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**Continuing Professional Development of
Early Years Managers and Practitioners
working with Children under 3 years of age**

Technical Report

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and

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April 2009

Disclaimer

The findings and recommendations of this report are those of the authors and not necessarily those of Learning and Teaching Scotland.

Members of the research team

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Glossary

ASN	Additional Support Needs
CPD	Continuing Professional Development
CSP	Children's Services Plan
DCSF	Department for Children, Schools and Families
EIP	Education Improvement Plan
FE	Further Education
HE	Higher Education
HMIE	Her Majesty's Inspectorate of Education
LA	Local Authority
LTS	Learning and Teaching Scotland
NNEB	Nursery Nurse Examination Board
NSPCC	National Society for the Prevention of Cruelty to Children
OU	Open University
PEEP	Peer Early Education Partnership
PP	Partner Providers
PPP	Private Partner Providers
QIO	Quality Improvement Officers
SNNEB	Scottish Nursery Nurse Examination Board
SQA	Scottish Qualifications Authority
SSSC	Scottish Social Services Council
VPP	Voluntary Partner Provider

Qualifications:

B Ed	Batchelor of Education
BA	Batchelor of Arts
HNC	Higher National Certificate
HND	Higher National Diploma
MBA	Master in Business Administration
MSc	Master of Science
NC	National Certificate
PDA	Professional Development Award
PGCE	Post-graduate Certificate in Education
PGDE	Post-graduate Diploma in Education
SVQ	Scottish Vocational Qualification

Continuing Professional Development of Early Years Managers and Practitioners working with children under 3 years of age

Executive Summary

1. Introduction

The Faculty of Education at the University of Strathclyde was commissioned by Learning and Teaching Scotland to undertake research into the continuing professional development provision (CPD) for early years practitioners and managers across Scotland, specifically focusing on provision for those working with children under 3 years of age. The aim of the research was to identify ways in which those working in early years centres might be better supported through effective CPD opportunities, designed to meet the needs of children and their families. The research was carried out between April and September 2008.

2. Context

This research into CPD provision for those working with children under 3 years of age was undertaken in the context of the National Review of the Early Years and Childcare Workforce (Scottish Executive, 2006) and the Scottish Parliamentary response (2006) which emphasised that:

'the area which requires most urgent investment is improving the skills level of the workforce, and that although further investment is required in the 3-5 sector, the under 3 sector is the most immediate priority' (SPEC, 2006, para 16).

The findings of the research are interpreted in the light of the Standard for Childcare Practice (QAA, 2007) and the more recently published Early Years Framework (Scottish Government, 2008). The Early Years Framework defines early years as pre-birth to 8 years, though it highlights the need for 'a renewed focus on 0-3' (p5).

3. Research aims and objectives

This research was commissioned to determine developments in the provision of CPD for those working in early years centres and, more specifically, to:

1. undertake a review of the relevant existing information on the CPD needs of staff working with very young children (birth to 3), including reports from the Care Commission and other sources, and to include a discussion on definitions of CPD;
2. compare and contrast the perspectives of early years practitioners, centre managers and appropriate local authority officers, in the following areas:

- definitions of CPD and their perceptions of effective CPD
 - areas of birth to 3 years work where CPD is undertaken and is considered to be effective for early years practitioners and managers
 - gaps that exist in current provision for CPD for early years practitioners and managers
 - priorities for CPD for early years practitioners and managers
 - effective and preferred types of CPD for early years practitioners and managers
 - effective and preferred systems of the delivery of CPD for early years practitioners and managers
 - access and barriers to participation in CPD for early years practitioners and managers
 - qualifications obtained and perceived usefulness in preparation for their roles;
3. measure the extent to which the national birth to 3 guidance document and the staff support pack are used and to explore the ways in which these documents are used by each of the three stakeholder groups (practitioners, managers and local authority officials);
 4. identify examples of good practice.

4. Research Methods

The research was undertaken using documentary analysis and literature review, followed by two phases of evidence gathering from local authority officers, practitioners and their managers.

The first phase consisted of a survey of local authority officers with responsibility for children under 3 years of age, centre managers and practitioners from local authority centres and local authority partner providers from the private and voluntary/not-for-profit sectors.¹ Surveys were sent to all centres that made provision for children under 3 years of age in 20 local authorities, selected to represent a range of rural, urban and city contexts, and size, determined in terms of the number of centres within the authority. Twenty-seven local authority (LA) officers returned completed questionnaires, as did 340 practitioners and 122 centre managers. A total of 171 centres were represented in the survey (39% of the centres targeted).

The second phase of data gathering involved interviews in 3 local authorities including local authority officers, centre managers, practitioners and, in some cases, parents. A total of 9 centres were visited: 5 local authority centres, 2 private partner centres and 2 voluntary partner centres. Additionally, interviews were undertaken with local authority officers where there were substantial remote and rural communities.

¹ The focus of the study was on local authority run and partner provider run centres: namely, private and voluntary childcare centres that have partnership agreements with local authorities for provision for children between the ages of 3 and 5. No partnership agreements exist for provision for children under 3 years of age.

5. Key findings and recommendations

The findings of this research indicate the need for particular attention to be given to those working with children under 3 years of age.

1. The Review of the Early Years and Childcare Workforce and wider literature identify that historically the status of early years workers has been low compared with those working in the other education sectors. This study shows that while managers and practitioners were, on the whole, positive about the CPD they had experienced, opportunities that directly addressed the needs of those working with children under 3 were limited and support for many topics directly addressing working with this age group was not adequate. While the current emphasis on up-skilling of early years workers has been accepted by many practitioners, concerns were expressed regarding the implementation of the new Standards and Framework. Some authorities have given priority to the needs of those working with children under 3, but in many cases, both at authority and centre level, there was no clear focus on the needs of this group as distinct from older children.
 - *It is recommended that an Early Years (birth to 3) 'Champion' be appointed at national level, with the remit to promote the profile of those working with the youngest children and to lead in the ongoing development of a coherent and co-ordinated programme of pre-service and continuing development in line with the Scottish Standard for Childcare Practice and the Early Years Framework. (The strategies used in the 'Assessment is for Learning' programme could serve as a model (Condie, Livingstone and Seagraves, 2005)).*
2. The findings of the research indicate that wide use was made of the national guidance documents (Birth to Three, LTS) and to a lesser extent Birth to Three Matters (DfES/DCFS). Around half of the local authorities reported having developed their own frameworks for birth to 3 year olds and, where these were available, they were used frequently and considered more practical in their support than the Birth to Three (LTS) materials. However, there was evidence that the existence of such a range of guidance documentation was confusing for many practitioners. It was also unclear whether these were intended to be policy documents or support materials and practitioners were unclear as to their origins or authority.
 - *It is recommended that, as part of developing a coherent framework for qualification and professional development, the national guidance documents (Birth to Three, LTS) be reviewed with a particular focus given to practical applications that support the guidelines and which complement local authority developed frameworks.*
3. While the focus of the research was on continuing professional development it also addressed the issue of qualifications and the adequacy of those qualifications in relation to preparation for working with children under 3 years of age. A concern highlighted in the research was that pre-service provision did not require practitioners in preparation to study the development needs of

children under 3 as a discrete element and that there was a lack of placement opportunities working with this age group. The content of pre-service programmes does not therefore currently meet the national priorities and expectations for the workforce as expressed in the Standard for Childhood Practice (2007) and the Early Years Framework (2008).

- *It is recommended that, when present qualifications are being revised, they take full account of national priorities and expectations for the workforce. In particular, a specific focus on working with very young children under 3 years should be a required element including placement experience. A post-qualifying stage, such as the probationary year for newly qualified teachers, which requires experience across all age ranges for the purposes of registration, should be considered.*
4. The research showed that CPD provision was dominated by short-term provision such as day, twilight and evening in-service courses. These were the types of provision most supported by local authorities, the most frequently experienced by managers and practitioners and were highly ranked in terms of preferred types of CPD. However, practitioners also expressed the view that one-off sessions were insufficient to change practice. The research also indicated that well-supported, in-house development opportunities with peers, more experienced colleagues, practitioners from other centres and specialist support were valued and seen to be effective. Such approaches can generate locally relevant professional development and are supported in the literature as both engaging and empowering practitioners in the development process. It is, however, important to ensure that locally developed and supported opportunities are underpinned by sound knowledge of relevant pedagogy and child development.
- *It is recommended that particular focus be given to developing sustainable learning communities for the early years workforce, supported by expert mentoring as appropriate within the local context. Individual and local development should be aligned to the national Early Years Framework.*
5. Professional development led by professionals from other agencies, such as health and social work were valued as were opportunities to take part in shared training events. Some local authorities had developed multi-agency training, though it was not clear to what extent this focused specifically on the needs of children under 3. Inter-professional and inter-agency working is a key element in the provision of children's services; it is emphasised in both the Early Years Framework (2008) and in the skills required in the Standard for Childhood Practice (2007).
- *It is recommended that CPD initiatives, with a specific focus on the birth to 3 age range, should be developed on a multi-agency basis, including key stakeholders such as education, health and social work; such initiatives should be cross-sectoral involving managers and practitioners from private, voluntary and local authority sectors. Initial training programmes and ongoing CPD should emphasise the rationale and value of integrated services as well as providing opportunities to develop integrated practices.*

6. Distance/online learning, staff exchanges and job shadowing were less experienced forms of staff development but were seen as accessible and valued by those who had experienced them. Distance and online learning approaches are valuable for those living in rural areas; the distance and time required to travel to courses and to meet with others was seen as a barrier by those living in rural communities.
 - *It is recommended that currently less-used approaches such as distance and online learning, staff exchanges and job shadowing be encouraged and supported. Glow², the Scottish national intranet for education, provides the infrastructure to enable online learning and the exchange of ideas and practices to support virtual learning communities.*

7. Areas of CPD where managers and practitioners reported gaps in provision included staff needs analysis for managers, and working with parents and developing home links, which was highlighted as a priority for development by both managers and practitioners. The Standard for Childhood Practice identifies the ability to support and develop the workforce as key for lead practitioners and emphasises the importance of supporting and working with parents for all practitioners. Working with and supporting families is a crucial element of the Early Years Framework.
 - *It is recommended that pre-service programmes and ongoing CPD at authority and centre level be aligned to national priorities and, in particular, that priority be given to working with families and supporting parents.*

8. The research identified that the majority of provision for children under 3 years of age is within the private sector. While some authorities sought to work closely with their partner³ providers in respect to provision for children under 3, others did not; indeed some did not hold information about the partners' provision for this age group. The research revealed that those working in the private sector were less likely to participate in CPD, to have access to local authority resources and information about CPD opportunities. Managers from private centres were more likely than those in local authority centres to say that current support for areas of CPD was not adequate. Interviews at local authority level and in centres confirmed the view that participation in CPD events was more difficult for the private sector. There are few centres in the voluntary sector that make provision for children from birth to 3 years but they likewise found it difficult to access CPD.
 - *It is recommended that a review be undertaken of the relationship between authorities and partner provider centres, in respect of their provision for children under 3 years of age. This should include consideration of the role of different bodies, such as the Care*

² For information on Glow see: <http://www.ltscotland.org.uk/glowscotland/index.asp>

³ Partner providers are private and voluntary childcare centres that have partnership agreements with local authorities for provision for children between the ages of 3 and 5. No partnership agreements exist for provision for children under 3 years of age.

Commission, HMIE and Scottish Social Services Council (SSSC), in relation to standards and ensuring partner centres can provide quality CPD for their staff.

9. The present study focused on CPD for those working in local authority centres and centres in partnership with the local authority. Provision is also made for children under 3 years of age in non-partner provider centres and by childminders. In rural areas in particular, if there are centres, they tend to be found in more populated areas and not in the dispersed communities. The current opportunities for CPD for these groups are not known.
 - *It is recommended that research be undertaken to investigate the CPD needs and opportunities of non-partner provider centres and childminders and to identify ways of ensuring that national priorities and standards are being addressed. The needs of rural and remote areas in particular should be addressed.*
10. Small numbers of managers and practitioners reported already holding degree level awards in early education and childcare although this was more common amongst those working in local authority centres. The numbers who reported that they were working towards degrees at the time of the survey were also low, though unsurprisingly more managers than practitioners reported this. While HNC was the most common qualification, many reported holding SVQs, most commonly at level 3. At the time of the research, some participants perceived that the commitment to undertake degree level study was a personal choice and financial support was serendipitous.

