Continuing Professional Development for the Early Years Workforce in England since 2015: A synthesis of survey data highlighting commonalities, discrepancies and gaps

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Abstract

Continuing Professional Development (CPD) is an essential aspect of Early Years (EY) workforce planning. In understanding how CPD is currently provided, we depend largely on surveys carried out by separate sector organisations with little synthesis of the data. In this paper, we scrutinise findings relating to CPD from nine surveys of EY managers and practitioners carried out by three well-established sector organisations since 2015. We highlight commonalities, discrepancies and gaps in the data. On the basis of this analysis, we highlight the need for further investigation around what constitutes CPD in the EY sector, what are perceived to be 'quality' experiences, CPD accreditation and the leadership and management of CPD in settings. We recommend gathering more detailed and accurate data about CPD through practitioner logs completed as and when CPD is undertaken, as opposed to retrospective surveys.

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Introduction

It is well established that the quality of early years (EY) provision depends on the workforce (Melhuish & Gardiner, 2019). In England, the EY workforce is diverse in qualifications and experience and exists in the context of a fragmented sector where a mixed economy of providers offer different professional identities, pay and working conditions (Bonetti, 2020). Within this complexity, Continuing Professional Development (CPD) plays a potentially vital role in ensuring that the workforce is effective and continuously upskilling and may therefore act as lever for improving the whole sector (DfE, 2017).

Sector organisations have carried out important research on the workforce, which includes a focus on CPD. Ceeda (an independent EY research organisation), National Day Nurseries Association (NDNA) and Professional Association for Childcare and Early Years (PACEY) have all gathered data on CPD in English EY. However, there is a need to synthesise what these surveys show us and to assess whether, when considered together, their findings are robust enough to indicate specific areas of intervention with regards to CPD. In this article, we analyse the findings of nine surveys carried out by these three organisations over the course of five years to identify commonalities across the surveys, discrepancies in the data and evidence gaps. Our findings highlight issues that need to be probed further when considering CPD as part of a workforce strategy, and suggest the need for improved data collection

methods if we are to obtain an accurate and detailed understanding of CPD across the sector. Although our research is situated in the English context, we offer our findings for international consideration and dialogue because many contexts around the globe face similar challenges when it comes to advancing the workforce and thereby improving the quality of EY provision.

The paper begins with a contextualisation of the EY sector in England, an overview of its workforce, and a review of research on CPD in EY. In the methodology section, we outline the survey data under consideration and the structure that our analysis followed. In the findings, we discuss commonalities, discrepancies and gaps in what we know according to specific sub-questions about CPD in the sector. Based on this analysis, we suggest areas of research and practice requiring further investigation and make recommendations about future data gathering around CPD.

The Early Years Sector in England

EY education in England is diverse and fragmented. It is provided through a mixed economy of private companies, charitable organisations, maintained nursery schools, social enterprises, school-based nurseries, as well as childminders and childcare offered on domestic premises. In this article, the focus is on group-based settings, rather than childcare in homes, but the landscape of group-based settings is still diverse and complex. We see a complex EY sector in many parts of the world, and the highest levels of private provision in Costa Rica, Indonesia, Israel, Korea, New Zealand and the UK (OECD, 2019). Within even just private providers, there is a significant level of diversity that extends from private small businesses operating on a single site to multinational corporations (Ceeda, 2019).

Diversity of provision impacts on discourses around professionalism and what it means to be a professional depends on context (Duhn, 2010). Looking at the case of Australia, Gibson (2013) shows that there are disparities in status and professional identities across the EY sector, with a dichotomy between those working in private childcare deemed 'workers' versus those working in school-based provision deemed 'professionals'. In England this struggle is exemplified by the fact that datasets such as the Labour Force Survey categorise them as 'childcare workers' rather than 'professionals'.

