framework from those gained at secondary school level to those from third and fourth level institutions (see *Appendix 11 Training Level Indicators NFQ*). The following table adapted from Byrne (2005) provides an overview of the awarding bodies and corresponding levels.

Table 10 National Framework of Qualifications

Awarding body	Level
FETAC Further Education and Training Council Awards	1–6
SEC – State Examinations Commission (DES) Junior and Leaving Certificates	3–5
HETAC Higher Education and Training Council Awards Higher Certificates, Higher Diploma, Degree, Post Graduate Diploma, Masters and Doctoral Degrees	6–10
Institutes of Technology Higher Certificates, Higher Diploma, Degree, Post Graduate Diploma, Masters and Doctoral Degrees	6–10
Universities and Colleges of Education (Montessori, Froebel and Teacher Training Colleges) Higher Certificates, Higher Diploma, Degree, Post Graduate Diploma, Masters and Doctoral Degrees	7–10

Staff training and development

Training opportunities must be prioritised for staff with their input. Through training, practitioners develop, extend and update their skills, knowledge and confidence in order to enable them to fulfil their role more effectively.

Training may include the exploration of topics relevant to early childhood education and care such as making observations, assessments of and planning for children's learning; planning and evaluation; conflict resolution; enabling children's collaborative behaviour; working with families; record keeping; anti-bias educational practice; early childhood curricula; first aid; and child welfare among others. Training should provide a theoretical framework with practical implementation strategies. The training sessions should involve active participation by the practitioners, drawing on their experiences combined with reflection and sharing. Each staff member should have access to a number of training events annually. These can be internal or external and can be of different duration. It is recommended that one course of at least ten sessions should be attended per year, to ensure continuing professional development.

Training gives practitioners the opportunity to:

- Plan for the future development of the work.
- Evaluate progress and assess learning.
- Reflect on individual roles and how they need to develop.
- Focus on self-care, stress management and feel valued.
- Contribute to development of structures, procedures and policies as necessary.
- Develop initiative and creativity.
- Gain a deeper understanding of their work and therefore work more effectively.
- Deliver quality education and care for children.

It is often impossible for all staff to attend the same training courses. Feedback could therefore be incorporated into staff meetings, with participants giving a brief overview of what the training was about, the key ideas and how those can be applied in their setting (see *Appendix 12 Training Implementation Form*).

Attendance at training courses is one aspect of promoting staff development, other forms include reading, membership of professional associations and journal clubs to do with early childhood care and education (see *Useful Resources*), and formal systems of supervision and appraisal. Continual observation and feedback by a person external but familiar with the service is recommended as a useful way to evaluate practice.

Salaries

'Continuity and the responsiveness of staff and their consistent relationship with the same group of children is more easily achieved when the staff themselves are paid above minimum wages, are trained and enjoy decent working conditions' (European Commission Childcare Network on Childcare, 1996, see *Quality Targets*, *Appendix 1*). *Starting Strong II* (OECD, 2006) recommends:

- Improving the working conditions and professional education of ECEC staff.
- Equal working conditions (salaries and benefits) for equivalent qualifications across the primary education and early childhood fields.
- A policy of high qualifications and guaranteed wages structure.
- Ongoing professional development, linked to professional progression.
- Sustainability of recruitment into ECEC.

The National Childcare Strategy (Ireland, 1999b) also points out that the low occupational status accorded to childcare also has implications for quality of provision.

Good working conditions, decent remuneration for practitioners and continuity of care for children are essential for a quality service.

3.11 Staff supervision, appraisal and team meetings

As part of good communication and supervision, training and development needs can be assessed, the years' performance appraised and a professional development plan made for the coming year. The amount of training practitioners receive should be documented and added to each members' staff file. Management needs to plan for staff development and training in terms of staff time and cost (Clarke, 1997).

3.11.1 Staff supervision

In 'Policy and Practice Guidelines For Children's Services Staff', an internal document developed by McCarthy (2002) of Barnardos, supervision is defined as a process in which one worker is given responsibility to work with another worker(s) in order to meet certain organisational, professional and personal objectives. These objectives are competent, accountable performance, continuing professional development and personal support. The definition clarifies that supervision:

- Is located in the context of a clearly defined relationship within the service.
- Is neither an event nor method, but an on-going process. Supervision is about much more than the supervision session.
- Has multiple objectives which include service, professional and personal needs.
- Involves parties who have different responsibilities.
- Is not confined to work on a one-to-one basis, supervision may often be enhanced in a group setting.
- Recognises the inter-dependence of accountability, competence, professional development and personal support.

Fortune magazine (October 1, 2007, quoted in 'Exchange EveryDay', see *Useful Resources*) carried an article where Chief Executive Officers of the top worldwide companies were interviewed about leadership development. Frequent, honest feedback/assessment on performance with plenty of mentoring and support was identified as being one of the keys to success. When staff were told what skills were required for them to improve, they were offered suggestions, programmes or coaching for doing it. This principle is just as valid in ECEC settings. The purposes of supervision are therefore to:

- Identify skills/areas of strength practitioners possess and what needs they have for professional development.
- Provide authentic feedback on practitioners' performance.
- Give clear direction to overcome any challenges.
- Ensure the practitioner is clear about roles and responsibilities.
- Ensure the practitioner meets the agency's objectives.
- Ensure quality of service to clients.
- Develop a suitable climate for practice.
- Offer support and reduce stress.
- Ensure the practitioner is given sufficient resources to do their work.
- Enable the practitioner to conduct their work effectively.

The recommended time allocation is one and a half hours per month for supervision. Supervision can be held weekly or fortnightly, depending on supervisees' hours. These meetings are in addition to the annual appraisal meetings.

3.11.2 Appraisal

A commitment to quality and development of staff and best practice necessitates the development of appraisal systems. A more senior member of staff (generally the supervisor/manager) conducts the appraisal. Contributions from a colleague or a member of another staff team can be included. Appraisal is a process where practitioners are provided with a non-threatening routine occasion to:

- Evaluate their performance at work.
- Exchange information and ideas.
- Establish and monitor objectives and targets.
- Review salary, conditions at work and other rewards.
- Identify areas for training and development.
- Provide a basis for probation, promotion and dismissal.

Appraisal should be based on a desire to celebrate achievements and work on improvements. The process should begin with the employee reflecting on their work prior to the appraisal meeting. A standard system of appraisal needs to be developed for the service (see *Appendix 13 Sample Appraisal Form*). Questions such as who will appraise whom and at what intervals will have to be addressed. Professional practice recommends frequent appraisal in the beginning of an employee's contract and then annually. Some Centres of Excellence in the United Kingdom operate a mentor system. The elected mentor can be changed at any time (see Byrne, 2005 for more information on supervision).

3.11.3 Staff meetings

Rodd (2006) identified that positive change and innovation is enacted through group goal-setting and consensus-building. The wide participation of the full compliment of staff increases the chances of commitment to the goals and the group creates a productive working environment by taking responsibility for applying and adhering to decisions. Team support enhances the learning and development of each child. Research has pointed to a stronger educational emphasis in services

with trained teachers playing a lead role in curriculum planning and offering positive pedagogical role modelling to less well-qualified staff (Siraj-Blatchford *et al.*, 2007). To facilitate good communication between staff about the operation of the service and the work with children and families, regular meetings should be held, and professional publications circulated.

Opportunities should be regularly made available for staff teams to reflect together on the progress of activities and learning opportunities, on the management of the curriculum and as a basis of record keeping.

It is recommended that such opportunities should be available daily for team planning in group rooms based on individual children's learning needs and at least weekly for the whole group (Epstein, 2007). The reality of time constraints must be acknowledged. Tenacity, flexibility, a willingness to be creative and management support are required (French and Murphy, 2005).

3.11.4 Team meetings

Team meetings may involve smaller sub-teams of the full staff compliment but should still follow the same professional practice as full staff meetings.

- There should be an appointed chairperson, timekeeper and note taker. These roles can be rotated, allowing sharing of experiences.
- The notes of the meeting should be written into a Staff/Team Meeting Book. These notes, sometimes called the minutes, are a written record made *during* the meeting of:
  - Decisions made.
  - Ideas that were gathered in the event of no final decision.
  - Work to be undertaken – what, by whom, where and by what date.
  - Concerns or problems that were not resolved and must not be forgotten.
- The agenda for the forthcoming meeting can be pinned on the staff notice board and staff can add to it over time.
- It is good practice to always include health and welfare on the agenda.
- These meetings can be extended and used as opportunities for staff training.

Current practice in Barnardos recommends a team meeting of a minimum of four hours per month. The hours can be allocated to suit the service. In practice, one two-hour meeting at a set time and day per fortnight is usual.