However, from 2011 registration with the Social Services Council as a manager/lead practitioner will require a qualification that is recognised at level 9 on the Scottish Credit and Qualification Framework. This has implications for policy, relating to the need to support existing staff progress towards SCQF level 9 awards.

6. Conclusion

The findings from the study highlight the need for a framework within which pre-service training and programmes of continuing professional development for early years practitioners and their managers can be developed. Such a framework should reflect priorities at national and authority levels as well as address the needs of individuals working in the range of centres providing for children between birth and 3 years of age. While opportunities currently available are very well received by the majority of participants, there is no evidence of a long term strategy that links the opportunities available at cluster, authority and national levels. Such a strategy would seem to be necessary in the move towards a graduate-led profession. In addition, this strategy should take into account the need to ensure that those entering the profession have opportunities to learn about and work with the youngest children in our society – and that all routes into the profession provide a similar level of skill and understanding. Greater consistency in the outcomes of pre-service or workplace programmes would

assist greatly in developing a framework that has relevance for all those working in the early years sector.

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Continuing Professional Development of Early Years Managers and Practitioners working with children under 3 years of age

1. Introduction

The Faculty of Education at the University of Strathclyde was commissioned by Learning and Teaching Scotland to undertake research into the continuing professional development provision (CPD) for early years practitioners and managers across Scotland, specifically focusing on provision for those working with children under 3 years of age. The aim of the research was to identify ways in which those working in early years centres might be better supported through effective CPD opportunities, designed to meet the needs of children and their families.

Recent Scottish Government figures indicate that 37,750 children under the age of 3 years were registered in day-care and pre-school centres in January 2007 (Scottish Government, 2007a), with similar figures (37,550) reported for January 2008 (Scottish Government, 2008a). However, the literature reveals a picture of a predominantly young, female, shifting workforce, with nearly one third lacking appropriate qualifications. Various reviews of the literature have highlighted both the dearth of research into the competencies and qualities required of practitioners working with children under 3 and of the availability of continuing professional development. (Melhuish, 2004; Trevarthen *et al*, 2003; David *et al*, 2003; British Educational Research Association's Early Years Special Interest Group, 2003).

In 2006, the Scottish Parliament Education Committee acknowledged these findings and argued that *'the area which requires most urgent investment is improving the skills level of the workforce, and that although further investment is required in the 3-5 sector, the under 3 sector is the most immediate priority'* (SPEC, 2006, para 16).

This research was commissioned to determine developments in the provision of CPD for those working in early years centres and, more specifically, to:

1. undertake a review of the relevant existing information on the CPD needs of staff working with very young children (birth to 3), including reports from the Care Commission and other sources and to include a discussion on definitions of CPD;
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 - effective and preferred types of CPD for early years and practitioners and managers
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 - access and barriers to participation in CPD for early years practitioners and managers
 - qualifications obtained and perceived usefulness in preparation for their roles;
3. measure the extent to which the national birth to 3 guidance document and the staff support pack are used and to explore the ways in which these documents are used by each of the three stakeholders (practitioners, managers and local authority officials);
 4. identify examples of good practice.

The focus of the study is on local authority run and partner provider run centres: namely, private and voluntary childcare centres that have partnership agreements with local authorities for provision for children between the ages of 3 and 5. No partnership agreements exist for provision for children under 3 years of age.

2. Literature Review

'Managers/lead practitioners value themselves and others by taking responsibility for their own professional learning and development and that of the workers for whom they are responsible. They.....show a commitment to reflection, critical self evaluation and continuing professional development as means of improving practice and broadening expertise..' (QAA 2007:12)

The new Scottish Standard for Childhood Practice sets out a body of knowledge and skills for the childhood practitioner. In addition to the skills and knowledge gained through pre-service or work-based training, there is an ongoing need to provide continuing professional development that builds on and complements skills and understanding already gained. The purpose of the research on which this report is based was to delineate how continuing professional development might be interpreted for childhood practitioners working with children under 3 years of age.

There has been a range of research undertaken into the meaning of professional development for related professions, particularly teaching (Hargreaves et al, 1996; Dall'Alba & Sandberg, 2006; Newman et al, 1989; Moon 1996). For example in their research, Dall'Alba, and Sandberg explicitly define professional development as: 'formal courses and programmes in professional education and the formal and informal development of professional skill that occurs in the workplace' (2006:383) However perhaps Leach's (1996) argument that professional development should be centrally grounded in social and personal practice is of the most use when considering the needs of practitioners working with children under three.

Leach suggests a model whereby support for professional development not only builds on theory but also mirrors what is expected of best practice within the practitioners' own setting. The model is based on a study of teacher professional development but can be extrapolated to other vocational and professional areas. Leach makes particular use of a case study of Albanian teacher training, which has in common with the context of practitioners working in Scotland with children aged under 3 years that there is no standardised training or national assessment policy (specific to the age group).

The components of her model are:

1. Support should provide model learning environments
2. Support should build on existing frameworks as far as possible and be consonant with the culture in which it is developed
3. Support should be developmental and exploratory, providing experience of a wide variety of teaching and learning opportunities
4. Support should recognise and build on the variety of professional experiences of its participants

5. Support should acknowledge both the private and professional aspects of learners' experiences and their interconnectedness in the development of learning
6. Support should have a firm base in schools and classrooms.
(Leach 1996:123)

Moon (1996) would argue that there is a crucial role for a mentor to support continuing professional development in the workplace. Many early childhood professionals will be familiar with the work of Vygotsky in relation to 'scaffolding' young children's learning and development (Vygotsky, 1978; Bruner, 1986; Newman et al, 1989). Those who have studied the concept will know that the 'zone of proximal development' highlights their role in supporting the young children in their care; however, it can also be applied to their own continuing professional development. In their best evidence synthesis for the New Zealand Ministry of Education, Mitchell and Cubey (2003) define what they believe to be the eight characteristics of effective continuing professional development for practitioners working with very young children:

1. The professional development incorporates participants' own aspirations, skills, knowledge and understanding into the learning context
2. The professional development provides theoretical and content knowledge and information about alternative practices
3. Participants are involved in investigating pedagogy within their own early childhood settings
4. Participants analyse data from their own settings. Revelation of discrepant data is a mechanism to invoke revised understanding
5. Critical reflection enabling participants to investigate and challenge assumptions and extend their thinking is a core aspect
6. Professional development supports educational practice that is inclusive of diverse children, families and whānau⁴
7. Professional development helps participants to change educational practice, beliefs, understanding and/or attitudes
8. Professional development helps participants to gain awareness of their own thinking, actions, and influence.

(2003: xii)

This synthesis formed the basis of the Te Whāriki approach discussed later in the current review. However, in order to frame their professional development we need to understand the needs of children and the context in which the (birth to 3) childhood practitioners are working.

The first three years of life are often viewed as a unique stage. Learning and Teaching Scotland's own document (2005) acknowledges that, from birth, learning is a complex process which should focus on children as individuals who develop at their own pace and with their own interests rather than be guided by their chronological age. This early period is the one of most rapid physiological growth (Bee, 2000) and recent advances in neuroscience have resulted in significant differences in the ways in which children's competencies are perceived

⁴ Whānau is a Maori word for extended family therefore could be understood in the Scottish context as 'community'

(Barron and Holmes, 2005, cited in Abbot and Langston, 2005). Traditional understandings of developmental psychology have been questioned in recent years in light of the growing recognition that the way in which children are viewed is largely a social and cultural construct. In the past the main knowledge base for early years' courses was often compartmentalised into children's physical, emotional, social, cognitive, moral and aesthetic development which is not always compatible with understanding the child in the context of their family and community. Medical models of childcare have also tended to stress hygiene and the avoidance of disease and illness, particularly for very young children. A post modern perspective⁵ (Dahlberg et al 1999) argues that Western scientific approaches with their focus on purely technical and managerial issues of expert knowledge and measurement can neglect more relevant themes for early childhood such as the sociology of childhood, philosophy and ethics.

Bornstein (1999, as cited by David *et al*, 2003) highlights the importance of infancy experiences in forming the adult but does not view them as being the sole determinant of future development. However, neurological findings suggest that there are sensitive periods for development in the first 3 years of life and scientists stress that positive early experiences can have an impact on brain development (David *et al*, 2003). Elfer *et al* (2003) note that very young children struggle to make meaning of adult communications and need adults who are attuned and responsive to children's attempts at interaction. The need for this nurturing role is affirmed by Shonkoff and Phillips (2000; 2001). However, while they have drawn on scientific research to demonstrate the influence early experiences can have on brain development, they also argue that a disproportionate focus on 'birth to three' can often begin too late and end too soon. They would argue that a more holistic approach that supports the whole child: physically, socially, emotionally and cognitively within the context of the family and community as well as addressing social policy is likely to have a more sustained impact. This would suggest that any continued professional development for practitioners working with children under 3 should include topics such as working with parents and community development. Research evidence from Carr *et al*. (2000) would support the view that approaches which enable practitioners to find out about a child's thinking, family experiences and competence can challenge deficit models, particularly related to ethnicity, and also strengthen home links.

A recent report on mental health in infancy (as cited in North Lanarkshire, 2005) suggests that the mental health needs of babies and toddlers must be recognised and argues that very young children need adults with whom they have a secure bond and, who respond to them with love and empathy, if their mental health is to be assured. Lindon (2000) also highlights the role of close relationships, care, daily routines, and the fostering of communication, physical skills and exploratory play in promoting babies and toddlers' development and learning. Key to all of these, she argues, is the role of the adult and emphasises that the differing

⁵ Gammage's definition of post modernism can be found in the literature review for Birth to Three Matters: *The 'core of postmodernism is essentially this: a time when rules, customs, beliefs, values and ideas are subjected to reanalysis, when a greater awareness of their context-dependent, subjective nature is revealed'*. (1999:163 cited in David *et al*, 2003:24)

traditions of 'care' and 'education' have been a barrier to ensuring quality provision for children under three years, leading to competing priorities or emphases within services rather than the holistic approach needed by young children (Lindon, 2000). This is the philosophy that is embedded in the Learning and Teaching Scotland guidance where the key features for effective practice in caring for children aged birth to three are seen as relationships, responsive care and respect (2005).

The Scottish Parliament (2006) stated that they wished to see more cognitively challenging experiences for children aged from birth to 3 years. However, it has been argued that the notion of learning for the youngest children cannot be directly compared with the provision of a curriculum for older children: *'Infant appropriate pedagogies are pedagogies of listening, of looking, and loving'* (Nutbrown and Page, 2008:15).

Robinson (2003) notes that professionals working with young children and their families are providing a secure base outwith the home and that nurturing of children is a key concern of these practitioners. Cohen (2008) suggests that a new profession which encompasses children's learning is needed to work with young children in a holistic way. This is in keeping with European approaches (see Appendix 1) and there is an extensive range of European literature which highlights that Scotland is not alone in recognising the urgent need to review the continuing professional development of practitioners working with our youngest children (Penn, 1997; OECD, 2006).

The Scottish Parliament (2006:113) noted that, in relation to the broader early years' workforce, there is a need for a new type of early years professional whose training would incorporate the pedagogical skills associated with teachers within a broader training. However, they found an immediate need amongst those working with the very youngest children:

'We will therefore argue that the area which requires most urgent investment is improving the skills level of the workforce, and that although further investment is required in the 3-5 sector, the under 3 sector is the most immediate priority'

(Scottish Parliament Education Committee, 2006: 16).

There could however be an issue for capacity building among the trainers themselves as a common concern raised in the consultation for the Early Years and Childcare Workforce review was that both Further Education and Higher Education institutions have staff delivering training who have had little, if any experience of working with children aged under three years (Scottish Executive, 2007).