Beyond professional identities, the complexity of provision has been shown to impact on the quality of EY education. Melhuish & Gardiner (2019) looked at the relationship between structural quality variables (e.g. staff qualifications, child-adult ratios) and process quality (e.g. pedagogical development, child-adult interactions, environment rating) and how this relationship was mediated by provider type (private, voluntary, maintained, school-based etc.). They found that while staff qualifications were predictive of process quality in private settings,

in not-for-profit settings, quality was more strongly correlated with the staff training plan (i.e. CPD) and staff-child ratios than with staff qualifications. In state maintained nurseries and school-based nurseries on the other hand, process quality ratings were higher despite staff looking after more children. The researchers suggest that the presence of higher qualified staff acted as a protective factor, helping to maintain quality despite higher child-adult ratios.

Given the complexity of the EY sector, it is not surprising that the workforce also comprises a high degree of diversity, both in terms of how employees enter the profession and of what they experience once in work (Bonetti, 2019). Bonetti (2020) suggests the existence of a two tier system, whereby the workforce in Private Voluntary Independent settings (PVIs) experience lower pay, poorer working conditions and fewer opportunities to develop professionally; on the other hand, staff working in maintained nurseries or school-based settings experience better pay and conditions, and have more opportunity to develop professionally. More than 70% of the workforce have a level 3 qualification (pre-degree), which involves a mix of practice-based and academic learning. Only 15% of the workforce go on to achieve a degree (Level 6) qualification.

Ceeda is an independent research organisation focusing on the EY sector in England. They publish an annual workforce survey called 'About Early Years'; the 2019 edition highlights some important figures with regards to recruitment across the sector. The survey suggests that 20% of EY providers have a 'hard to fill' vacancy, while this figure is just 8% across all employment sectors in England. Reasons for recruitment difficulties in the sector include low rates of application and a general lack of interest in the sector, alongside lacking skills, qualifications and experience. Poor recruitment has been shown to drive up stress levels in EY settings, since the workload of others is increased (Ceeda, 2019). Gender diversification in recruitment to EY in England is particularly low. Just 2% of staff in PVIs are male. The stubborn association of EY professionalism with 'womanly' attributes and instincts limits greatly the potential for sufficient recruitment in the sector, as well as continuing stereotyping and inequalities in experience (Fatherhood Institute, 2015).

The 2017 EY workforce strategy by the Department for Education attempted to address issues of recruitment, retention, professional development and wellbeing. However, commentators have highlighted a lack of strategy going forward (e.g. Bonetti, 2020; Early Years Alliance, 2020). In 2020, the EY workforce commission was launched, bringing together experts and sector leaders to draw up recommendations for the future sustainability and improvement of the workforce.

In summary, the EY sector in England – as in many parts of the world – is complex, diverse and fragmented. The complexity impacts on discourses of professionalism, how the workforce

are perceived and treated, and the quality of EY education. This has to be borne in mind when considering studies of the EY workforce, and particularly CPD.

Continuing Professional Development for the Early Years Workforce in England

CPD opportunities and experiences in EY are as diverse as the EY provision itself. The 2017 workforce strategy highlighted the importance of CPD in relation to the quality of provision and put forward a more strategic approach for organising CPD across the sector. It emphasised the need for networks and partnerships across the sector in order to ensure that all of the workforce – and not just those in maintained and school-based settings – have access to high quality CPD. As a result of the strategy, the DfE funded the development of an online training resources portal called EYupskill, providing free training and resources. While this initiative is a step in the right direction, it is not yet known how effective this has been in meeting the needs of the sector and take-up has been limited. Also, while the initiatives remove cost as a barrier, there is still the need for settings to cover for the staff attending CPD activities and this is reported to be particularly difficult (NDNA, 2019).

We know that CPD is important because it feeds into the quality of provision (Melhuish & Gardiner, 2019; Rogers et al., 2017). It also indirectly supports with the development of the workforce, for example helping to boost retention and staff engagement (Ceeda, 2019). In interviews with Australian EY professionals in long-day care (where turnover rates are particularly problematic), Jovanovic (2013) found that employees wanted new levels of challenge and stimulation from their work and that CPD was therefore essential to 'avoid feelings of stagnation' (p. 535), which, if left unaddressed, could prompt staff to leave the setting or even the sector altogether. Staff particularly valued 'process-focused professional development' (p. 535), such as coaching that was tailored to their particular needs and reflections on day-to-day experiences. However, this type of CPD was often not supported by organisations because of its intensive nature; it was seen as costly and difficult to implement.