Daily team planning

Daily team planning occurs before the children arrive or immediately after they have left. It involves a brief review of the day, sharing of anecdotes/learning stories regarding children's learning and development and involves planning ahead for the next day. Decisions may be made on what materials, activities and specific interactions will occur the next day:

- To promote one child's literacy development (see *Book 2, Part 6.6*).
- To support another child's thinking skills (see *Book 2, Part 6.5*).
- To rearrange the furniture to create a 'maths and science interest area' to support a third child (see *Book 2, Part 7)*.

3.12 Characteristics of an effective team

Stable and consistent teams enable children to form the trusting relationships which are the foundation for healthy development. It can be challenging to negotiate the emotional and intellectual demands inherent in ECEC; practitioners who practise open communication foster supportive collegial relationships (French and Murphy, 2005). According to Hohmann *et al* (1995), the following characteristics are indicative of an effective team:

- Climate – People know what's expected of them, their roles are clear.
- Goal setting – Practitioners work together to set goals. The goals include individual goals, centre goals and organisation goals.
- Communications – People are open and trust each other. Communication occurs at various levels and often, through memos or phone calls or talking. Communication moves up and down throughout the service.
- Decision making – Many alternatives are discussed; there is time to think on an idea, at least overnight. Once a decision is made, it's communicated clearly to all those affected.
- Handling conflict – Problems are recognised and dealt with openly and creatively.
- Relationships – Lots of co-operation, real idea and energy sharing.
- Use of resources – People know each other's strengths. People who are especially skilled in certain areas use their skills.
- Regular evaluation of teamwork – Team schedules regular times to evaluate personal contribution and team efforts and make new team goals.

Even colleagues committed to the principles of open communication do not always agree. However, their commitment ensures that they engage in joint problem solving/conflict resolution in order to reach a solution that is supportive for all concerned (see *Book 2, Part 8.1.7* for the steps in resolving conflicts with adults and *Book 2, Part 6.11.3* for steps in resolving conflict between children).

Summary and links to Síolta and the Framework for Early Learning

Part 3 Leadership, Policies, Procedures and Human Resources considered the role of ethical leadership and key elements of effective management in ECEC services. Leadership style and adopting a total quality approach was considered. The importance of a Mission Statement and an ethos of professional practice combined with nurture and high expectations of all stakeholders were then explored along with articulated aims and objectives.

- The inclusion of children's participation in policy making was discussed.
- Policies and procedures covering a wide range of topics, those that are required and those which include health and welfare; participation of parents and families and community engagement; human resources; child well-being and identity and administration were given.
- Sound administration systems and storage were highlighted.
- Action planning, monitoring and review of service, and the management of change as a key factor in professional practice were stressed.
- The critical importance of recruiting procedures to employ appropriate adults was demonstrated with attention to their qualities and their role.
- Staff qualifications and the requirement for ongoing training, development and proper remuneration to provide continuity of care and workforce stability were presented.
- Finally, professional practice in relation to supervision, appraisal opportunities for effective teams to meet and their characteristics was outlined.

As stated previously, Síolta sets the context for ensuring that the specifics of children's early learning and development can be supported through our emerging Framework for Early Learning ([FEL], NCCA, forthcoming). *Part 3* is particularly linked to the following standards and components of Síolta and the theme of FEL.

Part 3 Main links to Síolta	Part 3 Link to FEL
Standards 4, 8, 10 + 11: Communication, Planning and Evaluation, Organisation and Professional Practice • Components 4.5–4.2 The setting actively invites and acts upon contributions to decision-making processes from staff and strategies for the development and delivery of the service. • Components 8.1–8.4 The setting undertakes cycles of observation, planning, evaluation on a regular basis, with documented review procedures, stored and shared as appropriate. Changes in practice are implemented. • Components10.1– 10.7 An agreed written philosophy, supported by well documented and shared polices and procedures to guide practice, efficient management structures with financial and supervision systems, and evidence of effective teamwork are all in place. • Components 11.1 and 11.4 Adults have skills and knowledge appropriate to their roles. Regular opportunities for practitioners to reflect upon and review their practice and contribute positively to the development of quality practice exist in the setting with encouragement for regular and ongoing professional development. Adults have high regard for the families.	**Theme of Well-being** Where children develop as happy and healthy individuals.

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Appendices

Appendix 1 Quality Targets in Services for Young Children

In January 1996, The European Commission Network on Childcare established a set of 'quality targets in services for young children' that early childhood services in member-states should strive to meet.

Target I

Governments should draw on professional and public opinion to provide a published and coherent statement of intent for care and educational services to young children 0–6, in the public and private sector, at national and regional/local level. This policy should set out principles, specify objectives and define priorities, and explain how such initiatives will be co-ordinated between relevant departments.

Target 2

At national level one department should be nominated to take responsibility for implementing the policy whether it does so directly or through an agency; at a regional/local level there should be a similar destination of responsibility, whether services are directly administered by the regional/ local authority or whether contracted out to other providers.

Target 3

Governments should draw up a programme to implement the policy, which outlines strategies for implementation, sets targets and specifies resources. At a regional/local level, the department or agency responsible should similarly draw up a programme for implementing policy and developing practice.

Target 4

Legislative frameworks should be created to ensure that the targets are fully met within specified limits and reviewed regularly, and should outline the competencies of regional and/or local government in fulfilling the targets.

Target 5

The government department or agency responsible at national level should set up an infrastructure with parallel structures at local level, for planning monitoring, review, support, training, research and service development.

Target 6

The planning and monitoring system should include measures of supply, demand and need covering all services for young children at national, regional and/or local.

Target 7

Public expenditure on services for young children (in this case defined as children aged 5 years and under) should be not less than 1% of GDP in order to meet Targets set for services, both for children under three and over three.

Target 8

A proportion of this budget should be allocated to develop the infrastructure for services. This should include at least 5% spent on support and advisory services including continuous or in-service training and at least 1% for research and monitoring.

Target 9

There should a capital spending programme for building and renovations linked to the environmental and health targets.

Target 10

Where parents pay for publicly funded services, the charges should not exceed, and may well be less than, 15% of net monthly household income. The charges should take into account per capita income, family size and other relevant circumstances.

Target 11

Publicly funded services should offer full time equivalent places for:

- At least 90% of children aged 3–6 years and
- At least 15% of children under three years

Target 12

Services should offer flexibility of hours and attendance including coverage for working hours and a working year if parents require it.

Target 13

There should be a range of services offering parents choice.

Target 14

All services should positively assert the value of diversity and make provision both for children and adults which acknowledges and supports diversity of language, ethnicity, religion, gender and disability, and challenges stereotypes.

Target 15
All children with disabilities should have right of access to the same services as other children with appropriate staffing assistance and specialists help.

Target 16
All collective services for young children 0–6 whether in the public or private sector should have coherent values and objectives including a stated and explicit educational philosophy.

Target 17
The educational philosophy should be drawn up and developed by parents, staff and other interested groups.

Target 18
The educational philosophy should be broad and include and promote inter alia:

- The child's autonomy and concept of self
- Convivial social relationships between children, and children and adults
- A zest for learning
- Linguistic and oral skills including linguistic diversity
- Mathematical, biological, scientific, technical and environmental concepts, musical expression and aesthetic skills
- Drama, puppetry and mime
- Muscular co-ordination and bodily control
- Health, hygiene, food and nutrition
- Awareness of local community

Target 19
The way in which the educational philosophy is put into practice should be stated and explicit. Services should have a programme of organisation covering all their activities including pedagogical approach, deployment of staff, grouping of children, training profiles for staff, use of space, and the way in which financial resources are used to implement the programme.

Target 20
The education and learning environment should reflect and value each child's family, home, language, cultural heritage, beliefs, religion and gender.

Target 21
Staff ratios for collective care should reflect the objectives of the service and their wider context and be directly related to group age and group size. They should usually be more than but should not be less than:

- 1 adult: 4 places for children aged 12 months
- 1 adult: 6 places for children aged 12–23 months
- 1 adult: 8 places for children aged 24–35 months
- 1 adult: 15 places for children aged 36–71 month

Ratios in family day care should not be less than 1 adult: 4 places for children under compulsory school age, and the ratio should include the family day carer's own children.

Target 22
At least one tenth of the working week should be non-contact time allocated to preparation and continuous training.

Target 23
Adequate supply cover should always be available to maintain the ratios.

Target 24
Administrative, domestic and janitorial work should be allocated staff time or hours in addition to those hours spent with children.

Target 25
All qualified staff employed in services should be paid at not less than a nationally agreed wage rate, which for staff who are fully trained should be comparable to that of teachers.

Target 26
A minimum of 60% of staff working directly with children in collective services should have a grant eligible basic training of at least three years at a post–18 level, which incorporates both the theory and practice of pedagogy and child development. All training should be modular. All staff in services (both collective and family care) who are not trained to this level should have the right to access to such training, including on an in-service basis.

Target 27
All staff in services working with children (in both collective and family day care) should have the right to continuous in-service training.

Target 28
All staff, whether in the public or the private sector, shall have the right to trade union affiliation.

