





#### Introduction

As we move through the Scottish Government's route map to recovery, the restrictions of lockdown will ease, however the legacy of the COVID-19 pandemic will require that there are additional measures to support the safe delivery of early learning and childcare (ELC) now and beyond phase four of the route map. The aim of this resource is to enable settings to gather information and continually evaluate their progress in supporting staff, children and families to have confidence in the provision of ELC by specifically evidencing how they have implemented the national guidance for COVID-19, while ensuring positive outcomes for children

In response to this changed landscape, we have produced 'Key Question 5', a self-evaluation resource and tool which asks you to evaluate how well you are supporting children and families during COVID-19. This key question will sit alongside our Quality Framework for Early Learning and Childcare when it is published later this year.

Please do not return your completed self-evaluation tool to us until requested. Inspectors will request the completed document from providers on a risk and sampling basis. However, we may undertake other scrutiny activities in settings.

We will use the completed self-evaluation to assess how well the setting is managing the situation and consider whether further scrutiny is required. If no further scrutiny work is undertaken an assessment of your self-evaluation will be sent to you and may be shared with the local authority if you are providing funded ELC. We will work to develop a system to make the assessment available on our website. We will not apply evaluations from our grading scale to the assessment of your self-evaluation of 'How good is our care and support during the COVID-19 pandemic?'

Where we undertake an inspection of an ELC setting during this period, this key question would form all or part of that inspection, depending on the level of assurance and scrutiny undertaken

#### Self-evaluation

Self-evaluation is central to continuous improvement. It enables care settings to reflect on what they are doing so they can get to know what they do well and identify what they need to do better. You should use this document alongside the our guide 'Self-Evaluation for improvement – your guide'.

Self-evaluation is based on three questions:

#### 1. How are we doing?

Do you understand how good your service is and the impact it has on the lives of people experiencing it? This is the key to knowing whether you are doing the right things and that, as a result, children are experiencing high quality play, care and learning that meets their needs, rights and choices.

#### 2. How do we know that?

Do you have evidence to show how good you are? Answer this question with robust evidence. The quality indicator, along with the views of children and their families can help you evaluate how you are doing. You should also take account of performance data collected nationally or by your service.

#### 3. What do we plan to do next?

What is your improvement plan? What are your improvement priorities? What changes do you plan to test out? Understanding how well your service is performing should help you see what is working well and what needs to be improved. From that, you should be able to develop and prioritise plans for improvement based on effective practice, guidance, research, testing, and available improvement support.

This diagram shows the approach:



# Key question 5: How good is our care and support during the COVID-19 pandemic?

#### This key question has three quality indicators:

- 5.1 Children's health and wellbeing are supported and safeguarded during the COVID-19 pandemic.
- 5.2 Infection prevention and control practices support a safe environment for children and staff.
- 5.3 Staffing arrangements are responsive to the changing needs of children during COVID-19. (Not applicable to childminding services who do not employ assistants.)

To support you in evaluating the practice within your setting we have included the links to the Health and Social Care Standards and an Improvement Toolkit within the resource.

# Quality indicator 5.1: Children's health and wellbeing are supported and safeguarded during COVID-19

#### Key areas include the extent to which:

- children are nurtured and supported throughout their changed experience in their early learning and childcare setting
- effective communication with families enables responsive care to support children through changing circumstances.

#### Descriptor

This indicator focuses on the implementation of the <u>national Covid-19 guidance in</u> <u>ELC settings (including out of school care and childminders)</u> and establishes how well services are responding to ensure children are secure and confident within different delivery models.

It promotes a rights-based approach for children and their families whilst meeting the standards required to maintain safety during the pandemic.

It recognises the importance of new and existing attachments, connections and relationships between children, their friends and staff members and how they are supported wherever possible. It promotes innovation in the approaches to communication with families.

It highlights the importance of children and families building resilience during these difficult times.

#### **Quality illustrations**

#### Very good

Weak

# Children are nurtured and supported throughout their changed experience in their early learning and childcare setting.

Children are supported to understand the need for the changes to their childcare experience. Staff use fun and imaginative ideas to engage children in a positive way while establishing new routines.

Children experience warmth, caring and nurturing approaches that ensure their personal development and care needs are met. Where children require support with their emotional wellbeing due to the changes, staff are responsive to this and work with families to promote children's security within the setting. Consideration has been given to maintaining friendship and sibling groups wherever possible when establishing patterns of attendance or groups. Where it is not possible to maintain children in existing friendship or sibling groups, staff work to foster these relationships in safe and innovative ways.

Sensitive settling-in procedures support children in getting to know staff members who may be new to them. Arrangements are in place to maintain links with existing staff members. Effective information sharing across team members promotes continuity of care.

Children have opportunities to shape their play and learning experiences helping to develop their understanding of the situation and provide a safe outlet to express their emotions where needed.