While CPD is recognised as important to quality, The Professional Learning in Early Years Education (PLEYE) review highlights that not all CPD is equally effective (Rogers et al., 2017). The review focuses solely on studies that have considered the direct impact of CPD initiatives on children's outcomes. The review suggests that CPD is most effective when it involves a chance to reflect and follow up on the integration of new knowledge and understanding with day-to-day practice, as is made possible through coaching dialogues. The study also emphasises that single-shot CPD engagements (such as off-site training days) are rarely effective, but suggests that further research is needed to uncover what is optimal in terms of CPD frequency and intensity. The findings from the PLEYE review are in line with other

qualitative studies that demonstrate the value of ongoing reflection undertaken collaboratively (Nolan & Molla, 2018; Thornton & Cherrington, 2019). There is also evidence to demonstrate that the effectiveness of CPD depends on the quality of leadership and management, and how it is part of the strategic plans of a whole setting (Bury et al., 2020).

Some studies have highlighted the need to tailor CPD to the needs and professional trajectories of a diverse workforce (Cherrington & Thornton, 2013, p. 124). To support this, research has attempted to identify different 'types' within the workforce and consider what their needs are in terms of CPD. For example, Jeon et al. (2016) analysed EY workforce members on the basis of experience, 'quality' (i.e. knowledge and skills) and attitudes towards work. The result is a set of EY professional profiles and the need for different types of intervention and professional development depending on the profile of the professional. Similarly, Bury et al. (2020) suggest three professional journeys in EY: career professionals, inspired professionals and pragmatic professionals, with each group responding to different types of CPD.

Previous research demonstrates that it is not always easy to pin down what counts as CPD and qualitative research has highlighted some of the 'in-between spaces' in which CPD can occur. For example, in McDowall Clark's (2012) theory of catalytic leadership, professional development is conceptualised as a collaborative movement towards better practice, spurred on by individuals that do not necessarily have a formal management position. In this model, it is the informal day-to-day conversations that prompt key aspects of professional development (O'Sullivan, in press; Cuttler & Corlett, in press). Such 'soft' interactions are not likely to be included in quantitative measurements of CPD that ask, for example, about the CPD budget of a setting or the amount of time allocated per staff member to CPD engagement.

The literature is consistent in highlighting cost as a key barrier to CPD across the sector. The Education and Training Foundation (2018) found that practitioners were generally keen to participate in professional development activities but cost and time made this difficult. In response to these challenges, there are increasing levels of online training and in-house training across the sector (NDNA, 2016) but this raises issues of quality monitoring and consistency across the sector. When budgets are tight, CPD is likely to be focused predominantly on compulsory training needs such as safeguarding[i], health and safety and first aid, with gaps in areas of more specialist understanding and practice (Ceeda, 2019).

Research Questions

We aim to contribute to the dialogue around CPD for the EY workforce in England by reviewing and synthesising findings from surveys of the workforce undertaken since 2015. Our objective is to respond to the following research questions:

1. What commonalities exist in the data about CPD across the English EY sector? What issues do these commonalities highlight for further investigation?

2. What discrepancies exist in the data? What might these discrepancies tell us about the survey methodologies?

3. What are the evidence gaps? How might we address these gaps in the future?

Method

The synthesis works with data from nine surveys gathered by three well-established EY sector organisations in England. These surveys were chosen for the synthesis because they 1) surveyed the EY workforce in England and included questions about CPD, 2) had a good sample size (at least 250 respondents) and 3) were conducted between 2015-2020.

The organisations and surveys are outlined below:

PACEY is a charity aiming to support and represent the childcare and EY workforce across England and Wales working in both group settings and domestic settings. Their 'Building Blocks' survey directly targets practitioners about their experiences and opinions.