In the UK, there has been rapid expansion of early years provision over the past decade (Baldock, *et al.*, 2005; Cohen *et al.*, 2004). Whilst much of the responsibility for this is devolved, the close political connection of Scotland and England in the period 1997- 2007 resulted in many of the policy initiatives first featured in England influencing Scottish developments, including The Childcare Strategy (1998) and Sure Start (1998). Sure Start Scotland has promoted

innovative ways of supporting families with children under three and this has often involved developing the existing skill set of staff (Cunningham-Burley *et al*, 2005). The Review of the Scottish Early Years and Childcare Workforce (Scottish Executive, 2006) argued that the most important factor in improving quality was raising the skill of the sector and, within that, the area most in need of improvement is the 0 to 3 sector. The introduction of the Early Years Framework (Scottish Government, 2008b) has further emphasised the need for support to very young children and their families and has highlighted the need to maintain and improve the quality of services through training.

Although there are significant numbers of children registered in day-care and pre-school centres across Scotland, there is evidence that the workforce is predominantly young, female and shifting, with around a third lacking appropriate qualifications. Various literature reviews have highlighted both the dearth of research into the competencies and qualities required of practitioners working with children under three and of the availability of continuing professional development (Melhuish, 2004; Trevarthen *et al*, 2003; David, T *et al*, 2003; British Educational Research Association's Early Years Special Interest Group, 2003). Nutbrown and Page (2008) note that there is still a need for evidence that all qualified staff working with young babies are equipped for all aspects of the job. They highlight the need for such practitioners to have the opportunities for

'...further professional development, to study for award-bearing courses, to read recent research, to attend conferences and to think and discuss research and practice together'
(Nutbrown and Page, 2008:173)

Citing Noddings' (2001) concept of ethically grounded childcare, Nutbrown and Page demand that those who care for children are trained thoroughly in the knowledge, skills and attitudes which support the healthy and holistic development of young children. David *et al*. (2003) highlighted the need for practitioners to acquire knowledge of research about the child to enable them to articulate the importance of practice. They also suggested that, for policy makers, ensuring practitioners working with very young children have access to training should be a priority. Shonkoff and Phillips (2000) support linking research, policy and practice with the assertion that very early intervention can lay a foundation that influences the effectiveness of all subsequent education efforts. In 'Neurones into Neighbourhoods' they recommend the provision of high-quality services that promote sustained relationships between young children and qualified staff, while also arguing that in order to achieve significant progress there would need to be major investment in enhancing the skills of early years staff .

The National Review of the Early Years and Childcare Workforce⁶ (Scottish Executive, 2006) clearly sets out the differentiated roles and responsibilities of the Scottish early years and childcare workforce. However, these are a generic set of knowledge, skills and competencies for working with children. Practitioners caring for very young children require competencies in the context of working with children under 3 years of age and their families. Unfortunately, it is possible to qualify, register and practice as an early years practitioner without any specific training in working with the very young age group. For example, within SVQ levels 2, 3 and 4 Children's Care, Learning and Development (SQA, 2008) and the NC and HNC Early Education and Childcare (SQA, 2004), there are no mandatory units on working with very young children (birth to 3) and neither do students necessarily have a practice placement in a setting serving children in this age range. Penn (1999) argues that reliance on assessing workers on workplace competence does not give breadth of training or opportunities for reflection – a quality stressed in the Scottish Standard for Childhood Practice (QAA 2007) – beyond the immediate workplace. She also notes that in some European countries practitioners have specific time set aside on a weekly basis for continuous professional development. Within Scotland, early year workers have identified the lack of career development opportunities as a key concern (Scottish Executive, 2006; 3.2) with little evidence of staff moving across sector barriers. The review further identified the need to ensure that practitioners had accessible routes through CPD to build on existing qualifications and to develop additional professional skills (Scottish Executive, 2006:29).

In recent years, guidance for staff working with very young children has proliferated. The Birth to Three Matters Framework in England (DfES, 2002) has proved popular with those working with children under the age of 3 years in Scotland. The parallel guidance developed by Learning and Teaching Scotland (LTS, 2005) is less prescriptive, setting out three key features of good practice: relationships, responsive care and respect. It links directly with the key principles of the Curriculum Framework 3-5 (SCCC, 1999) and is in line with the key capacities of the Curriculum for Excellence (Scottish Executive, 2004). Both prior to the publication of Birth to Three and subsequently, individual local authorities have developed their own guidance and CPD materials (e.g. South Lanarkshire, 1999; Inverclyde, 2001; North Lanarkshire Council 2005; Edinburgh Council, 2008). This is reflected in the second Sure Start mapping exercise where many local authorities reported that training had developed considerably since funding was introduced in 2000 (Cunningham-Burley, *et al* 2005).

HMIE also developed a self-evaluation guide, *Child at the Centre*, for effective practice in early childhood centres (HMIE, 2000; HMIE, 2007). Although targeted

⁶ The consultation for the National Review of the Early Years and Childcare Workforce in Scotland was launched in June 2004 with a remit to improve employment opportunities for early years and childcare staff and in general to raise the status of the sector. The five main themes within the consultation were: roles and responsibilities; qualifications and training; career pathways; recruitment and retention; and workforce planning. The purpose of the Review was to inform the Scottish Executive's response – to be implemented through *Investing in Children's Futures* (Scottish Executive, 2007). This document provided the impetus to modernise and improve standards in early years and childcare in Scotland. This includes continued professional development potentially sitting within the qualification framework for career progression. It also requires that practitioners employed in the private and voluntary sector are afforded the same opportunities as their counterparts working in the public sector.

at services for 3 to 5 year olds, it was also considered appropriate for use by services for children under 3 years. HMIE is one of the three regulatory bodies for early years and related services in Scotland alongside the Care Commission and the Scottish Social Services Council. Each places a differing emphasis on the competencies and qualities required of early years practitioners and managers and how these should be supported.

The case studies within the current research (2008) highlight that while practitioners greatly appreciate a shared philosophy and clear written guidelines they also need practical guidance from an experienced mentor who can demonstrate the link between the underpinning theory and its application. The work of Munton *et al* (1996) uses an analysis of Kolb's (1984) model of experiential learning to suggest that this is an effective approach to adopt with early years practitioners' CPD. A developed example of this can also be found in New Zealand where professional development to support the implementation of Te Whāriki has been implemented. Within this there is an evidence and inquiry-based culture that informs teaching and learning practices and supports the growth of professional learning communities (NZ Ministry of Education, 2008). There are similarities with the Scottish vision in that the Te Whāriki curriculum aspires for children to grow as competent learners and communicators, healthy in mind, body and spirit, secure in their sense of belonging and in the knowledge that they make a valued contribution to society.

Programmes for continued professional development invite early childhood centres to identify their own focus of interest and then, in partnership with experienced facilitators, programmes are designed that can promote the importance of context specific professional learning. Programmes offered include:

- Whole centre professional learning and development programmes, which can be likened to the 0-3 frameworks and related training developed by individual local authorities in Scotland (e.g. North Lanarkshire and Edinburgh) and
- Cluster programmes, which again offer potential to Scottish local authorities serving remote and rural communities, some of whom are already basing their CPD support for practitioners working with children under 3 years on a community school cluster model (e.g. Aberdeenshire).

All CPD is grounded in the principles of Te Whāriki and supported by action research and the self-review process, a reflective approach that is very much in keeping with the new Scottish Standard for Childhood Practice (QAA 2007).

As seen above, central tenets of the New Zealand model are that it is contextualised and collective (including partnership with the home environment); however, perhaps more importantly, the Ministry of Education offers a funded contract for provision of professional development for early childhood services and centres to strengthen learning outcomes for infants, toddlers and young children. This is achieved through:

- supporting, building and enhancing early childhood educators' capability and inquiry based practices
- strengthening early childhood service capability, systems, organisations and structures, based on self-review evidence, to bring about transformative change in pedagogical practices.

'...early childhood development is typically viewed through highly personalized and sharply politicized lenses'
(Shonkoff &Phillips, 2001:6)

The current political environment in Scotland is conducive to flexible, transformational working practices (Scottish Government, 2008c) and the new Standard in Childhood Practice (QAA 2007) gives working with children aged birth to 3 years equal status with other age groups. It is timely therefore to consider not only how we support our youngest children but also the practitioners who work with them.

3. Research Methods

The research was undertaken using documentary analysis, followed by two phases of evidence gathering from local authority officers, practitioners and their managers.

Phase 1: Literature review

In the first phase, the team analysed a range of documents from the UK and Europe, including policy statements, Care Commission reports, HMIE reports, local authority CPD catalogues and materials, local guidance on working with very young children, academic review papers and the relevant 'grey' literature, such as conference proceedings. The findings subsequently informed the design of the data gathering procedures used in the second phase of the review.

Phase 2: Survey of local authorities and centres

The first step in carrying out the fieldwork was to secure the participation of local authorities. Initially, the team contacted all 32 local authorities in Scotland, inviting them to participate in the research, to provide information on the numbers and kinds of early years centres within their authority and to complete a questionnaire. Not all did both: 24 provided information **and** completed the survey, a further 3 provided information only and 3 more completed the survey but omitted to provide the required information. Two authorities did not participate at all.

Of the authorities who agreed to participate, 20 were identified for further investigation on the basis that they provided appropriate geographical variation, i.e. reflected a range of rural, urban and city contexts, and size, determined in terms of the number of centres within the authority. The range of early years provision – local authority, private, voluntary/not for profit – was also taken into consideration. (Details of the sampling process are given in Appendix 2.)

Once identified, all centres that made provision for the full age range from birth up to a child's third birthday within the 20 authorities were then approached to participate in a survey (see Appendix 3 for copy of questionnaires).

Three questionnaires, one for each of the three groups of participants, practitioners, managers and local authority officers, were developed. The questionnaires sought information on the nature and extent of CPD provision, views on its effectiveness, perceptions of the strengths and shortcomings and views on the barriers to accessing CPD. Additionally the questionnaires sought feedback on the extent to which the Birth to Three Guidance and support materials were used and, if possible, brief examples of what respondents considered to have been effective CPD. Background information such as gender, age, length of experience of working in early years, prior training and qualifications, was also sought. (As noted earlier, the lack of qualifications amongst early years staff has been identified as a key concern in recent years, therefore this was a key theme within the study.)

Additionally, the local authority contacts were asked about the numbers and types of centres (local authority, private partner and voluntary partner) providing places

for children from birth up to their third birthday within their authorities; about budgets available for CPD for those working with this age group; in particular, local authority respondents were asked to identify examples of good practice that might be investigated in the third phase of the review.

Twenty-seven local authority (LA) officers returned completed questionnaires, as did 340 practitioners and 122 centre managers. The questionnaires were sent out by mail to centres and were also provided online. Most participants chose to complete and return the hard copy version.

The quantitative data generated by the survey provides a picture of CPD provision across Scotland, which is presented in Section 4 of this report, and highlights issues for further exploration in the third, case study, phase.

Phase 3: The case studies

The case study phase of the review identified 3 local authorities that, from the questionnaire responses and discussions with Learning and Teaching Scotland, were identified as demonstrating an approach to early years CPD that was already producing results i.e. examples of good practice were noted, and where there was a coherent policy or operational plan underpinning developments. These 3 local authorities were each asked to identify up to 4 centres that they considered to be examples of good practice or that were in the process of improving practice as a result of CPD experience. Subsequently, a total of 9 centres were visited in 3 local authorities (5 local authority centres, 2 private partner centres and 2 voluntary partner centres). It was not always possible to visit the local authority officer and in some instances, these were undertaken by telephone. In an attempt to investigate whether remote and rural communities faced particular problems in accessing appropriate CPD, contact was made with local authority officers in two authorities. The feedback from these authorities has been integrated into the text of the report.

During each centre visit, a member of the project team interviewed the centre manager and a number of staff, either as a group or on an individual basis, depending on the circumstances and the availability of staff. Where possible, interviews were also conducted with individual or groups of parents. Semi-structured interview schedules were designed for this phase, focusing on some of the issues raised in the literature and the survey data, such as links between policy and practice, effective provision and future needs. (See Appendix 3 for copies of interview schedules.)