Target 29
20% of staff employed in collective services should be men.

Target 30
All services, whether in the private or the public sector, should meet national and local health and safety requirements.

Target 31
The planning of the environment and its spatial organisation, including the layout of the buildings, the furnishings and equipment should reflect the educational philosophy of the service and take account of the views of parents, staff and other interested parties.

Target 32
There should normally be sufficient space, inside and out, to enable children to play, sleep and use bathroom facilities, and to meet the needs of parents and staff. This should normally mean;

- Internal space of at least 6 square metres for each child under three years and of at least 4 square metres for each child 3–6 years (excluding storage and corridor or through-way space)
- Direct access to external space of at least 6 square metres per child
- An additional 5% of internal space for adult use.

Target 33
Food preparation facilities should be available on the premises and nutritional and culturally appropriate food should be provided.

Target 34
Parents are collaborators and participants in early year's services. As such they have a right to give and receive information and the right to express their views both formal and informally. The decision making process of the services should be fully participative, involving parents, all staff, and where possible, children.

Target 35
Services should have formal and informal links with the local community or communities or districts.

Target 36
Services should adopt employment procedures, which emphasise the importance of recruiting employees who reflect the ethnic diversity of the local community.

Target 37
Services should demonstrate how they are fulfilling their aims and objectives and how they have spent their budget, through an annual report or by other means.

Target 38
In all services, children's progress should be regularly assessed.

Target 39
The views of parents and the wider community should be an integral part of the assessment process.

Target 40
Staff should regularly assess their performance, using both objective methods and self evaluation.

Appendix 2 A Summary of the United Nations Convention on the Rights of the Child

Article

1. **Who is a child?** Every human being below 18 years unless the laws of a country say differently.
2. **Non discrimination.** All children are entitled to all of the rights in the Convention and therefore the State must protect the child without any exception whatsoever.
3. **Best interests of the child.** The best interests of the child should be the driving force behind any actions concerning them.
4. **Implementation of rights.** It is up to the State to make sure that the rights in the Convention are implemented.
5. **Parents, family community rights and responsibilities.** The State must respect the role of parents and family in bringing up a child.
6. **Life, survival and development.** All children have the right to life and the State is obliged to ensure the survival and development of the child.
7. **Name and nationality.** Children have the right to a name and nationality, to know and be cared for by their parents.
8. **Preservation of identity.** If a child illegally loses their identity the State must help the child to find out who they are.
9. **Non-separation from parents.** If a family is separated for some reason, the State has to give the child information about the whereabouts of missing family members.
10. **Family reunification.** A child has the right to keep regular contact with both parents if they live in different countries and should be able to travel in order to ensure this.
11. **Illicit transfer and non-return of children.** The state shall combat child kidnapping.
12. **Expression of opinion.** A child has a voice and the right to have others listen to their opinion.
13. **Freedom of expression and information.** If a child needs information they have the right to get it, they also have the right to express themselves in writing, art, etc.
14. **Freedom of thought, conscience and religion.** States are to respect the right of the child to freedom of thought, conscience and religion, subject to parental guidance.
15. **Freedom of association.** Children have the right to meet with whom they want. As long as they are peaceful they can gather in groups.
16. **Privacy, honour, reputation.** Nobody can interfere with a child's rights to privacy, family home or correspondence.
17. **Access to information and media.** Children should have access to information from a number of different sources and have protection from harmful materials.
18. **Parental responsibility.** Both parents or guardians have the responsibility for children's upbringing and the state should provide them with assistance where necessary.
19. **Abuse and neglect (while in family care).** Children are entitled to protection from all forms of maltreatment by parent or guardians. If this ever happens, the State has the responsibility to ensure children are protected in some way.
20. **Alternative care for children in the absence of parents**. Children have the right to special protection if they are temporally or permanently deprived of their family. If this ever happens their cultural background must be taken into account as an important part of children's well-being.
21. If a child lives in a country where **adoption** is allowed, any adoption that takes place should always be based on the child's best interests.
22. If a child ever become a **refugee** they are entitled to special protection.
23. Children have the right to benefit from **extra help** and **education,** if this is what they need to enjoy a full life in society.
24. **Health care.** Children have the right to the highest standard of health and medical care available.
25. **Periodic review.** Any child who is placed for care, protection or treatment has the right to have the placement reviewed on a regular basis.
27. **Standard of living.** Parents have the responsibility to provide adequate living conditions for the child's development even when one of the parents is living in a country other than the child's place of residence.
28. **Education.** Children have the right to free primary education.
29. **Aims of education.** The aim of education is to help children develop their personality and talents, to prepare them for a responsible adult life, respect for human rights as well as the cultural and national values of their country and that of others.

30. **Children of minorities and indigenous children.** If a child belongs to a minority or indigenous group they have the right to enjoy their culture and to practise their own language.
31. **Play and recreation.** Children have the right to rest and leisure, to play and take part in recreational, cultural and artistic activities.
32. **Economic exploitation.** Children have the right to be protected from harmful forms of work and against exploitation.
33. **Narcotic and psychotic substances.** Children should be protected from narcotic drugs and from being involved in their production or distribution.
34. **Sexual exploitation.** Children have the right to protection from all forms of sexual exploitation and abuse
35. **Abduction, sale and traffic.** The State has the job of protecting children from being abducted, sold or trafficked.
36. **Other forms of exploitation.** Children have the right to be protected from all forms of exploitation.
37. **Torture, capital punishment, deprivation of liberty.** Children have the right not to be subjected to torture or degrading treatment if detained, not to be kept with adults, sentenced to death nor imprisoned for life without the possibility of release. Children have the right to legal assistance and contact with family.
38. **Armed conflicts.** If children are under 15 years they are not supposed to be recruited into the armed services or to take part in armed conflicts.
39. **Recovery and reintegration.** If children are ever the victim of armed conflict, torture, neglect, maltreatment or exploitation they have the right to receive whatever treatment they need in order to become a full part of society again.
40. **Juvenile justice.** If children are ever accused of breaking the law or are found guilty of breaking the law, they should be treated in such a way that helps them maintain their self dignity and to not to suffer negative effects on rejoining society.
41. **Country protection**. If the laws of a particular country protect children better than the articles of the Convention, then those laws should stay.
42. **Dissemination of the Convention.** Children have the right to be informed of your rights and the State should be involved in this

Note: The Convention has 54 Articles in all. Articles 41–54 are mostly concerned with its implementation and entry into force.

Appendix 3 Principles and Standards of Síolta, the National Quality Framework (CECDE, 2006)

Principles

The value of early childhood – Early childhood is a significant and distinct time in life that must be nurtured, respected, valued and supported in its own right.

Children first – The child's individuality, strengths, rights and needs are central in the provision of quality early childhood experiences.

Parents – Parents are the primary educators of the child and have a pre-eminent role in promoting her/his well-being, learning and development.

Relationships – Responsive, sensitive and reciprocal relationships, which are consistent over time, are essential to the well-being, learning and development of the young child.

Equality – Equality is an essential characteristic of quality early childhood care and education.

Diversity – Quality early childhood settings acknowledge and respect diversity and ensure that all children and families have their individual, personal, cultural and linguistic identity validated.

Environments – The physical environment of the young child has a direct impact on her/his well-being, learning and development.

Welfare – The safety, welfare and well-being of all children must be protected and promoted in all early childhood environments.

Role of the adult – The role of the adult in providing quality early childhood experiences is fundamental.

Teamwork – The provision of quality early childhood experiences requires cooperation, communication and mutual respect.

Pedagogy – Pedagogy in early childhood is expressed by curricula or programmes of activities which take a holistic approach to the development and learning of the child and reflect the inseparable nature of care and education.

Play – Play is central to the well-being, development and learning of the young child.

Standards

1. The Rights of the Child

Ensuring that each child's rights are met requires that she/he is enabled to exercise choice and to use initiative as an active participant and partner in her/his own development and learning.

2. Environments

Enriching environments, both indoor and outdoor (including materials and equipment) are well-maintained, safe, available, accessible, adaptable, developmentally appropriate, and offer a variety of challenging and stimulating experiences.

3. Parents and Families

Valuing and involving parents and families requires a proactive partnership approach evidenced by a range of clearly stated, accessible and implemented processes, policies and procedures.

4. Consultation

Ensuring inclusive decision-making requires consultation that promotes participation, and seeks out, listens to and acts upon the views and opinions of children, parents and staff, and other stakeholders as appropriate.

5. Interactions

Fostering constructive interactions (child/child, child/adult and adult/adult) requires explicit policies, procedures and practice that emphasise the value of process and are based on mutual respect, equal partnership and sensitivity.

6. Play

Promoting play requires that each child has ample time to engage in freely available and accessible, developmentally appropriate and well-resourced opportunities for exploration, creativity and meaning making in the company of other children, with participating and supportive adults and alone, where appropriate.