NDNA is a charity representing and supporting nursery practitioners and managers in group-based settings across England, Scotland and Wales. They carry out an annual workforce survey targeting both managers and frontline workers about their experiences and needs.

Ceeda is a private company providing EY research data to the sector by convening the About Early Years panel, which includes a diverse sample of more than 500 nursery managers who are surveyed twice a year on finances and workforce issues including recruitment, retention and professional development.

Table 1. Survey respondents

Survey	Year	Managers responding	Practitioners responding
Ceeda AEY Sector Skills Survey	2018	557	n/a
Ceeda AEY Workforce Survey	2019	536	n/a
NDNA Workforce Survey	2015	424	n/a

NDNA Workforce Survey	2016	278	385
NDNA Workforce Survey	2018	522	315
NDNA Workforce Survey	2019	705	257
PACEY Building Blocks Survey	2015	n/a	285
PACEY Building Blocks Survey	2017	n/a	605
PACEY Building Blocks Survey	2018	n/a	276[ii]

Each survey was analysed in relation to a set of six overarching questions about CPD, each set broken down into sub-questions. The questions were:

1. How much CPD is the workforce participating in?

2. What CPD is the workforce engaging in?

3. When are members of the workforce participating in CPD?

4. What are the barriers to participating in CPD?

5. What demands exist for CPD?

6. What are the perceived benefits of CPD?

The surveys were combed for relevant information in relation to each of these questions. Data was then compared across the surveys in order to identify commonalities and discrepancies. Where there were discrepancies, we explored the potential reasons for these discrepancies by considering the survey methodologies. Doing this highlighted further issues for consideration when attempting to gather data on CPD, and specifically the assumed conceptualisations of CPD which surveys depend on. Our analysis also highlighted gaps in what we know where surveys either produced inconclusive findings or did not yield relevant data.

Findings

In presenting our findings, we respond to each of the questions above by briefly summarising relevant data and then 1) highlighting commonalities, 2) identifying and considering discrepancies, 3) suggesting gaps in what we know and the potential for further data collection.

How much CPD are the workforce participating in?

Ceeda (2018) and Ceeda (2019) found that 86-88% of providers had arranged off-the-job training for their staff in the last 12 months and 75% had arranged on-the-job training. In the NDNA (2015) survey, managers reported 90% of practitioners completing over 10 hours of CPD over the course of a year, while in NDNA (2016), only 31% of practitioners stated that they had undertaken no CPD over the last year. 37% stated they had done 1-5 days of training. In PACEY (2017, 2018) around 50% of practitioners reported doing more than 20 hours of CPD over the year.

In NDNA (2015), 63% of providers said that they could not afford anything but mandatory training. This figure had decreased in the NDNA (2018) survey to 33%.

In Ceeda (2018), the reported average spend of a setting on CPD was £600, not including expenses incurred (e.g. food, travel) and cover. The forecasted spend for the year ahead was on average £525, suggesting a planned decrease in spending. In NDNA (2016), 33% of settings reported spending less than £100 on CPD for each employee and 55% of settings reported that they would spend less in the year ahead.

Commonalities

Recent Ceeda and NDNA surveys both suggest a decline in the amount of planned CPD for the year ahead.

Discrepancies

There are stark discrepancies between the surveys in terms of how much CPD practitioners are accessing over the course of the year. Figures are significantly different across surveys but also between respondents (i.e. practitioner vs. manager). These discrepancies point to two important aspects of survey methodology. Firstly, they highlight that managers and practitioners report different realities. Secondly, the discrepancies may be based on different definitions of CPD. PACEY list many possible forms of CPD and what they include is broad, while respondents to the NDNA survey may assume a narrower definition of CPD. Who you ask and how CPD is conceptualised may also be inter-related. While managers may include statutory training (e.g. first aid) as CPD, practitioners may see this type of training as a requirement rather than professional development.