Analysis of the evidence

The questionnaire data were analysed to provide a description of the position at the time of the survey, with key associations tested statistically (see below). For example, the evidence was examined to determine whether perceptions of the effectiveness of provision varied with the category of respondent (practitioner, manager) or whether the sector (local authority, private and voluntary) in which the respondents were employed was a relevant factor in considering the responses. The questionnaire for local authority officers had a number of open questions and the manager and practitioner questionnaires had open questions

which sought additional examples of, for example, CPD opportunities, types of delivery, barriers and further general comments. The responses from these were collated and analysed for emerging themes; the manager and practitioner open comments at times repeated or put additional emphasis on some of the points included in the structured part of the questions. In reporting, these have been noted, but focus in particular is given to new or additional perspectives. Content analysis was used to identify important themes in the interview evidence. Together, these three sources of evidence (documents, questionnaires and interviews), provide the basis for the findings and recommendations presented in this report.

Inferential statistics

Statistical measures of association have been calculated using chi-square for nominal or categorical data such as when a question pre-supposes a 'yes' or 'no' response as in, for example, questions that ask whether participants have used certain materials or taken part in a certain kind of CPD event. To investigate if respondents from different sectors were more or less likely to have nominated these items the data were investigated using chi-square. Based on the total sample and the number of respondents in each category, the test calculates expected frequencies as if there were no differences in responses by category. Where the actual responses deviate substantially from the expected, it may be inferred that the groups of respondents are reporting different views.

Non-parametric Kruskal-Wallis (KW) and Mann-Whitney (MW) tests have been used to investigate differences in responses for the different categories of respondent for rating scales and questions that required ranking. Non-parametric statistics make no assumptions about the distribution of the data, i.e. the data do not require to be normally distributed; they are more appropriate for small sample sizes and for comparing groups of unequal size; and are appropriate to use with ordinal data. The responses to questions in the centre surveys were positively skewed, in some cases numbers were small and the categories of respondent being investigated were of different sizes. Therefore, non-parametric tests are more appropriate for our data set than parametric tests such as t-test and analysis of variance.

Kruskal-Wallis and Mann-Whitney tests rank order responses and then calculate a mean rank for each category of respondent. Variations in mean ranks indicate that there are differences in the views of the respondents. Mann-Whitney calculates a statistic called U (based on the number of participants in each group and the sum of ranks) and is used to compare two groups; Kruskal-Wallis calculates 'chi-square' and is used when more than two groups are compared; KW only shows that there are differences but not where the differences lie; a statistically significant result is therefore followed by paired comparisons using Mann-Whitney to identify which groups are responding differently.

The data from the surveys of centre managers and practitioners were analysed with the above statistical tests. In the later sections of the report, where statistically significant results are evident, they are described in the text that follows the tables of data; descriptive statistics (percentages) are given to demonstrate the extent of the differences underlying the results of the tests of

statistical significance while the detail of the statistical tests are reported in footnotes. For economy of reporting the results of KW have not been reported, but only of the MW tests as these indicate where the differences lie. The significance level for chi-square and KW tests is set at $p < 0.05$. As multiple testing on the same data increases the likelihood of low probability levels, the significance level for the pairwise comparisons undertaken using MW has been set at $p < 0.02$. This means that the association or difference that is evident in the data is unlikely to have occurred by chance or by sampling error. (For more information on statistical analyses see Dancey and Reidy, 2002.)

Manager and practitioner responses were compared and any differences have been reported in the sections reporting practitioner results. Caution is advised as there are some centres where only managers responded and others where only practitioners did so, making a direct comparison problematic.

Note on presentation of data in sections 4.2.2 onwards

In the tables presenting the data, the total number of respondents who responded to a question has been indicated and, for the most part, only percentages have been reported to indicate how many responded in a particular way. In some instances, the number of respondents is small, particularly in the case of responses from the voluntary sector, and normal practice would be to report the exact responses rather than percentages. However, there were only 37 voluntary partner providers who made provision for children from birth (see Table 4.1), and within the 20 authorities that were included in the sample surveyed, there were 35 such centres (see Table 4.10). Thus, although only 11 completed questionnaires were received from managers from the voluntary sector, they represent approximately one third of the target sample. Therefore, percentages have been included for comparative purposes, though extreme caution is advised in interpreting the data. In the tables in section 4.2.2 of the report, percentages have been reported unless the number is 10 or less, in which case the actual response rate is given. Likewise when mean scores have been calculated for descriptive and ranking purposes, $n=10$ has been taken as the cut-off point for inclusion.

4. Findings

The findings are presented in three sub-sections: the survey of local authorities (LAs); the survey of early years centres; and, the case studies. The section concludes by drawing together the key findings and themes from each of these sub-sections.

4.1 Local authority survey

Key contacts for Early Years provision in local authorities were asked to complete questionnaires which requested information on the nature of the care provided for children under 3 years of age in the authority and the CPD provision made by the authority for those working with that age group. Responses were received from 27 of the 32 authorities; 2 of the remaining 5 authorities declined to participate and one authority indicated that, due to the very limited provision for children under 3 in centres, the questionnaire was not relevant. A further 2 local authorities gave no explanation for their non-response.

4.1.1 Nature of care provided

Two key questions were asked. The first sought information on the number of centres for children from birth or a few months old up to a child's third birthday (many of which made provision for older children too, of course) while the second focused on centres that offered provision for children aged 2 and older. Local authorities were also asked to identify which of these were authority-run and which were private or voluntary⁷ partner providers and, if possible, to provide, the numbers of children in those centres that had not yet reached their 3rd birthday.

Local authorities varied in the amount of information they were able to supply, with some reporting that they did not collect much, if any, information from partner providers (PPs). A few contacts indicated they had specifically contacted centres to get the information for the purpose of this survey.⁸ Table 4.1 shows the distribution of types of centres across the 27 authorities.

⁷ The term 'voluntary' is used throughout to mean 'voluntary and not for profit organisations'.

⁸ It should be noted that the information provided in the questionnaires did not always agree with the information provided in the lists of centres from the authorities that were supplied for the creation of the database used in the study. Differences in relation to those that accepted children from birth were minor (e.g. a difference of one or two). However, there were greater differences in relation to the second question about provision from the age of 2. In one or two cases there appears to have been double counting of centres, i.e. the same centres were included in both questions. These figures were clarified and adjusted. In response to this question 3 authorities also included centres where children start at the age of 3; in 2 cases they indicated that there were 0 children who had not yet reached their 3rd birthday and the third did not have the information available. On clarification, these figures were adjusted. Playgroups are likely to have been included in the questionnaire responses about voluntary provision for children starting at 2, but they were omitted from our compilation of centres for the study as most take children from 2 years 6 months and some 2 years 9 or 10 months.

Table 4.1: The different types of centres reported by the 27 local authorities

	Total	Local authority	Private Partner Provider	Voluntary Partner Provider
Provision for children from birth	587	110	436	37
Provision for children from 2 years	346	38	70	238
Total	933	148	506	275

The majority of provision occurred in private partner provider (PPP) centres. The number of voluntary partner provider (VPP) centres taking children from the age of 2 included playgroups, which take children mainly from two and a half or just prior to their third birthday.

There was considerable variation in the provision across authorities. For example, local authority provision for children from birth ranged from no centres at all (in 8 LAs) while the other authorities reported up to 15 centres (2 LAs). Similarly, the number of authorities with private partner provider centres taking children from birth, ranged from between 1 and 5 centres (4 LAs) to over 100 (in one city LA). Thirteen local authorities had no voluntary partner providers for this age group while 12 had between one and five, and one reported 7 such centres.

In order to identify authorities to participate in the subsequent phases of the review, it was necessary to categorise them by the number and geographical location of centres providing care for children under 3 years of age. In terms of size, the categorisation adopted was:

Large (more than 100 centres)	1 authority
Medium to large (35 to 50 centres)	5 authorities
Small to medium (15 to 34 centres)	7 authorities
Very small (<15 centres)	14 authorities

Location was based broadly on the categories of the Scottish Executive's Urban Rural Classification (six-fold) (2003-04). Authorities that were designated as more than 90% large urban, were categorised as 'cities' for the purposes of sampling and authorities that represented a range of types of location, were categorised as 'mixed'. The 27 authorities were therefore categorised as:

City	3 authorities
Urban	9 authorities
Mixed	10 authorities
Rural	2 authorities
Remote	3 authorities

Taken together, the distribution of centres is as in Table 4.2.

Table 4.2: Categorisation of the 27 local authorities by size and location

Size	Total	Location				
		City	Urban	Mixed	Rural	Remote
Large	1	1				
Medium to large	5	1	3	1		
Small to medium	7		2	4		1
Very small	14	1	4	5	2	2
Total	27	3	9	10	2	3

The figures show a slight tendency for city and urban local authorities to make more provision than rural and remote authorities, but it is not a strong relationship and, as a result of the method used, one city was categorised as ‘very small’ (it had no local authority supported centres for children under 3 years of age). Further enquiry indicated that in authorities with remote and rural communities, including the rural/remote areas of ‘mixed’ authorities, childminders are more likely to be used to support care for children under 3 years of age. Table 4.3 sets out the distribution of types of centres against geographical location.

Table 4.3: Types of centres that take children from birth by location

Type and number of centres	Total	Location				
		City	Urban	Mixed	Rural	Remote
Local authority						
0 centres	8	1		3	2	2
1-5 centres	10		4	5		1
6-10 centres	7	1	4	2		
15 centres	2	1	1			
Total	27	3	9	10	2	3
Private PP						
1-5 centres	4		2	1		1
6-10 centres	12	1	4	4	2	1
11-20 centres	5			4		1
21-30 centres	3		2	1		
31-50 centres	2	1	1			
104 centres	1	1				
Total	27	3	9	10	2	3
Voluntary PP						
0 centres	13	1	4	5	1	2
1-5 centres	12	2	5	4		1
7 centres	1				1	
Total	26 ¹	3	9	10	2	3

¹ One authority did not know how many voluntary partner providers took children from birth.

4.1.2 Planning, budgets and guidance materials

Planning for CPD

Local authorities were asked if any of their planning documents made specific reference to CPD for those working with children under 3 years of age. Nine indicated that either none of the plans did so, or that they did not know. Therefore 18, or two-thirds of the authorities who responded, did make reference to CPD for those working with those under 3 years in planning documents. More specifically:

- one indicated that only the Education Improvement Plan (EIP) had references to CPD for this group of practitioners
- 2 indicated that only the Children’s Services Plan (CSP) referred to CPD
- 9 selected plans other than, and excluding, the EIP or CSP
- 5 respondents selected 2 of the options, and
- one person selected all 4 options.

Table 4.4: Number of authorities making explicit reference in planning documents to CPD for those working with children under 3 years of age, by location

	Total	Number of authorities				
		City (3)	Urban (9)	Mixed (10)	Rural (2)	Remote (3)
Children’s Services Plan	7	1	5			1
Education Improvement Plan	6		4	1		1
Community Plan	1					1
Other plans	12	2	1	6	2	1

One person commented that strategic plans such as those listed would not be sufficiently detailed to refer to CPD for specific groups of staff. Rather, this level of detail would be contained in the individual services plans/improvement plans. This was confirmed by references to other documents, typically relating to some combination of ‘early years’ and ‘childcare’ planning such as training plans, group plans, services plans and development plans, that addressed issues around CPD.

Budgets

Six local authorities (3 urban, 2 mixed and 1 rural) indicated that they had budgets specifically for CPD for staff working with children under 3 both in 2007-2008 and for 2008-2009. Four indicated that the budget was the same in both years, one had an increased budget (a rural authority) and one did not indicate if the budget had changed or not. In 2 of the 6 authorities, one urban and one mixed, the budget was devolved to centres. Twenty-one (21) authorities did not have CPD budgets specifically for those working with children under 3 years of age. Responses in an open question for additional comments indicated that 11 of them included CPD for those working with this age group within broader budget headings (see below).

The additional comments in relation to budgets covered 3 main themes: the sector focus of the CPD budget; the question of devolving budgets; and budgets other than CPD budgets;

The focus of the CPD budgets was referred to by 14 respondents:

- 11 indicated that the CPD budget covered a wider range of provision than 0-3 (e.g. 0-5, 0-8, 0-12) and that suitable opportunities for those working with children under 3 were included. Two indicated that within the overall CPD budget, issues of birth to 3 year olds were a priority.
- 2 reported that development officers had been appointed to work with centres making provision for children under 3 years (both in authorities that had no LA centres making provision for this age group, nor a specific 0-3 budget).
- 1 respondent, who reported having a specific 0-3 budget, indicated that the LA had set aside some of the budget for a peripatetic team of trainers who are invited into centres to 'support staff and model good practice'.