7. Curriculum
Encouraging each child's holistic development and learning requires the implementation of a verifiable, broad-based, documented and flexible curriculum or programme.

8. Planning and Evaluation
Enriching and informing all aspects of practice within the setting requires cycles of observation, planning, action and evaluation undertaken on a regular basis.

9. Health and Welfare
Promoting the health and welfare of the child requires protection from harm, provision of nutritious food, appropriate opportunities for rest, and secure relationships characterised by trust and respect.

10. Organisation
Organising and managing resources effectively requires an agreed written philosophy, supported by clearly communicated policies and procedures to guide and determine practice.

11. Professional Practice
Practising in a professional manner requires that individuals have skills, knowledge, values and attitudes appropriate to their role and responsibility within the setting. In addition, it requires regular reflection upon practice and engagement in supported ongoing professional development.

12. Communication
Communicating effectively in the best interests of the child requires policies, procedures and actions that promote the proactive sharing of knowledge and information among appropriate stakeholders, with respect and confidentiality.

13. Transitions
Ensuring continuity of experiences for each child requires policies, procedures and practice that promote sensitive management of transitions, consistency in key relationships, liaison within and between settings, the keeping and transfer of relevant information (with parental consent), and the close involvement of parents and, where appropriate, relevant professionals.

14. Identity and Belonging
Promoting positive identities and a strong sense of belonging requires clearly defined policies, procedures and practice that empower every child and adult to develop a confident self- and group-identity, and have a positive understanding and regard for the identity and rights of others.

15. Legislation and Regulation
Being compliant requires that all relevant regulations and legislative requirements are met or exceeded.

16. Community Involvement
Promoting community involvement requires the establishment of networks and connections evidenced by policies, procedures and actions which extend and support all adults' and children's engagement with the wider community.

Appendix 4 Departmental Responsibility/Programmes for ECEC*

Department	Health and Children	Justice, Equality and Law Reform	Education and Science
Main Policy Agenda	Protection of children	Labour force equality	Educational disadvantage
Legislation	Part VII of Child Care Act, 1991 (1996, 1997) Child Care (Pre-School Services), (No2) Regulations, 2006 Children Act, 2001	Overarching Partnership agreement then *Partnership 2000 for Inclusion, Employment and Competitiveness* (1996–2000); now *Towards 2016* (2006–2015)	Education Act, 1998 (where it pertains to early childhood in primary schools) White Paper on Early Childhood Education (1999)
Policy Initiatives	• Review of the Health Services leading to The Children's Agenda (2007) • National Children's Strategy	• Expert Working Group on Childcare. The outcome was *The National Childcare Strategy* (1999)	• National Forum on Early Education (1998) outcome: OECD review on ECEC • *DEIS* Early education strand (DES, 2005)
Principal Responsibility	• Child Health Services • Regulation of pre-school facilities (voluntary, community and private sector) • Provision of childcare places for children from families under stress • Support services for children with disabilities • Driving the implementation of the National Children's Strategy	• Chair of National Childcare Co-ordinating Committee (up to 2005, see below) • Establishment and funding of City/County Childcare Committees • Management and administration of the Equal Opportunities Childcare Programme 2000–2006	• Measures for children at risk of educational disadvantage • Funding, managing and inspection of infant classes in primary schools. • Funding, managing and inspection of specific measures to address educational disadvantage in primary schools
Sections / Structures	• National Children's Office • Child Care Policy Unit • Child Care Legislation Unit • Children's Services policy, 2007 • Disability Services • Community Health Division	• Inter-Departmental and Inter-Agency Synergies Group • National Co-ordinating Childcare Committee (NCCC) • Certifying Bodies Sub-Group of the NCCC	• Primary Section(s) Inspectorate • Social Inclusion Unit • Educational Disadvantaged Committee • Educational Disadvantaged Forum

* With particular reference to young children living in areas designated as disadvantaged

Department	Health and Children	Justice, Equality and Law Reform	Education and Science
Office of the Minister for Children and Youth Affairs Lead office for children established Dec 2005. (Known as Office of the Minister for Children prior to May 2008)	• Child Welfare and Protection Policy Unit • National Children and Young People's Strategy Unit • Interdepartmental Group of Assistant Secretaries • Childcare Directorate (from Dec 2005 on) • Chair of National Childcare Co-ordinating Committee (from Dec 2005 on)	• Co-located Youth Justice Service Policy Unit • Childcare Directorate (moved to Office of the Minister for Children and Youth Affairs from Dec 2005) • Chair of National Co-ordinating Childcare Committee (moved to Office of the Minister for Children and Youth Affairs from Dec 2005)	• Co-located Early Years Education Policy Unit
Principal Responsibility of OMC	• The Agenda for Children's Services • The National Childcare Strategy 2006–2010 • Implementation of the National Childcare Investment Programme (NCIP, replacing Equal Opportunities Childcare Programme) • To increase the supply of affordable, quality childcare in Ireland through the administration of the capital and staffing grants under the: NCIP 2006–2010 • To fund and support the City/County Childcare Committees in enhancing the quality of childcare in Ireland • To collaborate on cross-cutting childcare policy issues • To implement the Child Care (Pre-School Services)(No2) Regulations, 2006		• National Childcare Training Strategy to meet the target of providing 17,000 childcare training places by 2010 • Implementing the recommendations of the Traveller Education Strategy in moving towards integrated provision for Traveller pre-schools • Implementing the *DEIS* action plan for early childhood education • Overseeing CECDE (below) • Overseeing NCCA
Agencies	• Health Service Executives (HSE) • Health Information and Quality Authority (HIQA)		• Centre for Early Childhood Development and Education (CECDE, launched 2002) who have produced *Síolta, a National Framework for Quality* (CECDE, 2006) • National Council for Curriculum and Assessment (NCCA, early childhood) an independent body *Framework for Early Learning* (NCCA, Forthcoming)

Department	Health and Children	Education and Science
Principal Family Support and ECEC Programmes	• Core child health surveillance programme for 0–12 age group *Best Health for Children* • Springboard Initiative • Community Mothers Programme • Home-Start • Family Support Workers • Community Child Care Workers • Pre-and After-School Nurseries • National Children's Strategy research – Longitudinal Study of Children in Ireland (10,000 children from birth, 8,000 from 9 years to adulthood, joint responsibility with Department of Social and Family Affairs) • *Ready Steady Play* National Play Policy • Prevention and Early Intervention Programme	• Early Start Programme incorporating the Rutland Street Project • Pre-Schools for Traveller Children • Primary School Infant Classes, including Special Classes for Children with Learning Disabilities • Giving Children an Even Break • Designated Disadvantaged Areas Scheme • Support Teacher Project • Visiting Teachers for Travellers • Resource Teachers for Travellers • School Completion Programme • Home/School/Community Liaison Scheme • Learning Support/Resource Teachers • English language provision for Non-Nationals • School Development Planning • National Educational Psychological Scheme

Appendix 5 Sample Garda Vetting Form

(please note: employers MUST use authorised forms from organisations carrying out vetting)

Surname: Previous Name:

Forename: Alias:

Date of Birth Place/City of Origin:

PPS No.:

Have you ever changed your name? Yes [ ] No [ ]

If yes please state former name:

Please state all addresses from year of birth to present date

House No	Street	Town	County	Post code	Country	Year from	Year to

Have you ever been convicted of an offence in the Republic of Ireland or elsewhere? No [ ] Yes [ ]
Please provide details

Date	Court	Offence	Court outcome

Declaration of Applicant

I, the undersigned who have applied for a position as a _____ hereby authorise An Garda Siochana to furnish to the undermentioned Authorised Signatory on behalf of my prospective employer a statement that there are no convictions recorded against me in the Republic of Ireland or elsewhere, OR a statement of all convictions and / or prosecutions, successful or not, pending or completed, in the State or elsewhere as the case may be.

Signature of applicant: Date:

To be completed by the childcare organisation only

Line manager/contact person: Location: Date:

To be completed by authorised signatory only

Authorised Signatory: Registration No: Date:

Appendix 6 Child Record Form

Name of child: Date of birth:

Address:

Father's name:

Father's daytime address: (Tel) Home:

Work:

Mobile:

Mother's name:

Mother's daytime address: (Tel) Home:

Work:

Mobile:

Who may be contacted in an emergency if parents are not available? (Tel) Home:

Name: Work:

Mobile:

Relationship to child:

Family doctor:

Contact details:

Medical history (any illness, disability or allergy suffered by the child):

Is special care and attention needed? Yes [ ] No [ ] (if yes give details):

Immunisations

Mumps/Measles/ Rubella	Yes [ ]	No [ ]
Diphtheria, Tetanus, Whooping Cough	Yes [ ]	No [ ]
Tuberculosis (B.C.G.)	Yes [ ]	No [ ]
HIB	Yes [ ]	No [ ]
Oral Polio	Yes [ ]	No [ ]
Meningitis C	Yes [ ]	No [ ]

Food: special diet, likes/dislikes:

Anything else we should know about your child? Yes [ ] No [ ] (if yes give details)

I give permission for my child to go on outings with staff Yes [ ] No [ ]

I authorise and/or to collect my child in the event of my absence

Signed:

Relationship to child: Date:

For official use

Child Record Form checked with parent Yes [ ] No [ ] If yes, date:

Children's Interests Record Yes [ ] No [ ] If yes, date:

Agreement for medical treatment form completed Yes [ ] No [ ] If yes, date:

Admission date:

Type of booking: Full day [ ] Mornings only [ ] Afternoons only [ ]

Variations of the above:

Notes on any special care and attention completed. Yes [ ] No [ ] and attached

Parental consent form for medicines completed. Yes [ ] No [ ] If yes, date:

Date of leaving service:

Appendix 7 Agreement for Medical Treatment

I hereby consent to (name of child) _____ receiving medical treatment if a doctor thinks it is required as an emergency and I cannot be contacted following reasonable attempts to do so prior to such treatment being administered.