Gaps

A more detailed CPD-specific survey or log would help to understand exactly how much CPD is being undertaken across the sector and how this relates to different conceptualisations of what CPD is ((e.g. mandatory vs. specialist, on-site vs. off-site, group-based vs. personal research) and how rates of participation are different across individuals and settings. For example, is it particular types of individual in the workforce that are disproportionately

accessing CPD and if so, why is this the case? This links back to research on diverse professional journeys (Bury et al., 2020) and professional profiles (Jeon et al., 2016), which highlighted how differences in not just experience and qualifications but also attitude can impact on engagement in CPD.

What CPD is the workforce engaging in?

In the NDNA (2015) survey, 63% of managers said that they could not afford to invest in any CPD that was not mandatory. This proportion had decreased to 33% in 2018, but was slightly up again by the 2019 NDNA survey (39%). When specialist CPD was undertaken, the PACEY (2015) survey suggested a particularly high interest and need around Special Educational Needs and Disabilities (SEND), with 97% of practitioners in group-based settings reporting undertaking training in SEND. The next most popular training was English as an Additional Language (EAL), which 43% of practitioners had experienced.

In the NDNA (2016) survey, 27% of practitioners reported doing accredited training at a higher level of qualification, and 25% were doing accredited training at the same level of qualification as they currently held. However, in the PACEY (2018) survey, only 2% of practitioners in group-based settings reported working towards a formal qualification.

Finally, according to the Ceeda (2018) survey, the most common training method was e-learning (87%), followed by coaching (75%), external events (72%), team training (71%), in-house programme (70%), formal education (40%) and training on the job (37%). In the NDNA (2016) survey, 87% of managers accessed local authority training and 86% accessed online training. Practitioners reported receiving cascade training (53%) and in-house training (43%).

Commonalities

The data suggests that many settings are limiting their CPD opportunities to mandatory training, though with some changes across the years. The surveys also highlight the wide range of CPD delivery modes, including e-learning, in-house events, coaching and cascade training.

Discrepancies

In the NDNA (2016) survey, 27% reported doing accredited training at a higher level of qualification, but in the PACEY (2018) survey only 2% of practitioners report working towards a qualification. This discrepancy may indicate that practitioners are often earning credits that they do not put towards an additional qualification.

Gaps

There is a need to know more about what is driving the popularity of specialist training in particular areas, and what current range of opportunities exist to respond to this perceived need (e.g. SEND, EAL). This would usefully feature in research with managers, focusing on how they plan CPD across the setting. There is also need to know more about CPD accreditation and the extent to which accredited training is contributing towards higher levels of qualification in the workforce. Data from a CPD practitioner log would help us to understand accreditation and whether there are missed opportunities to use accredited CPD as a means towards a more qualified workforce, which is key to the DfE's 2017 workforce strategy and strong feature in the 2020 report published by the Early Years Workforce Commission.

When do members of the workforce access CPD?

The NDNA (2016) survey found that only 18% of practitioners accessed CPD during their paid hours exclusively, while 47% accessed CPD in a mixture of paid hours and their own time. In the NDNA (2018) survey, only 39% of practitioners had experienced CPD during their paid hours, compared with almost 50% in the 2016 survey. According to the NDNA (2018) survey, 75% of managers do not close their settings for 'inset' days (ring-fenced training days).

Commonalities

Only the NDNA surveys have examined when CPD was accessed. The findings suggest that it is fairly rare for practitioners to have adequate time set aside during their paid working hours to complete CPD. More commonly, practitioners use a mixture of paid hours and their own time to complete CPD.

Discrepancies

The proportion of practitioners accessing CPD at least partly during paid hours appears to have decreased between the NDNA 2016 and NDNA 2018 survey.

Gaps

It would be helpful to probe further the finding in the NDNA (2018) survey that 25% of settings are closing their nurseries for inset days to understand how this relates to contextual variables of the provider, such as the size of the setting and the demographics of the community they serve. Finally, we need to better understand the 'fall-out' of inset days in the private sector and why some private settings feel able to work around inset days, while others do not. Case studies would be useful to fill in these evidence gaps.