Changes implemented to keep children safe, have not been well explained and children may be confused and uncertain in the environment. Routines have been imposed on children without consideration of how to engage children to ensure their understanding.

Children may experience warmth, caring and nurturing approaches generally, however staff do not sufficiently take account of the impact of COVID-19 changes on children's emotional wellbeing. Children's natural reaction to change may not be well understood leading to missed opportunities to work with families to promote children's security within the setting. Little consideration has been given to maintaining friendship and sibling groups when establishing patterns of attendance or groups. Where it is not possible to maintain existing friendship or sibling groups, staff may not understand the importance of these relationships to children. As a result, children may suffer from unnecessary anxiety.

Arrangements for settling in is limited and children do not always know the staff members who are caring from them.

Opportunities to link with existing staff members may be ad hoc and not form part of a planned approach for maintaining relationships. There may be gaps in information sharing across team members leading to challenges in the promotion of the continuity of care.

#### **Quality illustrations**

#### Very good

Weak

# Effective communication with families and other professionals enables responsive care to support children through changing circumstances.

Recognising the challenges that exist with physical distancing between adults, staff have developed a range of processes to ensure effective communication between families and the service that take account of the General Data Protection Regulation (GDPR).

Staff demonstrate a clear understanding of their responsibilities to protect children from harm and have reviewed their approaches in line with the impact of the change to provision due to COVID-19.

Existing relationships with other professionals have been enhanced to ensure effective communication between agencies to support families with any challenges they may experience.

There has been limited consideration given to the impact of COVID-19 on communication between families and the setting. Little account of GDPR has been taken when developing methods of communication. As a result, some families may not have opportunities to engage in the life of their child in the setting. Important information may not be shared compromising children's quality of care.

Staff may demonstrate understanding of their responsibilities to protect children in their usual day to day practice, however challenges in relation to COVID-19 have not been fully explored and this has the potential for child protection and safeguarding concerns not to be identified or acted upon.

There is a lack of action in relation to strengthening communication with other agencies and as such there is the potential for families to miss out on additional support.

# Quality indicator 5.2: Infection prevention and control practices support a safe environment for children and staff

#### Key areas include the extent to which:

 children are protected as staff take all necessary precautions to prevent the spread of infection.

#### Descriptor

This indicator focuses on how well the service has worked to implement the necessary precautions to promote hygiene and infection prevention and control practices within the service.

It looks at the overall hygiene within the environment and includes the arrangements for increased cleaning between groups or children's patterns of attendance.

It includes the approaches to supporting children's understanding of hygiene and hand washing.

#### **Quality illustrations**

#### Very good

Weak

## Children are protected as staff take all necessary precautions to prevent the spread of infection.

Children are protected as staff take all necessary precautions to prevent the spread of infection.

All staff understand the new arrangements for cleaning within the service. Risk assessments have been undertaken that addresses the areas within the national COVID-19 guidance. They have received training on infection prevention and control which adheres to COVID-19 guidance. There are clear policies and procedures in place to ensure consistent approaches across the setting. Arrival and departure times and the operating model take account of the need to schedule enhanced cleaning. Children experience a clean and safe environment as a result.

Personal protective equipment is used appropriately in the service when delivering personal care and arrangements are in place for re-stocking.

Children are supported to understand the need for good hygiene and effective use is made of pictures and activities such as songs and rhymes to encourage a fun approach to this.

Clear expectations are set around children remaining at home when unwell. In particular, the service has worked well with families to encourage the understanding of the guidance in respect of isolating when a family member has symptoms.

Children are exposed to potential risk from infection as staff working in the service are not familiar with, or do not follow, up-to-date guidance on infection prevention and control in respect of COVID-19. Risk assessments are limited and do not provide a comprehensive overview in line with COVID-19 guidance.

Staff show limited understanding of when and how they should use PPE and other infection prevention and control methods, such as handwashing and physical distancing.

Children are not protected from the spread of infection because cleaning schedules are not based on good practice guidance or carried out when needed.

Routines across the day, and in particular at arrival and departure times, do not allow for sufficient time to undertake the cleaning between groups of children or groups.

Children are not well supported to understand the need for good hygiene and there may be risks identified as a result of ineffective hand washing or infection control practices in relation to the children the setting.

Prompts are available for families about contact with NHS Inform and the Scottish Government's Test-and-Protect programme.

Physical distancing is implemented for adults in the setting and this includes families. Where children's emotional needs support their parent entering the setting, this is managed well in line with guidance on hand washing and physical distancing between the adults in the setting.

Expectations in relation to children remaining at home when unwell are not effectively implemented and may be applied inconsistently. Guidance about isolating when a family member has symptoms has not been promoted in the setting and as a result there may be confusion about when children should stay at home.

Arrangements to support parents entering the setting are not well understood or effectively managed and parents may be unnecessarily excluded or may enter without precautions being implemented.