Signed: Date:

Relationship to child: Witnessed:

General Practitioner

Name:

Address:

Tel No:

This form should be signed by the parent or parents and witnessed by the centre manager or designated person in charge.

Parent's signature:

Manager/designated person's signature:

Date:

Appendix 8 Standard Reporting Form for Reporting Child Protection and Welfare Concerns

1 Date of Report:

2 Name of person reporting:

3 Address of person reporting:

4 Relationship of reporting person with the child concerned:

5 Method of Report (telephone call, personal call to office):

6 **Family details** Details of child concerned

Surname:

Forename:

Date of Birth:

Male/female:

Alias (known as):

Address:

Correspondence address (if different):

Telephone number:

7 State whether you consider your report to indicate (a) suspected or actual child abuse or (b) need for family support.

	Physical Abuse	Sexual Abuse	Emotional Abuse	Neglect
(a) Suspected	[ ]	[ ]	[ ]	[ ]
(b) Actual	[ ]	[ ]	[ ]	[ ]

Give reasons

8 Details of other family members/household members

Name	Age	Relationship to Child	Emplyment/School	Location

In cases of emergency, or outside health board hours, reports should be made to An Garda Síochána.

9 Name of other professionals involved with child/ren and/or parents/caters.

Public health nurse:

School:

General practitioner:

Any other agency or professional involved (please describe the nature of any involvement):

10 Report Details Describe, as fully as possible, the nature of the problem or incident being reported, giving details of times and dates of individual incidents, the circumstances in which they occurred, any other persons who were present at the time, and their involvement:

11 Has any explanation been offered by the child, and/or parents/carers, which would account for the current problem or incident? (Details)

12 As far as possible, describe the state of the child/ren's physical, mental and emotional well-being.

13 If child abuse is being alleged, who is believed to be responsible for causing it?

Include (if known) Name: Address:

Degree of contact with child:

Degree of contact with other children:

14 Describe (in detail) any risks to which the child(ren) in this situation are believed to be exposed.

15 How did this information come to your attention?

16 What has prompted you to report your concern at this time?

17 What **evidence** of harm exists at present?

18 Are there any factors in the child and/or parents/carers' present that may have relevance to the current concern (for example, recent illness, bereavement, separation, addiction, mental health problem or other difficulty)?

19 Are there any factors in the child and/or parents/carers' situation, which could be considered protective or helpful (for example, extended family or community support)?

20 Has any action been taken in response to the current concern or incident? (Details)

21 Are the child's parents/carers aware that this concern is being reported to the health board?

22 Is there a need for urgent protective action at this point?

23 Any other comments

Signed: Relationship to child: Date:

From *Children First: National Guidelines for the Protection and Welfare of Children,* Department of Health and Children (1999)

Appendix 9 Children's Interests Record

Child's Forename: Pronounced:

Child's Surname: Pronounced:

Date of Birth: Date of Entry to Service:

Address:

What are the languages spoken at home?

What are the names of other family members and other significant people close to child?

Has your child any previous experience of early childhood services/toy libraries/parent and toddler groups?

Is your child used to playing with other children and does s/he enjoy this?

How does s/he respond to situations and people who are new to her/him?

Does your child have any particular play interests at the moment, or particular toys s/he likes to play with?

What other things does your child show interest in or talk about?

Does your child enjoy and get involved in imaginative type play and/or activities such as drawing, painting, puzzles, counting, and building?

Does your child enjoy books and listening to stories? Does s/he have any favourite rhymes, stories, videos or tapes?

Do you think your child's language development is proceeding well?

Do you feel his/her physical development is what you would expect for his/her age? If yes, do you have a garden which your child can play in, or when you go to the park, what does your child like to do?

Do you have any concerns or worries about your child's development?

How do you comfort your child when s/he is upset? Does s/he need any comfort toys?

What can the child do for her/himself e.g. simple dressing and undressing, holding spoon?

Does your child sleep well at night?

Is there any other information you would like us to know in order to help your child settle and be happy?

Is there any more information you would like to know about the service and what your child will be doing?

Appendix 10 Sample Job Application Form

Position Applied For:

Surname:	First Name:
Address:	Telephone (home):
	Telephone (work):
	Telephone (mobile):

Education And Training

Secondary Education

Dates From/To	Name of school or college	Details of state examinations completed and results

Third Level Education

Dates From/To	Name of university/college/ institution (indicate, full time or part time, correspondence or other)	Details of state examinations completed and results

Employee History

Give details of all positions held since completing your full-time education. Start with your present or most recent position.

Dates From/To	Name of employer, address and nature of business	Position and Duties	Reason for leaving or wanting to leave	Salary and any other benefits

Training

Give details of any specialised training received and/or courses attended.

Interests

Please outline your special interests in early childhood education/hobbies.

References

Please give the names, addresses and phone numbers of two persons who are in a position to comment on your professional/work ability. (References will not be taken up without clarification/confirmation with you in the first instance.) Please note Garda Vetting is required to work in this service.

Name:	Name:
Address:	Address:
Telephone No:	Telephone No:
Position:	Position:

I confirm that the information given on this application form is correct.

Signature of applicant: Date:

	Level 1	*Level 2*	*Level 3*	*Level 4*	*Level 5*	*Level 6*	*Level 7*	*Level 8*	*Level 9*	*Level 10*
Knowledge - *Breadth*	Elementary knowledge	Knowledge that is narrow in range	Knowledge moderately broad in range	Broad range of knowledge	Broad range of knowledge	Specialised knowledge of a broad area	Specialised knowledge across a variety of areas	An understanding of the theory, concepts and methods pertaining to a field (or fields) of learning	A systematic understanding of knowledge, at, or informed by, the forefront of a field of learning	A systematic acquisition and understanding of a substantial body of knowledge which is at the forefront of a field of learning
Knowledge - *Kind*	Demonstrable by recognition or recall	Concrete in reference and basic in comprehension	Mainly concrete in reference and with some comprehension of relationship between knowledge elements	Mainly concrete in reference and with some elements of abstraction or theory	Some theoretical concepts and abstract thinking, with significant depth in some areas	Some theoretical concepts and abstract thinking, with significant underpinning theory	Recognition of limitations of current knowledge and familiarity with sources of new knowledge; integration of concepts across a variety of areas	Detailed knowledge and understanding in one or more specialised areas, some of it at the current boundaries of the field(s)	A critical awareness of current problems and/or new insights, generally informed by the forefront of a field of learning	The creation and interpretation of new knowledge, through original research, or other advanced scholarship, of a quality to satisfy review by peers
Know-how and skill - *Range*	Demonstrate basic practical skills, and carry out directed activity using basic tools	Demonstrate limited range of basic practical skills, including the use of relevant tools	Demonstrate a limited range of practical and cognitive skills and tools	Demonstrate a moderate range of practical and cognitive skills and tools	Demonstrate a broad range of specialised skills and tools	Demonstrate comprehensive range of specialised skills and tools	Demonstrate specialised technical, creative or conceptual skills and tools across an area of study	Demonstrate mastery of a complex and specialised area of skills and tools; use and modify advanced skills and tools to conduct closely guided research, professional or advanced technical activity	Demonstrate a range of standard and specialised research or equivalent tools and techniques of enquiry	Demonstrate a significant range of the principal skills, techniques, tools, practices and/or materials which are associated with a field of learning; develop new skills, techniques, tools, practices and/or materials
Know-how and skill - *Selectivity*	Perform processes that are repetitive and predictable	Perform a sequence of routine tasks given clear direction	Select from a limited range of varied procedures and apply known solutions to a limited range of predictable problems	Select from a range of procedures and apply known solutions to a variety of predictable problems	Evaluate and use information to plan and develop investigative strategies and to determine solutions to varied unfamiliar problems	Formulate responses to well-defined abstract problems	Exercise appropriate judgement in planning, design, technical and/or supervisory functions related to products, services, operations or processes	Exercise appropriate judgement in a number of complex planning, design, technical and/or management functions related to products, services, operations or processes, including resourcing	Select from complex and advanced skills across a field of learning; develop new skills to a high level, including novel and emerging techniques	Respond to abstract problems that expand and redefine existing procedural knowledge
Competence - *Context*	Act in closely defined and highly structured contexts	Act in a limited range of predictable and structured contexts	Act within a limited range of contexts	Act in familiar and unfamiliar contexts	Act in a range of varied and specific contexts, taking responsibility for the nature and quality of outputs; identify and apply skill and knowledge to a wide variety of contexts	Act in a range of varied and specific contexts involving creative and non-routine activities; transfer and apply theoretical concepts and/or technical or creative skills to a range of contexts	Utilise diagnostic and creative skills in a range of functions in a wide variety of contexts	Use advanced skills to conduct research, or advanced technical or professional activity, accepting accountability for all related decision making; transfer and apply diagnostic and creative skills in a range of contexts	Act in a wide and often unpredictable variety of professional levels and ill defined contexts	Exercise personal responsibility and largely autonomous initiative in complex and unpredictable situations, in professional or equivalent contexts
Competence – *Role*	Act in a limited range of roles	Act in a range of roles under direction	Act under direction with limited autonomy; function within familiar, homogeneous groups	Act with considerable amount of responsibility and autonomy	Exercise some initiative and independence in carrying out defined activities; join and function within multiple, complex and heterogeneous groups	Exercise substantial personal autonomy and often take responsiblity for the work of others and/or for the allocation of resources; form, and function within, multiple, complex and heterogeneous groups	Accept accountability for determining and achieving personal and/or group outcomes; take significant or supervisory responsibility for the work of others in defined areas of work	Act effectively under guidance in a peer relationship with qualified practitioners; lead multiple, complex and heterogeneous groups	Take significant responsibility for the work of individuals and groups; lead and initiate activity	Communicate results of research and innovation to peers; engage in critical dialogue; lead and originate complex social processes
Competence – *Learning to Learn*	Learn to sequence learning tasks; learn to access and use a range of learning resources	Learn to learn in a disciplined manner in a well-structured and supervised environment	Learn to learn within a managed environment	Learn to take responsibility for own learning within a supervised environment	Learn to take responsibility for own learning within a managed environment	Learn to evaluate own learning and identify needs within a structured learning environment; assist others in identifying learning needs	Take initiative to identify and address learning needs and interact effectively in a learning group	Learn to act in variable and unfamiliar learning contexts; learn to manage learning tasks independently, professionally and ethically	Learn to self-evaluate and take responsibility for continuing academic/professional development	Learn to critique the broader implications of applying knowledge to particular contexts
Competence – *Insight*	Begin to demonstrate awareness of independent role for self	Demonstrate awareness of independent role for self	Assume limited responsibility for consistency of self-understanding and behaviour	Assume partial responsibility for consistency of self-understanding and behaviour	Assume full responsibility for consistency of self-understanding and behaviour	Express an internalised, personal world view, reflecting engagement with others	Express an internalised, personal world view, manifesting solidarity with others	Express a comprehensive, internalised, personal world view manifesting solidarity with others	Scrutinise and reflect on social norms and relationships and act to change them	Scrutinise and reflect on social norms and relationships and lead action to change them

Note: The outcomes at each level include those of all the lower levels in the same sub-strand

This 10-Level Grid of Level Indicators forms part of the determination of the national framework of qualifications under section 7(a) of the Qualifications (Education and Training) Act, 1999.

Appendix 12 Training Implementation Form

Practitioner name:

Title of training course:

Date(s):

Venue:

Course lecturer:

Key learning ideas:

How can those ideas be applied in the setting?

Resources required

Time, date and method of feedback to staff team

Signed: Date:

Copies of handouts attached.

Appendix 13 Sample Appraisal Form*

To be completed by Appraisee in advance of the appraisal meeting.

Name of Appraisee:	Name of Appraiser:
Position:	Position:
Date of Appraisal:	Appraisal period: From To

1. General review

Appraisee	Comment from Appraiser
What have I achieved during the past year in my role?	
Has my role changed in the past year?	
What do I see as my strengths in my work?	
In what areas of work could I modify my practice?	

In relation to the following **four areas** (regarding children, families, colleagues and professional practice) how do I and my appraiser rate my performance from 1–5? 1 signifies a low level of performance while 5 signifies excellent performance.

2. Regarding children has the appraisee demonstrated:

	Appraisee	Appraiser
The development of positive relationships with all children? Comment Appraisee Comment Appraiser		
A positive understanding of each child's identity? Comment Appraisee Comment Appraiser		
Provision of appropriate learning experiences for each child + the group that are designed to build on and/or stimulate children's interests? Comment Appraisee Comment Appraiser		
Appropriate short, medium + long term planning based on observation and assessment of these experiences? Comment Appraisee Comment Appraiser		

What are my priorities for the future progress in this area?

3. Regarding families has the appraisee demonstrated:

	Appraisee	Appraiser
Development of positive relationships with all families? Comment Appraisee Comment Appraiser		
A positive understanding of each family's identity? Comment Appraisee Comment Appraiser		
Support of the family's sense of belonging? Comment Appraisee Comment Appraiser		
Strengths-based feedback with families based on children's learning? Comment Appraisee Comment Appraiser		
What are my priorities for the future progress in this area?		

4. Regarding colleagues has the appraisee demonstrated:

	Appraisee	Appraiser
The development of positive relationships with all team members? Comment Appraisee Comment Appraiser		
A positive understanding of each team member's perspective? Comment Appraisee Comment Appraiser		
Active participation in team meetings? Comment Appraisee Comment Appraiser		
Contribution to the team generally. Comment Appraisee Comment Appraiser		
What are my priorities for the future progress in this area?		

5. Regarding professional practice has the appraisee demonstrated:

	Appraisee	Appraiser
Understanding and adherence to the service's vision and mission, ethos, aims, objectives, record keeping, policies and procedures? Comment Appraisee Comment Appraiser		
An ability to evaluate own practice/engage in reflective practice? Comment Appraisee Comment Appraiser		
The keeping up to date with current developments/networking? Comment Appraisee Comment Appraiser		
Confidentiality, punctuality, use of professional language, use of initiative, enthusiasm for the work? Comment Appraisee Comment Appraiser		

What are my priorities for the future progress in this area?

6. Skills, training and support needs

What other skills do I have that could be better utilised and developed in the work?

What training/courses have I attended during the past year?

What are my priority training needs for the next year?

Does my job description describe my current job? If not what changes should be made?

What additional supports are needed for me to develop as a practitioner?

Any additional comments from Appraiser

Any additional comments from Appraisee

Date of Next Appraisal

Signed (Appraisee) Date

Signed (Appraiser) Date

* Adapted from Dublin Institute of Technology, BA in Early Childhood Education, Year 3 Placement Form, 2007–2008; Byrne (2005) *Personnel Practice in the Early Years – A Guide*. Dublin: Barnardos; French (2003) *Supporting Quality: Guidelines for best practice in early childhood services*. Dublin: Barnardos.

Useful Resources

Organisation contact details

Barnardos' Training and Resource Service
Christchurch Square, Dublin 8
T: 01 4549699 F: 01 4530300
E: ncrc@barnardos.ie
www.barnardos.ie

Border Counties Childcare Network
Unit 10d, M:TEK Building, Knockaconny, Armagh Road, Monaghan
T: 047 72469
E: bccn@eircom.net www.bccn.ie

Centre for Early Childhood Development & Education (CECDE)
Gate Lodge, St. Patrick's College, Drumcondra, Dublin 9
T: 01 8842110
E: early.childhood@spd.dcu.ie www.cecde.ie

Childminding Ireland
9 Bulford Business Campus, Kilcoole, Co Wicklow
T: 01 287 8466
E: info@childminding.ie www.childminding.ie

Children in Hospital Ireland
Carmichael Centre, Coleraine House, Coleraine Street, Dublin 7
T: 01 8780448
E: info@childreninhospital.ie www.childreninhospital.ie

Children's Rights Alliance
4 Upper Mount Street, Dublin 2
T: 01 6629400 F: 01 405 4826
E: info@childrensrights.ie www.childrensrights.ie

Department of Enterprise, Trade & Employment
23 Kildare Street, Dublin 2
T: 01 6312121 LoCall: 1890 220 222
E: info@entemp.ie www.entemp.ie

Department of the Environment, Heritage and Local Government
T: 01 8882000
www.environ.ie

Department of Health and Children
T: 01 6354000

Equality and Diversity Early Childhood National Network and Training of Trainers Initiative
Pavee Point, 46 North Great Charles Street, Dublin 1
T: 01 878 0255
E: ecce@pavee.iol.ie

Equality Authority
2 Clonmel Street, Dublin 2
T: 01 4173333
E: info@equality.ie www.equality.ie