Seven LA representatives commented on the issues of devolving budgets. (Six of these are in authorities that have LA provision for children from birth and one with provision starting at age 2).

- 3 indicated that CPD budgets were devolved to centres, one clarifying that it was to LA establishments and not partner providers that funding was devolved; a fourth authority mentioned partner providers receiving £250 towards CPD.
- 3 indicated that the CPD budget was partially devolved (only one had a specific CPD 0-3 budget)
- 1 commented that 'experience had shown that devolving budgets to centres does not guarantee expenditure on the intended purpose' (this authority had reported having a specific CPD 0-3 budget).

Five respondents mentioned other budgets for supporting CPD.

- 3 mentioned Workforce Development funds which were targeted according to needs and had been used to support under 3s provision (one of the 3 had a specific CPD budget for 0-3 issues).
- 1 mentioned Surestart Scotland as a source of funding for CPD provision for those working with under 3s
- 1 representative referred to a specific initiative budget that supported CPD for working with under 3s

One local authority contact, where there was a specific 0-3 CPD budget, highlighted that the CPD budget was also used to buy resources to support training courses.

Guidance materials

One question asked local authorities to indicate which guidance materials they used to support CPD for those working with children under 3. Table 4.5 shows the responses.

Table 4.5: Number of authorities using various guidance materials to support CPD for those working with children under 3 years of age by location

	Total	Number of authorities				
		City (3)	Urban (9)	Mixed (10)	Rural (2)	Remote (3)
Birth to Three (Learning and Teaching Scotland)	24	3	8	9	1	3
Your own local authority guidance materials	15	2	6	6		1
Birth to Three Matters (Department for Children, Schools and Families)	15	1	5	8		1
Another local authority's guidance materials	4		3	1		
Other guidance materials	8	1	2	4	1	

One person did not answer this question. Two indicated that they used only one of the types of material listed; one used only Birth to Three (LTS), and one used only their own authority's materials. However, the majority used at least 2-3 types of materials. The majority used Birth to Three (LTS), with just over half also using their own materials and a similar proportion using the DCSF's 'Birth to Three Matters'. Several respondents mentioned using other authorities' materials and a range of other guidance materials such as the Solihull Training Pack, the DfES Early Years Foundation Stage and Care Commission materials were cited. In addition, a number of CPD providers were specifically named.

4.1.3 CPD provision supported by local authorities

Types of CPD provision

Local authority representatives were asked to indicate the types of opportunity for CPD, specifically addressing issues related to working with children under 3 years of age, in local authority centres and in the partner provider centres that they supported. The responses are presented in Table 4.6.

Table 4.6: CPD opportunities supported by local authorities

Type of provision	Number of local authorities	
	LA centres	Partner provider centres
In-service day courses	22	18
In-centre/in-house training	19	17
In-service twilight or evening courses	18	21
Conferences/seminars	11	7
College evening (leading to qualifications)	7	9
Staff exchanges	7	3
Other	6	6
College day release (leading to qualifications)	4	5
University part-time attendance (to qualification)	4	4
College evening classes (non certificated)	3	4
Online learning	3	2
Job shadowing	2	2
Other distance learning	1	1
College day release (non-certificated)	0	1
University professional development (non-certificated)	0	0

For staff working in local authority centres, there was considerable variation in the types and range of CPD supported, with 15 authorities indicating that they supported between one and 4 types of CPD and 11 indicating they supported 5 or more. In-service courses and in-house training were the most commonly supported ways of providing CPD. College/university based development opportunities that did not lead to certification were not supported, except in the case of one authority who indicated they supported it for PP centres, while institutionally based courses leading to certification (higher education and college day release) were supported by approximately 10% of the authorities in the survey and around a quarter supported college-based evening classes. In general, remote and rural authorities did not use institutionally based provision.

Other CPD opportunities provided for local authority staff included:

- Using an integrated network of training providers to deliver vocational qualifications
- Having a consultant/specialist work directly in centres with staff and children, tailoring training to specific needs (2 authorities)
- Delivering training to multi-agency groups of early years workers (3 authorities) followed up by individual quality assurance visits and supported by ongoing practitioners' groups (1 authority).
- Cross-authority links to offer places on each others courses, to maximise the uptake of the places available.

Two authorities indicated that they did not provide CPD opportunities for their partner providers. Sixteen indicated that they supported between one and 4 of the above opportunities and the remaining 9 indicated that they supported 5 or more. Some of the authorities indicated that the types of provision they had for local

authority employees were also available for those working in partner provider centres, namely access to the integrated training work, multi-agency training opportunities, and having a specialist work directly in the centres. One LA representative indicated that the Pre-school Education Co-ordinator and colleagues worked with partner provider staff and children.

Providers used by local authorities to support CPD opportunities

Local authority representatives were asked to identify who delivered the CPD opportunities that specifically focus on issues of working with children under 3 year of age. Table 4.7 shows the responses.

Table 4.7: CPD providers across the 27 local authorities

	Total
Your own local authority staff	24
Independent training providers	20
Health Board staff	12
Birth to 3 practitioners	10
Heads of early years centres/centre managers	9
Further Education (college) staff	8
Voluntary organisation staff	8
Higher Education (university) staff	7
Staff from other local authorities	6
Other	5

Thirteen authority representatives reported using between 1 and 3 of these providers, 11 used between 4 and 6, and 3 used between 7 and 10. Responses made reference to specific external providers including organisations such as the National Youth Choir Scotland and the Scottish Pre-school Playgroup Association. Others indicated an involvement by other local authority staff such as social work and the health board.

Topics addressed in CPD supported by the local authority

Two questions sought information on the themes/topics addressed during 2007-08, and those planned for 2008-09. Responses varied considerably, with some giving quite detailed lists of topics, others giving broad areas being addressed, and yet others referring more generally to the implementation of the authority framework. Broad themes were identifiable across the authorities, for example, health and wellbeing, social needs and development, educational issues and managing and leading. More specifically, topics that were mentioned frequently were food and nutrition, working with parents and families, behaviour management, communication and language development, child protection, and planning and managing the environment. Topics relating to managing and leading, though mentioned less frequently, included peer support, multi-agency training, self-evaluation, and government and care commission policies.

Identifying needs for CPD

Respondents were asked to indicate the 3 most used sources of information that they referred to when identifying needs for planning CPD provision. (Several gave more than 3 sources.)

Table 4.8: Most used sources of information in identifying CPD needs

	Total
Review of each centre's development/improvement plan	17
Local authority visits to centres	17
Integrated inspection (HMIE & Care Commission)	16
Local authority led needs analysis exercise	15
Care Commission inspection	12
National initiative priorities	11
Local authority priorities	9
Child care partnership	8
Other	4

Other sources of information included consultation with managers and providers.

Barriers to provision

When asked to identify potential barriers in CPD provision, the most frequently mentioned barrier (by 12 local authorities) related to the issue of **releasing staff** to attend CPD sessions. The comments related to funding for supply cover, the lack of suitable supply staff and the timing of the CPD sessions. In one case, the issue was releasing experienced staff to support other centres and the difficulty of finding good supply staff to fill their roles in their 'home' centres.

Eight local authorities mentioned **limited budgets** as being a barrier to the provision of CPD. This may be because the budget was too small, that there was no ring-fenced funding for those working with this age group, or that funding was targeted at 3 to 5 and CPD for those working with children under 3 was not a priority.

Six respondents commented on issues specifically related to **partner providers**. Some of the comments were somewhat ambiguous but the issues raised included:

- (Lack of) qualifications, experience and motivation of staff
- The role of the local authority in relation to partner providers
- Lack of quality assurance in centres making provision for very young children
- The long opening hours (8.00 am to 6.00 pm) made it difficult for partner providers staff to be involved in training and development
- The relatively rapid turnover of staff.

One authority, with no local authority provision for children under 3, commented that the very fact that all 0-3 provision within the authority was in the private sector could reduce the opportunities for those seeking access to CPD.

Other barriers identified were quite diverse. Some related specifically to authorities with a small amount of provision, or that served remote communities:

- Small numbers made using external providers of CPD expensive
- CPD was centre specific
- There was a lack of centres taking children under 2
- Geography and the requirement to travel to take part were limiting factors.

Others were:

- Lack of 'good' placements for college students (2 authorities)
- Difficulty of finding 'good' trainers (2 authorities)
- Lack of new materials and resources
- Lack of understanding of the importance of the significance of early years – by centre managers (1 authority) and by elected members (1 authority).

4.1.4 Examples of good practice

Local authority contacts were invited to give brief details of examples of good practice where quality CPD had impacted on practice in working with children under 3 years of age. It was suggested that these could, for example, relate to specific centres, or could be about collaborative arrangements or networking. Seven authorities gave examples of authority wide frameworks, guidelines or development opportunities that they have promoted and supported with CPD opportunities or that were planned for the future. These were taken into consideration when identifying the case studies for phase 3 of the review.

Where authority wide frameworks were in place, they were typically supported by awareness raising sessions and other forms of dissemination. Some had introduced an extensive training programme to complement the guidance provided. Those developed since the publication of Learning and Teaching Scotland's Birth to Three document have drawn on this framework customising it to their local needs.

Both in this section of the questionnaire and in relation to other CPD opportunities, 3 authorities mentioned the practice of experienced staff or specialists working alongside less experienced practitioners in the centre as an effective way of providing CPD for staff.

Other points made in relation to good practice were:

- having a local authority officer with a specific remit for under 3 year olds
- working with secondary pupils on parenting
- the use of family support workers
- speech and language support from relevant professionals.

One authority mentioned CPD for day-carers, who were trained to work with young children whose mothers are addicted to drugs and other substances.

4.1.5 Non-partner providers

Authorities were also asked to indicate if they supported CPD for non-partner providers and day carers. One-third of the LA respondents could not provide information about non-partner providers. Thirteen of the 16 local authorities who indicated that non-partner providers provided care for children under 3 included these non-partner providers in CPD opportunities supported by the authority. Similarly, 13 of the 14 who had day carers/childminders registered with the authority for the care of children under 3, included them in CPD opportunities. (Seven of the authorities are the same in each instance.)

4.1.6 Summary

Questionnaires were distributed to contacts for early years provision in all 32 local authorities and were returned from 27 authorities.

A key issue is the difficulty that the request for information on centres that make provision for children under 3 years and the numbers of children attending them posed for respondents. Some were able to provide it readily, others had to do some research to provide answers and others were unable to provide such data. This was primarily because some authorities did not collect data on the provision of places for children under 3 in partner provider centres.

Nature of care provided

The majority of provision for children from birth up to their third birthday occurred in private partner provider centres (436 centres), followed by local authority provision (110 centres) and then a small number of voluntary/not-for-profit partner provider centres (37).

- All 27 authorities had private partner providers who made provision for children from birth up to their third birthday.
- 19 of the 27 authorities indicated they had local authority centres that catered for children from birth up to their third birthday. The number of centres in each authority varied but only 2 authorities (one city and one urban) had more than 10 centres that made provision for children from birth. Eight (8) local authorities had no local authority provision for children in this age range.
- 13 of the 27 authorities reported voluntary partner providers that catered for children from birth to 3 years.

Planning, budgets and guidance materials

- 18 of the 27 authorities reported that various planning documents (e.g. Children's Services Plan; Education Improvement Plans; specific early years and childcare services and development plans) contained references to CPD for those working with children under 3 years.
- 6 of the 27 authorities indicated they had budgets specifically for CPD for those working with children under 3 and a further 11 reported that the CPD budgets for this group of practitioners was subsumed under broader budget headings (e.g. 0-5, 0-8, 0-12). Some respondents referred to the

use of Workforce Development funds and to Surestart funding to support CPD for those working with children under 3 years.

- The most commonly reported guidance materials in use were the national guidelines 'Birth to Three' (Learning and Teaching Scotland) (24 LAs), with 15 reporting using their own local authority developed guidance materials; and 15 reporting using 'Birth to Three Matters' (Department for Children, Schools and Families). The majority used at least two of these sources.