# Quality indicator 5.3: Staffing arrangements are responsive to the changing needs of children during COVID-19

#### Key areas include the extent to which:

- staffing arrangements meet the needs of children and families
- staff are well supported and confident.

#### Descriptor

This indicator focuses on how well the service is staffed to meet the needs of the children. It examines how the service has worked to support and upskill their staff team in respect of the changes in working practice because of COVID-19. It promotes consistency of staff arrangements wherever possible to support continuity of care for children. It recognises the need to be responsive to staff wellbeing, promoting resilience while recognising the needs of individual staff members in relation to shielding or family situations.

Quality illustrations	
Very good	Weak

# Children are nurtured and supported throughout their changed experience in their early learning and childcare setting.

The service is always appropriately staffed to meet the children's needs and attention has been paid to the additional demands placed on staff in response to COVID-19. Staff ratios enable continuity of care for the children wherever possible.

Staff time is planned across the day to ensure additional tasks can be carried out to a high standard without compromising the quality of care, play and learning experiences for children.

Arrangements for staffing do not take account in the changes to service provision as a result of COVID-19 and children may experience compromises relating to their continuity of care.

There may be competing demands on staff time leading to reduced opportunities for high quality play and learning experiences for children. Staff are clear about their roles and are deployed effectively. Staff help each other by being flexible in response to changing situations to ensure care and support is consistent and stable.

Staff understanding about their roles may be mixed and there is a lack of flexibility leading to instability in the provision of children's care and support.

#### Staff are well supported and confident

Staff are well supported by their organisation and recognise the potential impact of COVID-19 within work and their personal circumstances. Staff feel connected and committed to their work and demonstrate a positive ethos which promotes a happy and secure environment for children.

Staff may feel unsupported in their roles and may bring their stress to work. This has the potential to impact on the ethos in the service and on children's quality of experience as a result.

#### Health and Social Care Standards

#### The framework links to the Health and Social Care Standards

- 1.14 My future care and support needs are anticipated as part of my assessment.
- 1.15 My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.
- 1.19 My care and support meets my needs and is right for me.
- 1.23 My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.
- 2.15 I am enabled to resolve conflict, agree rules and build positive relationships with other people as much as I can.
- 2.17 I am fully involved in developing and reviewing my personal plan, which is always available to me. Children are supported to feel safe, secure and protected from harm.
- 3.5 As a child or young person, I am helped to develop a positive view of myself and to form and sustain trusting and secure relationships.
- 3.6 I feel at ease because I am greeted warmly by people and they introduce themselves.
- 3.10 As a child or young person I feel valued, loved and secure.

#### Scrutiny and improvement toolbox

#### **Quality indicators:**

5.1 Children's health and wellbeing are supported and safeguarded during COVID-19.

5.2 Infection prevention and control practices support a safe environment for children and staff.

5.3 Staffing arrangements are responsive to the changing needs of children during COVID-19

## Scrutiny and improvement support actions

#### How do we ensure children's play and learning experiences are maintained to a high quality during this significant period of change?

- How confident are we that children's routines, including meals and snack times, are working well to meet their needs and are delivered safely in line with coved-19 guidance?
- How do we continue to ensure children's personal plans are maintained and that they fully support children's needs?
- What approaches are we using to ensure strong communication with families?
- How do we link effectively with other professionals to support all of our children and families?
- What are the challenges for us in our day to day work and how do we address these? How are we quality assuring the understanding and practice of our staff, in respect of infection control and hygiene procedures?

#### Key improvement resources

Realising the Ambition:

https://education.gov.scot/media/3bjpr3wa/realisingtheambition.pdf

Adverse Childhood Experiences (ACEs): <a href="https://www.gov.scot/publications/adverse-childhood-experiences/">https://www.gov.scot/publications/adverse-childhood-experiences/</a>

Scottish Early Childhood and Families Transitions Statement:

https://education.gov.scot/improvement/ self-evaluation/scottish-early-childhood-andfamilies-transitions-statement

Additional support for learning:

https://www2.gov.scot/ASL

Applying Nurture as a Whole School Approach:

https://education.gov.scot/ improvement/Documents/

inc55ApplyingNurturingApproaches120617.pdf

- How do we know our staff feel supported to continue to work safely in our setting?
- How can we demonstrate that we have fully considered the Covid-19 guidance in our risk assessments, and in particular our emergency procedures?

Guide to the General Data Protection Regulations, (GDPR):

https://assets.publishing.service.gov.uk/ government/uploads/system/uploads/ attachment\_data/file/711097/guide-to-thegeneral-data-protection-regulation-gdpr-1-0. pdf

Infection Prevention and Control in Childcare
Settings (Day Care and Childminding Settings):
<a href="https://hub.careinspectorate.com/media/1538/">https://hub.careinspectorate.com/media/1538/</a>
<a href="mailto:infection-prevention-and-control-in-childcare-settings.pdf">infection-prevention-and-control-in-childcare-settings.pdf</a>

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