What are the barriers to participating in CPD?

According to the Ceeda (2018) survey, 56% of providers state cost as the biggest barrier to training and 41% state releasing staff as the main barrier. Similar figures were reported in the Ceeda (2019) survey. Cost was also stated as the main barrier in the NDNA (2019) and the PACEY (2015) surveys. In the NDNA (2019) survey, providers blamed rising business costs on reductions in CPD planned for the coming year.

Beyond financial struggles, the Ceeda (2019) survey highlighted that providers can be hesitant about sending practitioners to externally provided CPD events and courses because of inconsistent quality. They were concerned about relevance, quality of delivery and the clarity as to the qualifications and accreditation associated with the CPD activities. In the NDNA (2016) survey, 49% of managers said that CPD available was insufficient, suggesting that although cost is a barrier, and there are concerns about quality, there is a desire for a greater range of CPD opportunities.

Commonalities

Financial issues are most commonly cited as the main barrier to doing more CPD. There are also issues with perceived quality and availability.

Discrepancies

Although cost is the main barrier in all of the surveys that ask this question, the detail of responses are different. In the Ceeda (2018) survey, 56% of managers report cost as a barrier to accessing more CPD, while this rises to 78% in the PACEY (2015) survey. This may be a consequence of the three-year difference between the surveys, but this would imply that money was more of an issue in 2015, and this is not in line with other research showing that that budgets are getting tighter rather than more generous (Early Years Alliance, 2020; Ceeda, 2019) and it does not correlate with the fact that providers are blaming lowering CPD budgets on rising costs. Alternatively, the discrepancy could be due to the way the question is phrased in the survey and the underlying assumption in the question that there *are* barriers to completing further CPD.

Gaps

It is not clear from current surveys whether, if more money was made available or if CPD was generally less expensive, managers would have a clear idea of what CPD they would invest in. The surveys do ask about the general areas of CPD that practitioners require more of (e.g. SEND, EAL) but there is not a question that taps into whether managers have actually identified the CPD they would access if cost were less of an issue. These two issues go hand in hand. If managers were unsure about what CPD to access or what is available, they might be less likely to set money aside in their budgets. Thus, it is not necessarily just that money is

tight, but rather that budgeting depends on envisaging what money will be spent on. In turn, if there are concerns about the quality or relevance of these opportunities, then budgeting for CPD might be negatively impacted. Further research is required to gain insight into this.

What demands exist for CPD?

The Ceeda (2018) and Ceeda (2019) surveys highlight a demand for training on a range of topics including safeguarding, SEND, observation and assessment, and behaviour management. The surveys also show that managers typically seek most CPD at level 3 standard. The need for SEND training echoes the earlier finding in the NDNA (2016) survey, in which 45% of practitioners reported that they felt they had insufficient training in SEND. On the other hand, in the PACEY (2015) survey 97% of practitioners in group-based settings reported that they had undertaken some CPD relevant to SEND.

Commonalities

The survey data shows demand for a range of topics, but the demand for CPD relating to SEND is a recurring feature.

Discrepancies

The PACEY (2015) survey suggests that almost all practitioners (97%) had received CPD relating to SEND. However, more recent surveys highlight a need for further CPD on SEND, with the NDNA (2016) survey, just a year later, suggesting that almost half (45%) of practitioners felt that they needed more CPD in SEND. This might mean that practitioners, while having accessed some CPD in SEND, still feel that they require more. Alternatively, it might indicate a contextual difference between the years of 2015 and 2016, with more SEND CPD available in the former year because of a particular drive for improvement in this area of provision. It is the case that at the end of the year 2014, the UK Government released new guidance for Early Years practitioners on SEND provision. In the PACEY definition of CPD, which includes reading fact sheets, reading this guidance would have constituted CPD on SEND and this could have skewed the results.