CPD provision supported by local authorities

- In-service provision (day, twilight and evening) and in-house training were the most frequently supported types of CPD for staff in both LA and partner provider centres. Institutionally based courses (HE part-time and college day-release) that led to certification were supported by 4 of the authorities, while around one-quarter supported college evening classes leading to qualification. Two LA respondents indicated that the authority did not provide CPD opportunities for their partner providers.
- In line with the types of CPD supported, the most frequently reported providers were their own local authority staff and independent training providers. Around one third reported having CPD delivered/facilitated by birth to 3 practitioners and heads of centre.
- In relation to topics supported through CPD, broad themes were identifiable across authorities, for example, health and wellbeing, social needs and development, educational issues such as learning and the curriculum, as well as managing and leading. More specifically, frequently mentioned topics were: food and nutrition, working with parents and families, behaviour management, communication and language development, child protection, and planning and managing the environment. Topics related to managing and leading, though less frequently mentioned, included peer support, multi-agency training, self-evaluation and government and Care Commission policies.

Identifying needs

- When identifying needs for planning CPD programmes it appears that the needs of individual centres take priority with the most important sources of information being each centre's improvement plan and local authority visits to centres. Reports of Care Commission and HMIE inspections are taken account of ahead of national initiative priorities, though one might expect that these bodies would be highlighting national priorities.

Barriers to provision of CPD

- The most frequently mentioned barrier was related to the issue of releasing staff to attend CPD sessions. This included lack of supply cover generally or suitable supply cover and the timing of the sessions (i.e. daytime or twilight which was particularly difficult for private sector providers who worked very long hours). Limited or ring-fenced budgets were nominated by 8 authorities.

Good practice

- Good practice was reported in relation to the introduction of new authority frameworks supported by training. Three authorities highlighted the

practice of having more experienced practitioners or specialists working alongside those with less experience.

Non-partner providers

- Half of the respondents indicated that non-partner providers and childminders who had the care of children under 3 were included in CPD opportunities supported by the local authority.

4.2 Survey of early years centres

The survey of local authority officers was followed by a survey of managers and practitioners in local authority and partner provider centres across Scotland.

4.2.1 Information about centres and respondents

Questionnaires for managers and practitioners were sent to 439 centres that made provision for children under the age of 3, in 20 local authorities. The sampling process targeted those centres that catered for the full age range from birth up to a child's third birthday and, as the survey took place over the summer months, those centres that were known to be open during this period. Each centre was sent 5 practitioner questionnaires with a request for up to 5 responses from practitioners with different levels and lengths of experience of working with children under 3 years of age. The responses from each authority and by type of centre are given in Tables 4.9 and 4.10.

Table 4.9: Manager and practitioner questionnaire returns

	No of centres sent questionnaires	Manager returns	Practitioner returns
Aberdeen City	40	13	56
Angus	8	2	0
Argyll and Bute	13	1	3
City of Edinburgh	100	22	53
Dumfries and Galloway	19	4	15
Dundee	12	4	3
East Ayrshire	9	5	14
East Lothian	10	5	11
East Renfrewshire	7	3	11
Fife	37	6	12
Highland	18	6	13
Midlothian	17	4	3
Moray	8	3	5
North Ayrshire	16	7	15
North Lanarkshire	35	14	44
South Lanarkshire	47	13	39
Stirling	16	5	19
West Dunbartonshire	15	4	12
Western Isles	4	1	5
West Lothian	8	0	2
Anonymous	--	0	5
	439	122	340

The return rate for managers is 28%. As the total population of staff working with children under 3 years in the centres targeted is not known, a response rate cannot be calculated. Manager responses only were received from 33 centres; practitioner responses only were received from 49 centres, and both manager and practitioner responses were received from 89 centres. In total, 171 centres were represented giving a 39% return rate based on centres. Although low,

sufficient questionnaires were received for analysis. However, due to the small numbers from some areas, a more detailed analysis of the data by, for example, local authority is not feasible.

The completed questionnaires were sorted by category to determine the extent to which they reflected the range of provision across Scotland. Table 4.10 shows the distribution by local authority provision, private partner providers (PPP) and voluntary partner providers (VPP). The proportions indicate a higher LA centre response rate and under-representation of PPP centres in the sample. While sufficient responses were received to undertake comparisons between sectors, the PPP responses cannot be described as a representative sample and so results should be interpreted as indicative rather than generalisable to the wider partner provider population.

Table 4.10: Questionnaire returns by sector

	No of centres that received Qs	Manager returns	Practitioner returns	Centre returns
Local authority	75	33 (44%)	122	51 (68%)
PPP	329	78 (20%)	192	105 (32%)
VPP	35	11 (31%)	26	15 (43%)
Totals	439	122 (28%)	340	171 (39%)

A second check on the sample looked at the number of children in the centres involved in the survey. Of the 122 manager respondents, 106 provided information about the number of children currently registered, in the two age groups, under 3 and 3-5 years.

Table 4.11: Number of centres with children in two age bands: under 3 and 3 to 5

Number of children	Age of children	
	Under 3 years	Aged 3 to 5
None	0	1
1-10	3	9
11-20	14	21
21-30	26	21
31-40	21	22
41-50	17	14
51-60	10	4
61-70	5	1
71-80	5	3
81-100	3	2
Over 100	2	8

The figures show that most of the centres catering for children under 3 years of age lie towards the small to medium end of the range, with regard to overall number of children. Looking more closely at the birth to 3 age range in these centres (Table 4.12), the youngest children tend to be catered for in the smaller centres.

Table 4.12: Number of centres with children under 3 years, by year group

Number of children	Age of children		
	Not yet reached first birthday	One but not yet reached 2 nd birthday	Two but not yet reached 3 rd birthday
None	15	3	0
1-10	81	40	19
11-20	7	42	42
21-30	2	14	29
31-40	1	5	12
41-50		1	1
51-60		1	2
61-70			
71-80			
81-100			1

Within these centres, practitioners were asked to indicate the ages of children they worked with, and also how their time had been spent during the preceding year. The responses are presented in Tables 4.13 and 4.14.

Table 4.13: Number of practitioners engaged in working with different age groups (n=340)

	n	%
From birth but not reached first birthday	200	59%
From one by not reached 2 nd birthday	238	70%
From two but not reached 3 rd birthday	222	65%
From three to 5	116	34%

Table 4.14: Percentage of time practitioners working with children under 3 years of age in the previous year

	n	%
100% of the time	177	54%
75-100%	78	24%
50-75%	36	12%
Less than 50%	36	11%
Total	330	100%

Note: There were 10 missing responses

The figures indicate that most of the respondents were working for most, if not all, of their time, with children in the birth to 3 years age range. Approximately one third of respondents also spent time working with older children, up to 5 years of age. Additional information was sought from managers on the number and gender of employees within each centre and, from respondents, on their age, gender and work experience (see Appendix 4 for details).

4.2.2 Policy and resources used

Some questions in the survey sought to determine the extent to which CPD provision for those working with children under 3 years old was built into the planning process, at local authority and/or centre level, how it was resourced and

how participation was recorded. Table 4.15 sets out the responses from the centre managers.

Table 4.15: Percentage of centres with plans and budgets relating specifically to children under 3 years of age

	Total (n=122)	Local Authority (n=33)	Private PP (n=78)	Voluntary PP (n=11)
Improvement plans include planning for staff CPD specifically related to working with under 3s	76%	81%	74%	73%
Staff working with under 3s have personal development plans	87%	91%	85%	82%
Budget exists for CPD activities specifically in relation to staff working with under 3s	56%	65%	52%	55%

According to the managers, the majority of centres mentioned CPD in their improvement plans, had a specific budget for CPD activities related to working with under 3 year olds and expected staff to maintain personal development plans. Local authority centres were most likely to have all three elements in place, while there was little difference between the private partner providers (PPP) and voluntary partner providers (VPP). Practitioners were also asked if they were required to have a personal development plan in relation to their own professional learning. Ninety-eight percent (98%) of LA staff reported that they had development plans, as did 84% of PPP staff and 81% of VPP staff.

One objective of the research was to identify the extent of the use of the national birth to 3 guidance document and the staff support pack (Birth to Three, Learning and Teaching Scotland). Both managers and practitioners were asked to indicate whether they used certain guidance materials and, if so, the frequency of their use. In addition, they were asked for their views on their usefulness in their day-to-day work. Tables 4.16 to 4.18 present the responses from managers.

Table 4.16: Guidelines in use as reported by managers

	Total (n=122)	Local Authority (n=33)	Private PP (n=78)	Voluntary PP (n=11)
Birth to Three (Learning and Teaching Scotland)	96%	97%	95%	100%
Own local authority guidance materials	66%	82%	59%	73%
Birth to Three Matters (Department for Children, Schools and Families)	59%	55%	60%	64%
Another local authority's guidance materials	19%	6%	24%	18%

The majority of centres in all three categories reported that the Birth to Three (LTS) materials were the main resource used, with local authority guidance materials also used by two-thirds of the respondents; more than half made use of the DfES document Birth to Three Matters.

Table 4.17 presents the frequency of use. The percentages shown are based on those who indicated that they had used the materials (shown in brackets in the first column) rather than the whole sample.

Table 4.17: Managers' views on the frequency of use of guidance materials

	At least once a week	<weekly but at least monthly	Once or twice a term	Once or twice a year
Birth to Three (Learning and Teaching Scotland) (n=109)	61%	25%	6%	9%
Own local authority guidance materials (n=79)	62%	27%	10%	1%
Birth to Three Matters (Department for Children, Schools and Families) (n= 67)	45%	25%	7%	22%
Another local authority's guidance materials (n=20)	55%	5%	20%	20%

The majority of respondents referred to or used the materials listed on a weekly or monthly basis. Table 4.18 shows that most managers considered the Birth to Three (LTS) materials to be 'good' or 'excellent' and, although fewer used and expressed views on the other materials listed, the ratings also tended to be positive.

Table 4.18: Managers' views on the effectiveness of guidance materials

	Poor/very poor	Average	Good	Excellent
Birth to Three (Learning and Teaching Scotland) (n=103)	7%	18%	57%	18%
Own local authority guidance materials (n=76)	3%	21%	45%	32%
Birth to Three Matters (Department for Children, Schools and Families) (n= 63)	10%	16%	54%	21%
Another local authority's guidance materials (n=18)	22%	11%	50%	17%

Note: Responses were asked for on a 5 point scale 1 = very poor to 5 = excellent. Very few responded at the negative end of the scales and so categories 1 and 2 have been collapsed.

Some differences emerged between local authority centre managers and private partner provider managers in relation to the use of their own local authority's materials:

- 82% of LA managers reported using them as against 59% of PP providers (statistically significant⁹);
- 96% of the LA managers who used them, reported using them at least once a month, while fewer (84%) of PPP managers reported this (though this is not statistically significant);
- 83% of the LA managers thought they were good or excellent, while 71% of the PPP managers thought this (though this is not statistically significant).

⁹ n=111; chi-square = 5.38; p=0.02

It is important to note some caveats regarding the figures reported. In responding to the initial questionnaire to local authorities, LA officers in 11 of the 20 authorities subsequently included in the survey of managers and practitioners indicated that the LA had produced its own guidelines. Eighty-six (86) or 71% of managers who completed a questionnaire were located in the 11 authorities where local guidelines had been developed. Therefore, the extent to which managers report using their own LA's materials is, in part, an artefact of the sample. Twelve managers from partner providers also indicated that they used their own authority's materials although these authorities had not reported having their own guidelines for working with children under 3 years. This may have further inflated the figure; they may indeed be using guidelines produced by the authority, though not specifically for children under 3.

Similar questions were asked of the practitioners and their responses are shown in Table 4.19 to 4.21.

Table 4.19: Guidelines in use as reported by practitioners

	Total (n=337)	Local Authority (n=122)	Private PP (n=189)	Voluntary PP (n=26)
Birth to Three (Learning and Teaching Scotland)	85%	87%	85%	81%
Own local authority guidance materials	57%	84%	41%	42%
Birth to Three Matters (Department for Children, Schools and Families)	54%	46%	60%	50%
Another local authority's guidance materials	14%	9%	18%	8%

Again, the most commonly used materials were the Birth to Three (LTS) materials and those produced by their local authority (particularly so for those working in LA centres). Interviews with practitioners suggested that there was some lack of clarity as to exactly which materials were in regular use. This may derive from the fact that 'birth to three' is used in the titles of materials from different sources i.e. Learning and Teaching Scotland, Department for Children, Schools and Families and in some authorities' own materials. As a result, usage of the documents may not be as high or as frequent as suggested by the figures in Tables 4.19 and 4.20.