Food Safety Authority of Ireland (FSAI)
Abbey Court, Lower Abbey Street, Dublin 1
T: 01 8171300
E: info@fsai.ie www.fsai.ie

Government Publications Sales Office
Sun Alliance House, Molesworth Street, Dublin 2
T: 01 6476879

Focus on Children
13 Gardiner Place, Dublin 1
T: 01 878 8708 F: 01 878 8734

Forbairt Naíonraí Teoranta
Teach Regus, Bóthar Fhearchair, Baile Átha Cliath 2
T: 01 477 3151 F: 01 477 3350
E: eolas@naionrai.ie www.naionrai.ie

Health and Safety Authority
The Metropolitan Building, James Joyce Street, Dublin 1
T: 01 6147020 LoCall: 1890 289 389
E: wcu@hsa.ie www.hsa.ie

High/Scope Ireland, c/o Early Years
6c Wildflower Way, Apollo Road, Belfast, BTI2 6TA
T: 028 90 662 825
E: highscope@nippa.org

IPPA, the Early Childhood Organisation
Unit 4, Broomhill Business Complex, Broomhill Road, Tallaght, Dublin 24
T: 01 4630010
E: info@ippa.ie www.ippa.ie

Irish Steiner Kindergarten Association
Clai House, Millpool Road, Mountshannon, Co. Clare
T: 061 927944
E: info@steinerireland.org www.steinerireland.org

Irish Society for the Prevention of Cruelty to Children (ISPCC)
29 Lower Baggot Street, Dublin 2
T: 01 676 7960 F: (01) 678 9012
E: ispcc@ispcc.ie www.ispcc.ie

Katharine Howard Foundation
ISFC, 10 Grattan Crescent, Inchicore, Dublin 8
T: 01 400 2107 F: 01 453 1862
E: info@khf.ie www.khf.ie

National Children's Nurseries Association (NCNA)
Unit 12c, Bluebell Business Park, Old Naas Road, Bluebell, Dublin 12
T 01 460 1138 F: 01 460 1185
E: info@ncna.ie www.ncna.net

National Council for Curriculum and Assessment (NCCA)
24 Merrion Square, Dublin 2
T: 01 6617177
E: info@ncca.ie www.ncca.ie

National Parents Council Primary
12 Marlborough Court, Dublin 1
T: 01 887 4034
E: info@npc.ie www.npc.ie

Office of the Minister for Children (OMC)
Hawkins House, Dublin 2
T: 635 4000
E: omc@health.gov.ie www.omc.gov.ie

The Ombudsman for Children
Millennium House, 52-56 Great Strand Street, Dublin 1
T: Lo-call 1890 654 654 or 01 8656800
E: oco@oco.ie www.oco.ie

Pobal
Holbrook House, Holles Street, Dublin 2
T: 01 2400700 F: 01 661 0411
E: enquiries@pobal.ie www.pobal.ie

Saint Nicholas Montessori Society of Ireland
Ground Floor, 29 Patrick Street, Dun Laoghaire, Co. Dublin
T: 01 2805705 / 01 2304185
F: 01 2805705
E: info@montessoriireland.ie www.montessoriireland.ie

UNICEF
Irish National Committee for UNICEF
28 Lower Ormond Quay, Dublin 1
T: 01 878 3000 F: 01 878 6655
E: unicefir@indigo.ie

Health Service Executive Pre-School Offices

Southern Region

Kilkenny/Carlow: Pre-School Officer, Community Care Centre, James's Green, Kilkenny T: 056 778 4602

Tipperary South: Pre-School Officer, 34 Queen Street, Clonmel, Co. Tipperary T: 052 70931/ 29276

Waterford: Pre-School Officer, Community Care Centre, Cork Road, Waterford T: 051 842897

Wexford: Pre-School Officer, Local Health Office, George's Street, Wexford Town T: 053 912 3522 Ext. 358/333

Cork: Pre-School Inspection Team, Floor 2, Abbeycourt House, George's Quay, Cork T: 021 492 3884

Cork – North Cork Community Services Area: Pre-School Inspection Team, Gouldshill House, Mallow, Co. Cork T: 022 302000

Cork – West Cork Community Services Area: Pre-School Inspection Team, Coolnagarrane, Skibbereen, Co. Cork T: 028 40490/598

Kerry: 19 Derry Street, Tralee, Co. Kerry
T: 066 718 4911

Western Region

Sligo/Leitrim/West Cavan: Pre-School Services, Health Service, Executive, County, Markievicz House, Sligo
T: 071 915 5100 Ext. 5346/5286

Donegal: Pre-School Services, Health Service Executive, County Clinic, St. Conal's Hospital, Letterkenny, Co. Donegal T: 074 912 3669

Galway: Early Child Care Service, 8B Liosbán Industrial Estate, Tuam Road, Galway T: 091 771928/47

Mayo: Early Child Care Services, 2nd Floor, Mill Lane, Bridge Street, Castlebar, Co. Mayo T: 094 903 4776

Roscommon: Early Child Care Services, Abbeytown House, Abbey Street, Roscommon T: 0906 626732

Tipperary North: Pre-School Inspection & Information Services, Health Service Executive, Annbrook, Limerick Road, Nenagh, Co. Tipperary T: 067 38308

Clare: Pre-School Inspection & Information Services, Health Service Executive, River House, Gort Road, Ennis, Co. Clare T: 065 686 3902

Limerick: Pre-School Inspection & Information Services, Health Service Executive, 87 O'Connell Street, Limerick T: 061 483591

North-East Region

Meath: Pre-School Officer, Family Resource Centre, Health Service Executive, Commons Road, Navan, Co. Meath T: 046 907 4431

Louth: Pre-School Officer, Health Service Executive The Ramparts, Dundalk, Co. Louth T: 042 938 9623

Cavan/Monaghan: Pre-School Officer, Pre-School Services, Local Health Office, Rooskey, Monaghan Town T: 046 30400

Laois/Offaly: HSE Pre-School Services, Harbour Street, Tullamore, Co. Offaly T: 057 932 8110

Longford/Westmeath: Pre-School Services Office, Marlinstown Business Park, Springfield, Co. Westmeath T: 044 933 6070

Kildare/West Wicklow: Pre-School Officer, Area 9, Poplar House, Poplar Square, Naas, Co. Kildare T: 045 873241

East Wicklow: Pre-School Officer, Area 10, Loughlinstown Health Centre, Loughlinstown Drive, Loughlinstown, Dublin 18 T: 01 282 2122

Dublin Region

Pre-School Officer, Area 10
Loughlinstown Health Centre, Loughlinstown Drive, Loughlinstown Dublin 18 T: 01 282 2122

Pre-School Officer, Area 2 & 3
The Maltings Business Park, 54-55 Marrowbone Lane, Dublin 8 T: 01 454 4733

Pre-School Officer, Area 4 & 5
Community Services, Cherry Orchard Hospital, Ballyfermot Dublin 10 T: 01 620 6323/ 092

Pre-School Officer, Area 6
Local Health Office, North-West Dublin, Rathdown Road Dublin 7 T: 01 882 5164

Pre-School Officer, Area 7
Local Health Office, North West Dublin, Rathdown Road, Dublin 7 T: 01 882 5164

Pre-School Officer, Area 8
The Cottage, 2 Church Road, Swords, Co. Dublin T: 01 840 2835

City/County Childcare Committees

Carlow: 16 Dublin Road, Carlow
T: 059 914 0244
E: carlowccc@eircom.net www.carlowchildcare.com

Cavan: Railway Station, Belturbet, Co. Cavan
T: 049 952 9882
E: info@cavanccc.ie www.cavanccc.ie

Clare: 1 Kilrush Road, Ennis, Co. Clare
T: 065 686 4862
E: info@clarechildcare.ie www.clarechildcare.ie

Cork City: 29 Penrose Wharf, Cork
T: 021 450 7942
E: corkcitychildcare1@eircom.net www.corkcitychildcare.ie

Cork County: Market House, Buttevant, Co. Cork
T: 022 23880
E: info@corkchildcare.ie www.corkchildcare.ie

Donegal: Glenview Business Park, Donegal Road,Ballybofey, Co. Donegal
T: 074 913 2416
E: info@donegalchildcare.com www.donegalchildcare.com

Dublin City: 108 James Street, The Digital Hub, Dublin 8
T: 01 542 4100
E: info@dccc.ie www.childcareonline.ie

Dun Laoghaire Rathdown:
5a Woodpark, Sallynoggin, Co. Dublin
T: 01 236 8030
E: info@dlrcountychildcare.ie www.dlrcountychildcare.ie

Fingal: ABCO KOVEX Building,
Swords Business Park, Swords, Co. Dublin
T: 01 807 7660
E: info@fingalcountychildcare.ie www.fingalcountychildcare.ie

Galway: 9B Lisoban Retail Centre,
Tuam Road, Galway
T: 091 752039
E: mail@galwaychildcare.com www.galwaychildcare.com