Gaps

Only the Ceeda survey data has looked at the level of accreditation most sought by employers when it comes to CPD for their staff. It was not clear from this data whether level 3 accreditation is sought for all staff completing further CPD, or whether this is the case for practitioners who have not yet achieved a level 3 qualification. If more than 70% of the workforce is already concentrated at level 3 (as the data shows), we might suspect that there would be more demand for level 4 CPD, so that the workforce could progress towards a higher

level of qualification. The lack of demand for level 4 CPD may be more to do with what is known to be available and appropriate, rather than a focus on what would genuinely be of maximum benefit to practitioners and the whole setting. Further research is needed to gauge attitudes about the level at which CPD is pitched and the reasons underlying this.

What are the perceived benefits of CPD?

The Ceeda (2018) survey found that 44% of providers reported that they used CPD as a way to keep staff motivated and improve retention. This resonates with responses among practitioners in the PACEY surveys, where practitioners reported that important outcomes of CPD were increased confidence (89%), improved practice (88%) and professionalism (71%) (PACEY, 2015; similar figures in PACEY 2017). There also appears to be a link between the amounts of CPD invested in by settings and their Ofsted rating. In the PACEY (2015, 2017 and 2018) data, 'Outstanding' group settings reported more hours of CPD per practitioner. For example, in the 2015 data, 'Outstanding' group settings reported 19.3 hours of CPD per practitioner; 'Good' settings reported 15.1 hours, and other settings reported 14.2 hours.

Commonalities

PACEY surveys consistently show a belief in positive outcomes of CPD among practitioners, particularly in relation to increased confidence and improved practice. They also suggest a link between the amount of CPD that a setting invests in and their Ofsted rating of quality, though it is unclear whether this finding has statistical significance, nor can it be taken as an indicator of causality.

Discrepancies

Different sector bodies focus their surveys on different aspects relating to the benefits of CPD. While PACEY focuses on practitioner perceptions of benefit, Ceeda asks managers about their perceptions of the benefits of CPD among their staff in terms of retention and employee satisfaction.

Gaps

Both lines of questioning – managers' perceptions and practitioners' perceptions – are important and require further investigation in order to offer more support and detail to the findings outlined above. It would be helpful to understand how benefits play out in relation to different types or content of CPD.

We also need to offer a more nuanced statistical analysis of the link between CPD and external ratings of quality (in this case, Ofsted inspections) found in the PACEY surveys. Is there still

a correlation when we control for other variables, such as the type of provider? There may also be mediating factors that it would be helpful to know about and understand. For example, it could be that there is a mediating factor explaining the relationship, such as that CPD improves staff wellbeing which in turn improves practice, rather than the CPD itself directly driving improvement.

Discussion

First, our discussion homes in on what we see as the most important findings from our synthesis and put these into dialogue with existing literature on CPD in EY. Second, it offers recommendations for the design of future CPD-focused surveys for the EY workforce.

The synthesis of survey data highlights various discrepancies in the reporting of CPD, including how much is done, when it is completed, what content is covered, how CPD is delivered, and whether it is accredited and/or leads to further qualification. It is likely that at least some of these discrepancies arise as a result of diverse conceptualisations of what constitutes CPD among those responding to the surveys. A key parameter shaping diverse definitions would be the inclusion (or not) of practice-based CPD, such as coaching or mentoring within the setting. For example, O'Sullivan (in press) discusses how coaching 'on the floor' of an EY setting can be used to support professional development and Cherrington and Thornton (2019) discuss participation in EY communities of practice. In these scenarios, there may be no clearly defined hours 'away' from work as usual and it is unclear whether practitioners would count such experiences as CPD (Clarke et al., 2021). Another parameter would be whether respondents include mandatory training (such as first aid or food hygiene) in their CPD reporting. From a manager's perspective, such training may constitute CPD (since it takes time and money) while from a practitioner's perspective, they perceive it to be a compulsory requirement rather than an authentic form of professional learning.