Table 4.20: Practitioners' views on the frequency of use of guidance materials

	At least once a week	<weekly but at least monthly	Once or twice a term	Once or twice a year
Birth to Three (Learning and Teaching Scotland) (n=264)	50%	27%	13%	10%
Own local authority guidance materials (n=176)	56%	31%	6%	7%
Birth to Three Matters (Department for Children, Schools and Families) (n= 167)	44%	31%	13%	12%
Another local authority's guidance materials (n=42)	48%	21%	19%	12%

Practitioners used local authority materials the most regularly of the resources listed; Birth to Three (LTS) was also used on a regular basis, and by a larger number of practitioners.

Table 4.21: Practitioners' views on the effectiveness of guidance materials

	Poor/very poor	Average	Good	Excellent
Birth to Three (Learning and Teaching Scotland) (n=275)	5%	20%	56%	20%
Own local authority guidance materials (n=191)	4%	19%	51%	27%
Birth to Three Matters (Department for Children, Schools and Families) (n= 167)	4%	20%	50%	26%
Another local authority's guidance materials (n=45)	7%	20%	60%	13%

Note: Responses were asked for on a 5 point scale 1 = very poor to 5 = excellent. Very few responded at the negative end of the scales and so categories 1 and 2 have been collapsed.

The differences between respondents from local authority centres and private partner centres, noted in relation to managers' reported use of their own local authority guidelines, are reflected in the practitioner responses:

- 84% of practitioners from LA centres reported using LA guidelines as against 41% of those working in the PPP centres and 42% (11 out of 26) of those in VPP centres (statistically significant¹⁰);
- 93% of those in local authority centres who used them reported that they did so at least once a month, while 77% of those in PPP centres reported this (statistically significant¹¹); 7 out of the 8 users in VPP centres who answered this question reported using them at least once a month.
- The difference was slightly less notable in relation to how effective they found them, with 81% of those in LA centres indicating they were good or excellent (37% of which = excellent), and 77% (19% of which = excellent) of those in PPP centres reporting this (statistically

¹⁰ n=337; chi-square = 59.99; p<0.001

¹¹ MW: n=168; mean ranks: LA=73.5; PPP=99.6 (note weekly use was coded '1' and 'once or twice a year was coded '4'; therefore the higher the rank the less frequent was the reported use); U=2372; p<0.001

significant¹²); 6 out of the 12 users in VPP centres who answered this question thought the LA materials were good or excellent.

If respondents indicated that they used guidance materials from a local authority other than the one in which they worked, they were asked to provide the name of the authority. Not all gave details but of those who did, the most frequently mentioned by managers were South Lanarkshire, North Lanarkshire and Edinburgh. Also mentioned, though less frequently, were Midlothian, East Lothian, Highland and Fife. Practitioners also made most frequent reference to South and North Lanarkshire while two mentioned using Glasgow City Council Guidance for reference, one mentioned Stirling Council and one referred to West Dunbartonshire.

Both managers and practitioners were asked to indicate if they used any other guidance materials. A range of materials was noted by 12 managers and 25 practitioners. Reference was made to the use of statutory or official guidelines such as SSSC and Care Commission materials and HMIE 'Child at the Centre' self-evaluation. A few practitioners mentioned using NSPCC materials in relation to child protection. Specific training programmes were referred to, for example, the Solihull Training Pack and PEEP (Peer Early Education Partnership). Materials provided by commercial training organisations were mentioned. A small number of managers and practitioners referred to using texts with sections on birth to 3, with specific mention of OU materials, and also 'Nursery World' magazine. Two practitioners from a specific private partner provider named their organisation's own in-house materials.

4.2.3 Managers and practitioners' views of their experience of CPD

This section reports on the managers' and practitioners' experiences of CPD. The research objectives were to determine areas of birth to 3 years work where CPD is undertaken and is considered to be effective, both in terms of the nature of the CPD (topics and themes provided) and the systems of delivery (the 'who' and the 'how').

Managers and practitioners were asked to provide details on their participation in CPD activities in the previous year, specifically in relation to working with children under 3 years of age. The questions addressed the types of CPD, the providers of CPD and the topics covered. Questions also sought views on the relevance of provision and its effectiveness. In addition, managers were asked to comment on the CPD available for their staff.

Managers' views on their experiences of CPD

During the year prior to the survey, 61 (50%) managers had participated in CPD related to managing and working with children under 3 years of age. A higher percentage of LA centre managers (73%) had participated, with figures for PPPs and VPPs at 42% and 36% (4 out of 11) respectively (statistically

¹² MW: n=179; mean ranks: LA = 97.8; PPP=81.6 (note because the scale was from 1=poor to 5=excellent, the higher ranking means a more positive response); U=3273; p=0.02.

significant¹³). Respondents were asked to indicate which types of CPD they had experienced. Table 4.22 shows the range of types of activity and the numbers participating, drawing on the responses of the 61 respondents who had experienced CPD during 2007-08.

Table 4.22: CPD opportunities experienced by managers

	Total (n=61)	Local Authority (n=24)	Private PP (n=33)	Voluntary PP (n= 4) ¹
In-service day courses	69%	79%	61%	3
In-centre/in-house training	59%	54%	64%	2
Conferences/seminars	46%	63%	33%	2
In-service twilight or evening courses	31%	25%	36%	1
College evening classes (non certificated)	10%	8%	12%	0
College day release (leading to qualifications)	7%	0	12%	0
Online learning	7%	12%	0	1
Other distance learning	7%	4%	9%	0
College day release (non certificated)	5%	0	6%	1
College evening classes (leading to qualifications)	5%	4%	6%	0
University part-time attendance (leading to qualification)	5%	8%	3%	0
Job shadowing	5%	4%	3%	1
Staff exchanges	5%	4%	6%	0
University professional development (non certificated)	1	0	0	1

¹ With only 4 respondents from voluntary partner provider centres, it is not appropriate to report percentages.

A range of different sources and forms of CPD were identified, the most frequently cited being in-service day courses and in-centre or in-house training events. Just under a half had attended conferences and about a third had participated in in-service twilight or evening courses. Most of the others were accessed by only one or two managers. A comparison of local authority managers and managers from private partner providers shows some variation in types of CPD experienced, notably in relation to participation in conferences which more LA managers had attended, though none of the differences were statistically significant.

A further question sought information on their experience of a range of providers and views on the quality of the provision experienced in terms of delivery, materials and the overall learning experience as well as the relevance of the CPD offered. Responses are reported in Tables 4.23 to 4.25.

¹³ n=120; chi-square=10.21; p=0.006

Table 4.23: CPD providers of events in which managers participated

	Total (n=61)	Local Authority (n=24)	Private PP (n=33)	Voluntary PP (n= 4) ¹
Own local authority staff	74%	83%	67%	3
Independent training providers	46%	38%	52%	2
Other professionals (e.g. medical and health staff; psychological services; specialist therapists)	36%	54%	21%	2
Heads of early years centres/centre managers	23%	21%	24%	1
Birth to 3 practitioners	20%	29%	15%	0
Higher Education (university) staff	18%	25%	12%	1
Further Education (college) staff	15%	0	27%	0
Voluntary organisation staff	12%	4%	12%	2
Staff from other local authorities	7%	0	12%	0

¹ With only 4 participants from VPP centres, it is not appropriate to report percentages.

The only difference to note is that managers of local authority centres are more likely to have participated in CPD delivered by ‘other professionals’¹⁴, while those managing PPP centres are more likely to have experienced CPD through the college sector.

Views on the quality of the provision were also sought and these are presented in Table 4.24. A mean rating figure was calculated in each case, providing a measure of overall satisfaction (final column). However, the number of respondents is small and caution should be exercised in interpreting the findings. As indicated previously, where $n < 10$, the percentages and mean scores have not been calculated, although items are included at the bottom of each table. Also, the first two (negative) points on the scales have been collapsed for reporting purposes.

¹⁴ Other professionals: $n=57$; $\chi^2=6.63$; $p=0.01$;

Table 4.24: Managers' views of quality of CPD experienced, by provider

	Poor/very poor	Average	Good	Excellent	Mean score ¹
Birth to 3 practitioners (n=12)	0	17%	25%	58%	4.42
Independent training providers (n=28)	0	18%	46%	36%	4.18
Own local authority staff (n=45)	0	20%	53%	26%	4.07
Other professionals (e.g. medical and health staff; psychological services; specialist therapists) (n=22)	0	23%	50%	27%	4.05
Heads of early years centres/ centre managers (n=14)	7%	21%	36%	36%	4.00
Higher Education (university) staff (n=11)	0	27%	73%	0	3.73
Further Education (college) staff (n=9)	0	4	4	1	-
Staff from other local authorities (n=4)	0	2	2	0	-
Voluntary organisation staff (n=7)	1	2	3	1	-

¹ Responses were asked for on a 5 point scale 1=very poor to 5=excellent. Very few responded at the negative end of the scale and so categories 1 and 2 have been collapsed. The higher the mean score, the more positive the response; mid-point value = 3.

Centre managers considered that the quality was highest in the CPD provided by early years practitioners, independent trainers, other professionals and staff from within their own local authority. However, all those listed were rated above the mid-point figure of 3. Further analysis showed that there were no significant differences in the views of managers regarding the effectiveness of the providers.

Table 4.25: Managers' views of relevance of CPD experienced, by provider

	All/mostly irrelevant	About half relevant	Mostly relevant	All relevant	Mean score ¹
Independent training providers (n=27)	0	22%	41%	37%	4.15
Own local authority staff (n=45)	7%	21%	29%	43%	4.05
Other professionals (e.g. medical and health staff; psychological services; specialist therapists) (n=22)	5%	20%	35%	40%	4.05
Birth to 3 practitioners (n=12)	25%	8%	17%	50%	3.83
Heads of early years centres/ centre managers (n=13)	15%	23%	38%	23%	3.62
Higher Education (university) staff (n=11)	9%	36%	55%	0	3.50
Voluntary organisation staff (n=7)	1	1	4	1	-
Staff from other local authorities (n=4)	0	2	2	0	-
Further Education (college) staff (n=9)	0	6	2	0	-

¹ Five-point scale used, with 1= all irrelevant and 5 = all relevant; higher mean score = higher perceived relevance; mid-point value = 3

In terms of relevance, centre managers rated independent trainers, their own local authority staff and other professionals highest. Analysis of the responses of those working in local authority centres and those managing private partner centres showed no significant difference in views.

In addition to views on quality and relevance, the survey also sought information on the topics or themes of recent CPD involvement. Table 4.26 presents the findings.

Table 4.26: Centre managers' participation in CPD, by topic

	Total (n=61)	Local Authority (n=24)	Private PP (n=33)	Voluntary PP (n= 4) ¹
Planning and evaluating	69%	54%	76%	4
Observing and recording	62%	42%	73%	4
Babies and young children as learners	48%	58%	42%	1
Working with children with additional support needs	46%	63%	39%	0
Managing staff	44%	46%	42%	2
Learning environments for children under 3 years	43%	42%	46%	1
Promoting positive behaviour in children under 3 years	41%	38%	46%	1
Development of communication and language in children under 3 years	39%	50%	33%	1
Social development of children under 3 years	36%	42%	33%	1
Physical development of children under 3 years	34%	38%	33%	1
Health and safety in the environment for children under 3 years	34%	30%	36%	2
Working with parents and developing home links	34%	38%	33%	1
Being and becoming a reflective practitioner	34%	38%	27%	3
Working creatively (e.g. art, music) with children under 3 years	33%	33%	33%	1
Managing resources	31%	33%	27%	2
Staff needs analysis	28%	38%	18%	2
The rights of the child and encouraging participation	28%	38%	21%	1
Legal issues of working with children under 3 years	21%	25%	21%	0
Gender equality	20%	29%	15%	0

¹ With only 4 respondents from voluntary partner provider centres, it is not appropriate to report percentages.