Kerry: 1 Powers Court,
Boherbee, Tralee, Co. Kerry
T: 066 718 1582
E: info@kerrycountychildcare.com www.kerrycountychildcare.ie

Kildare: Woods House, Clane, Co. Kildare
T: 045 861 307
E: info@kildarechildcare.ie www.kildarechildcare.ie

Kilkenny: Rear Choill Mhuire,
Glendine Road, Kilkenny
T: 056 7752 865
E: info@kkccc.ie www.kkccc.ie

Laois: 6 Lismard Court, Portlaoise, Co. Laois
T: 057 866 1029
E: info@laoischildcare.ie www.laoischildcare.ie

Leitrim: Laird House, Church Street,
Drumshanbo, Co. Leitrim
T: 071 964 0870
E: leitrimcountychildcare@eircom.net

Limerick City: City Hall, Merchants Quay, Limerick
T: 061407525
E: childcare@limerickcity.ie

Limerick County: 32 Main Street,
Croom, Co. Limerick
T: 061 600 918
E: clcc@eircom.net www.clcc.ie

Longford: Longford Enterprise Centre,
Ballinalee, Longford
T: 043 42505
E: info@longfordchildcare.ie. www.longfordchildcare.ie

Louth: Unit 14, Ardee Business Park,
Hale Street, Ardee, Co. Louth
T: 041 685 9912
E: info@louthchildcare.ie www.louthchildcare.ie

Mayo: 1st Floor, Chambers House, Ellison Street,
Castlebar, Co. Mayo
T: 094 904 7010 E:
mayochildcare@mayococo.ie www.mayocdb.ie

Meath: 1 New Bridge, Athlumney Rd, Navan, Co. Meath
T: 046 907 3010
E: meathchildcare@eircom.net www.mccc.ie

Monaghan: 7 The Grange, Plantation Walk, Monaghan
T: 047 72896
E: monaghanccc@eircom.net www.monaghanchildcare.ie

North Tipperary: Civic Offices, Limerick Road, Nenagh,
Co. Tipperary
T: 067 44886
E: childcare@northtippcoco.ie www.northtipperarychildcare.ie

Offaly: St Joseph's Community Centre, Kilcormac,
Co. Offaly
T: 057 913 5878
E: info@offalychildcare.com www.offalychildcare.com

Roscommon: Knock Rd, Castlerea, Co. Roscommon
T: 094 9622 540
E: info@roscommonchildcare.ie www.roscommonchildcare.ie

Sligo: Unit 6, Cleveragh Retail Park, Cleveragh, Sligo
T: 071 914 8860
E: sligochildcare@gmail.com www.sligochildcare.ie

South Dublin: C6 Clondalkin Civic Offices, 9th Lock Rd,
Clondalkin, Dublin 22
T: 01 457 0122
E: info@southdublinchildcare.ie www.southdublinchildcare.ie

South Tipperary: Unit 5, Ground Floor, Hughes
Mill, Suir Island, Clonmel, Co. Tipperary
T: 052 82274
E: info@southtippchildcare.ie www.southcoco.ie

Waterford City: Unit 51, Tycor Business Centre, Tycor,
Waterford
T: 051 860 444
E: waterfordcitychildcarecom@eircom.net
www.waterfordcitychildcare.com

Waterford County: 9 Emmet St,
Dungarvan, Co. Waterford
T: 058 43601
E: waterfordcochildcare@eircom.net
www.waterfordcoco.ie

Westmeath: 6 St John's Terrace, Blackhall, Mullingar, Co. Westmeath
T: 044 35454
E: info@westmeathchildcare.ie
www.westmeathchildcare.ie

Wexford: 7 Castle Hill, Enniscorthy, Co. Wexford
T: 053 9237156
E: infowxccc@eircom.net www.wexfordchildcare.ie

Wicklow: Kilmantin Hill, Wicklow
T: 0404 64455
E: info@wccc.ie www.wicklowcountychildcare.ie

Useful websites

Curriculum information

Curriculum for Wales (3 to 19 year old age range)
www.childreninwales.org.uk/policy/news/8255

National Council for Curriculum and Assessment
www.ncca.ie

Early Childhood Australia www.earlychildhoodaustralia

Early Childhood Australia Code of ethics
www.earlychildhoodaustralia.org.au/code_of_ethics/code_of_ethics_literature_review

Children's welfare documents

Child Protection, guidelines and procedures, DES 2001
http//www.education.ie/servlet/blobservlet/padmin_child_protection.pdf

Children First www.doh.ie/publications/cf

Our Duty to Care www.doh.ie/publications/ourduty

Diversity

Éist Project www.paveepoint.ie/progs_child

Equality and Diversity Early Childhood National Network
E: ecce@pavee@iol.ie

Early childhood education and care research

National Institute for Early Education Research
www.nieer.org

National Children's Bureau
www.ncb.org.uk

Education Matters
www.educationmatters.ie

Society for Research in Child Development, Archive of summaries of articles from Child Development
www.srcd.org/psarchive

Early childhood education and care support organisations

Barnardos Ireland
www.barnardos.ie

Barnardos Australia
www.barnardos.org.au

Barnardos New Zealand
www.barnardos.org.nz

Barnardo's UK
www.barnardos.org.uk

Child Care Human Resources Sector Council, Canada
www.ccsc-cssge.ca/english

Childcare Directory... Ireland's directory for childcare
www.childcare.ie

End Child Poverty Coalition
www.endchildpoverty.ie

European Forum for Child Welfare
www.efcw.org

Early Child Development, World Bank
www.worldbank.org/children/what/

Focus Ireland
www.focusireland.ie

4Children (formerly Kids Club Network)
www.4children.org.uk/about/view/node/8

High/Scope Educational Research Foundation
www.highscope.org

Irish Steiner Kindergarten Association
www.steinerireland.org/

International Forum for Child Welfare
www.ifcw.org

International Youth and Child Care
www.cyc-net.org

IPPA - the Early Childhood Organisation
www.ippa.ie

National Children's Bureau
www.ncb.org.uk

National Children's Nurseries Association
www.ncna.net

National Network for Child Care, USA
www.nncc.org

National Parent's Council
www.npc.ie

National Youth Council of Ireland (NYCI)
www.youth.ie

NVCC - National Voluntary Childcare Collaborative
www.nvcc.ie

Early Years
ww.nippa.org

Pavee Point
www.paveepoint.ie

Playboard, Northern Ireland
www.playboard.org

Pre School Learning Alliance, UK
www.pre-school.org.uk

The Drugs Awareness Programme
www.dap.ie

Simply Signing - Sign language for babies
www.simplysigning.ie

Sure Start, UK
www.surestart.gov.uk

Treoir - National Information Service for Unmarried Parents and their Children
www.treoir.ie

UNICEF
www.unicef.org

Zero To Three, USA
www.zerotothree.org

Early childhood education and care support networks

High/Scope Trainers Network (Ireland)
www.highscopetrainers.ie

Irish Childcare Policy Network
www.icpn.ie

Irish Childcare Information Network
www.cecde.ie/english/icin.php

Equality and Diversity Early Childhood National Network
E: ecce@pavee.iol.ie

Government Departments and Offices

All Legislation
www.irishstatutebook.ie

Department of Education and Science
www.education.ie

Department of Health and Children
www.doh.ie

Department of Justice, Equality and Law Reform
www.justice.ie

Department of Social and Family Affairs
www.welfare.ie

Office of the Minister for Children
www.omc.gov.ie

Office of the Ombudsman for Children
www.oco.ie

Rights of the Child

Charter of Rights for Children and Young People in Care, Ireland
www.childrens-charterofrights.com

Children's Rights Alliance
www.childrensrights.ie

Child Rights Information Network
www.crin.org

Equality Authority www.equality.ie

Ombudsman for Children (Ireland)
www.oco.ie

Policy information

Children in Scotland's 'Policy Info Service'
www.childpolicyinfo.childreninscotland.org.uk/

Children in Northern Ireland's 'Child Policy Info Service'
www.ci-ni.org/index.php/index_no_link_rss/child_policy_info_home

Children in Wales 'Child Policy Information in Wales'
www.childreninwales.org.uk/1112

Electronic newsletters on education and care

Activelink: Community Exchange
www.activelink.ie

Child Care Exchange Every Day
www.childcareexchange.com

Daily News Digest, Barnardos
www.barnardos.ie

4 Nations Child Policy Network
www.childpolicy.org.uk

Irish Childcare Information Network
contact peadar.cassidy@spd.dcu.ie
www. cecde.ie

Barnardos' Training and Resource Service
contact resources@barnardos.ie
www.barnardos.ie

Practice Links contact Kenneth Burns at K.Burns@ucc.ie
ww.ucc.ie/acad/appsoc

Training

Further Education Training Authority Council
www.fetac.ie

National Qualifications Authority of Ireland
www.nqai.ie