While the surveys share perceived benefits of CPD participation, they also raise a range of questions around the quality of CPD experiences and their outcomes. While previous studies have highlighted some aspects of CPD that are particularly important for the EY workforce (e.g. prolonged engagement rather than 'one-shot' training; Rogers et al., 2018), workforce-led evaluations of quality of CPD remain largely absent in the surveys which are the focus in this article. For example, while such surveys highlight that e-learning is a particularly popular means of accessing CPD in the current context (Ceeda, 2019), this is disconnected from practitioners' perceptions of such experiences. Other findings around the use of online engagement as part of CPD in EY suggest that it is difficult, yet possible, to establish effective online communities of practice (Hoffman, 2019; Wagner, 2021). Future surveys could pick up

such lines of questioning, with questions about not just what CPD has been engaged in but also the extent to which it was able to support process quality through (perceived) improvements in practice (this is probed further in Clarke et al., 2021, in a New Zealand context).

The synthesis suggests that managers and practitioners in England are typically seeking CPD at level 3. This is despite the fact that more than 70% of the workforce is already concentrated at a level 3 qualification in EY education. It would seem therefore that even when CPD is formally accredited, it 'holds' practitioners at level 3 rather than enables them to progress towards a level 4 qualification and beyond. Further research is needed to corroborate this finding, but if this can established, it is a vital area to address. The failure to support EY practitioners to progress professionally has been flagged as a social justice issue by numerous international researchers in the field (e.g. Douglass, 2017; Nicholson & Kroll, 2015) and inadequate consideration around CPD accreditation may be playing into this reality.

Collectively, the surveys reviewed provide little insight into how managers plan CPD across their setting beyond suggesting that managers find cost the main barrier in providing CPD opportunities for their staff.

The literature highlights the importance of settings taking a coherent, rather than haphazard, approach to their CPD planning (Bury et al., 2020; Grenier, in press). Further research is needed to understand more about the leadership development available which focuses specifically on CPD planning, though we recognise that this suggestion is in the context of a recognised lack of EY leadership development in general (Coleman et al., 2016).

Recommendations for future surveys

A detailed account of CPD across the EY sector is necessary in order to plan appropriate interventions. Rather than general surveys, it would be more effective to ask practitioners for a specific record of the CPD that they have completed over a particular period of time (e.g. over the last 12 months) including:

- Duration, intensity and frequency of CPD activities

- When CPD is completed e.g. during paid hours, own time or a balance of the two

- Content covered in CPD

- Modes of delivery of CPD (e.g. face to face, online learning, blended, coaching – individual or group, workshops, lectures, self-directed reading etc.)

- Who provided the CPD (e.g. whether it was in-house, led by a charitable sector organisation or delivered by a private company)

- Details of accreditation

- Perceived benefits

This kind of record would allow for an in-depth analysis of each of the variables above, how they relate to each other, and how they interact with contextual variables, such as the provider type or the demographics of the provider community. In turn, this would enable more targeted interventions. To give an example, such an analysis might show that in some parts of the sector, practitioners are having to complete CPD in their own time, and that these parts of the sector need more centralised support in order to enable better access to CPD among their staff. Surveys depend on recall, so a practitioner log, completed as and when CPD is completed, could be particularly effective.

Conclusions

Our research is limited to a particular set of surveys, carried out with particular groups of individuals in a particular time (2015-2020) and a particular place (England). While not all of the findings will be applicable to the EY workforce around the world, the article invites further discussion around key issues which our analysis has identified including: 1) what constitutes CPD for EY practitioners and within this how 'quality CPD' is defined, 2) accreditation of CPD and its relationships with achieving a more qualified (and in turn, valued) workforce and 3) the leadership and management of CPD within EY settings and how this can be more effectively supported. In addition, the article suggests the creation of a CPD log for practitioners in order to gather more accurate and detailed data on CPD which can in turn inform important interventions to benefit the whole sector.

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i 'Safeguarding' refers to the protection of the right of all people to live free from abuse and neglect.

ii PACEY's surveys include practitioners in both group settings and domestic settings. We have only included the group setting practitioners in this outline of respondents. For example, in this particular survey, PACEY had a total of 2129 practitioners responding, but only 276 were based in a group setting.