The numbers are small and, in most instances vary little by category of centre. Statistical analysis indicates only one significant difference where those in

private partner centres are more likely to have attended sessions on observing and recording than were staff in the other two categories of centres¹⁵.

Centre managers were then asked to indicate how effective they found the event(s) in terms of managing and working with children under 3 years of age (Table 4.27). Responses are presented in detail and a mean rating for effectiveness has been calculated (final column).

Table 4.27: Managers' perceptions of effectiveness of the CPD experienced

	Did not help	Helped a Little	Helped a lot	Mean score ¹
Observing and recording (n=38)	3%	26%	71%	2.68
Development of communication and language in children under 3 years (n=24)	4%	25%	71%	2.67
Health and safety in the environment for children under 3 years (n=21)	5%	24%	71%	2.67
The rights of the child and encouraging participation (n=17)	0	35%	65%	2.65
Planning and evaluating (n=42)	2%	31%	67%	2.64
Babies and young children as learners (n=29)	3%	31%	66%	2.62
Learning environments for children under 3 years (n=26)	3%	31%	66%	2.62
Being and becoming a reflective practitioner (n=21)	10%	19%	71%	2.62
Working with children with additional support needs (n=28)	4%	32%	64%	2.61
Promoting positive behaviour in children under 3 years (n=25)	8%	24%	68%	2.60
Physical development of children under 3 years (n=21)	5%	33%	62%	2.57
Working with parents and developing home links (n=21)	0	43%	57%	2.57
Social development of children under 3 years (n=22)	5%	36%	59%	2.55
Working creatively (e.g. art, music) with children under 3 years (n=20)	0	45%	55%	2.55
Managing resources (n=19)	12%	26%	63%	2.53
Staff needs analysis (n=17)	0	47%	53%	2.53
Managing staff (n=27)	11%	30%	59%	2.48
Gender equality (n=12)	8%	42%	50%	2.42
Legal issues of working with children under 3 years (n=13)	8%	54%	38%	2.31

¹ mid-point value = 2

¹⁵ n=61; chi-square=8.29; p=0.01

The scores are all above the mid-point value of 2, indicating that most respondents viewed all sessions to be, to some degree, helpful. Typically, two-thirds of respondents were of the opinion that the sessions they had attended had 'helped a lot'. Further analysis indicates no significant differences between those managing local authority centres and those from private partner centres.

In an open section, managers were asked to indicate if they had participated in any type of CPD or had experience of other providers or CPD topics, other than those listed in the questionnaire.

Ten managers reported other types of CPD events, topics or providers. These were: personal study both by online research and reading (with an emphasis that this was in their own time); visiting other nurseries; taking part in working parties (which was considered especially effective because it involved LA and PP centres working together); reflective meetings with development officers; and, delivering training to their own staff. Managers mentioned a few other providers including Mindstretchers, a 'Health and Safety' event, and one PPP mentioned that they had completed the CPD programme provided by the nursery owner. A few reported experiences of CPD in specific topics but these could have been included under the broader headings provided in the questionnaire e.g. mental health, health and safety and 'Brain Gym'. A few managers also mentioned CPD on 'child protection'.

In addition to views on their own CPD needs and the extent to which these had been met, managers were also asked for their views on the CPD available to their staff during the previous year.

Managers' views on CPD for their staff

The issues covered in the questions were similar to those raised in relation to their own experience of CPD, i.e. the types of CPD that staff had experienced, the providers used and the topics covered, along with views on the effectiveness, relevance and adequacy of the provision. In the questions on effectiveness and relevance, a 'don't know' option was included. This allowed for the possibility that while staff had participated in different CPD events, the manager may not have felt that he/she had enough information to make a judgement on the quality of the provision. Their responses are presented in Tables 4.28 to 4.33.

Table 4.28: CPD opportunities experienced by practitioners (as reported by managers)

	Total (n=122)	Local Authority (n=33)	Private PP (n=78)	Voluntary PP (n=11)
In-centre/in-house training	70%	79%	65%	82%
In-service day courses	69%	91%	57%	91%
In-service twilight or evening courses	65%	67%	65%	64%
Conferences/seminars	35%	52%	27%	27%
College evening classes (leading to qualifications)	32%	33%	33%	27%
Job shadowing	24%	36%	21%	9%
College day release (leading to qualifications)	22%	9%	29%	9%
Other distance learning	20%	30%	17%	9%
Staff exchanges	17%	27%	13%	18%
Online learning	15%	12%	17%	9%
College day release (non certificated)	10%	3%	13%	9%
University part-time attendance (leading to qualification)	7%	18%	4%	0
College evening classes (non certificated)	5%	3%	7%	0
University professional development (non certificated)	2%	0	3%	0

In-house/in-centre training was the dominant form of provision with in-service day courses and twilight sessions also featuring highly. Further analysis of the data indicates some differences in the extent to which local authority and private centres used certain types of CPD opportunity. Small but significant differences were observed in relation to 4 types of CPD:

- local authorities were more likely to use in-service day courses, conferences and seminars, and university part-time courses leading to qualification¹⁶
- private partner provider centres were more likely to use college-based day release classes (leading to qualifications), though overall these were not frequently reported¹⁷.

The responses of the small number of VPP managers varied, sometimes appearing to share LA views (in-service and college provision and sometimes sharing PPP views (conferences)).

Table 4.29 shows the range of providers used to meet CPD needs.

¹⁶ n=110; in-service day: chi-square=11.96; p=0.001
conferences: chi-square=5.31; p=0.02
university PT: chi-square = 6.27; p=0.01

¹⁷ n=110; chi-square=4.99; p=0.025.

Table 4.29: CPD providers that offered CPD in which practitioners participated (as reported by managers)¹

	Total (n=114)	Local Authority (n=31)	Private PP (n=72)	Voluntary PP (n= 11)
Own local authority staff	78%	90%	74%	73%
Independent training providers	58%	45%	64%	55%
Other professionals (e.g. psychological services; medical/health staff; specialist therapists)	47%	71%	36%	45%
Birth to 3 practitioners	31%	29%	33%	18%
Heads of early years centres/centre managers	30%	58%	21%	9%
Further Education (college) staff	26%	23%	31%	9%
Higher Education (university) staff	14%	26%	11%	0
Voluntary organisation staff	11%	19%	7%	18%
Staff from other local authorities	11%	3%	15%	0

¹ The percentages are based on those that responded to the question; 8 did not respond.

The most frequently used providers were the authority's own staff, with independent trainers and other professionals also contributing significantly. Looking more closely, the only significant difference observed was that local authority managers were more likely to report the use of other professionals and heads of centres as providers of CPD than were PPP managers¹⁸. The small number of VPP managers again varied in their responses compared to the other 2 groups, but as with the others they were most likely to report using the authority's own staff, independent training providers and other professionals.

Tables 4.30 and 4.31 report on the managers' views on the quality and relevance of CPD provision offered by the providers.

¹⁸ n=103; other professionals: chi-square=9.73; p=0.002; heads of centre: chi-square=13.79; p<0.001.

**Table 4.30: Quality of CPD offered to practitioners by the providers
(as reported by the managers)**

	Poor/very poor	Average	Good	Excellent	Don't know	Mean score ¹
Other professionals (e.g. medical/ health staff; psychological services) (n=54)	0	9%	46%	43%	2%	4.35
Heads of early years centres/ centre managers (n=34)	0	3%	68%	29%	3%	4.27
Higher Education (university) staff (n=16)	0	13%	44%	31%	13%	4.21
Birth to 3 practitioners (n=35)	0	20%	37%	40%	3%	4.19
Own local authority staff (n=87)	1%	18%	49%	28%	3%	4.09
Independent training providers (n=64)	3%	16%	48%	31%	2%	4.09
Further Education (college) staff (n=30)	7%	0	67%	20%	7%	4.07
Voluntary organisation staff (n=13)	0	8%	85%	0	8%	3.90
Staff from other local authorities (n=10)	0	50%	40%	0	10%	3.44

¹ mid-point value = 3; 'don't know' respondents omitted from calculation of mean score.

Managers rated the quality of the CPD provided to their staff by other professionals, heads of early year centres, higher education staff and birth to 3 practitioners most highly, although all received positive ratings.

**Table 4.31: Relevance of CPD offered to practitioners by the providers
(as reported by managers)**

	All/mostly irrelevant	About half relevant	Mostly relevant	All relevant	Don't know	Mean score ¹
Heads of early years centres/ centre managers (n=34)	6%	6%	38%	47%	3%	4.29
Independent training providers (n=63)	13%	0	46%	41%	0	4.12
Your own local authority staff (n=85)	11%	17%	32%	38%	1%	3.99
Other professionals (e.g. medical and health staff; psychological services; specialist therapists) (n=52)	17%	8%	27%	44%	4%	3.98
Birth to 3 practitioners (n=35)	23%	11%	23%	40%	3%	3.69
Staff from other local authorities (n=12)	8%	25%	50%	8%	8%	3.64
Further Education (college) staff (n=30)	20%	20%	27%	30%	3%	3.40
Higher Education (university) staff (n=16)	19%	25%	31%	19%	6%	3.40
Voluntary organisation staff (n=7)	1	1	6	1	2	-

¹ mid-point value = 3; 'don't know' respondents omitted from calculation of mean score.

While all mean ratings exceeded the mid-point of 3, relevance was considered strongest when CPD events were undertaken by the heads or managers of early years centres and least when delivered by FE or HE staff.

In a comparison of local authority managers' and PPP managers' responses, the former were more likely to indicate that the events run by their own local authority were of high quality and relevance than were the PPP managers (statistically significant¹⁹): 43% of LA managers thought the provision was excellent compared to 22% of PPP managers; 50% of LA managers thought the provision was 'all relevant' compared to 31% of PPP managers. The VPP managers' responses were similar to those of the PPP managers.

Managers' reports of the areas covered by their staff through CPD events are reported in Table 4.32.

Table 4.32: Topics related to working with children under 3 covered through CPD by practitioners (as reported by managers)¹

	Total (n=108)	Local Authority (n=32)	Private PP (n=65)	Voluntary PP (n=11)
Planning and evaluating	65%	75%	58%	82%
Observing and recording	57%	75%	47%	64%
Learning environments for children under 3 years	46%	69%	39%	27%
Babies and young children as learners	45%	63%	43%	9%
Development of communication and language in children under 3 years	45%	72%	34%	36%
Promoting positive behaviour in children under 3 years	42%	56%	35%	36%
Physical development of children under 3 years	41%	56%	35%	27%
Working creatively (e.g. art, music) with children under 3 years	41%	50%	42%	9%
Working with children with additional support needs	39%	66%	29%	27%
Social development of children under 3 years	38%	59%	31%	18%
Health and safety in the environment for children under 3 years	35%	47%	29%	36%
Being and becoming a reflective practitioner	30%	56%	18%	27%
Working with parents and developing home links	28%	53%	20%	9%
The rights of the child and encouraging participation	23%	28%	22%	18%
Legal issues of working with children under 3 years	14%	13%	14%	18%
Gender equality	11%	19%	9%	0

¹ Fourteen respondents did not answer this question at all; percentages are based on those that did respond.

¹⁹ Refer to tables 4.30 and 4.31. MW: n=76; quality: mean ranks: LA=46.3; PPP=33.9; U=452; p=0.009; relevance: mean ranks: LA=45.8; PPP=34.2; U=467.5; p=0.02.

In a comparison across types of centre, local authority managers were more likely to report covering certain topics than were the managers of the PPP centres. This difference was statistically significant²⁰ for all of the topics shown in bold in Table 4.32. The small number of VPP respondents again showed varying responses in relation to the two other providers, sometimes reporting much lower participation than the others, e.g. working with parents and working creatively.

Managers' reports on the effectiveness of the CPD in relation to the topics covered are given in Table 4.33.

Table 4.33: Managers' views of the effectiveness of the CPD experiences of their staff, by topic

	Did not help	Helped a Little	Helped a lot	Mean score ¹
Legal issues of working with children under 3 years (n=14)	0	14%	86%	2.86
Being and becoming a reflective practitioner (n=31)	0	16%	84%	2.84
Observing and recording (n=59)	0	20%	80%	2.80
Gender equality (n=10)	0	20%	80%	2.80
The rights of the child and encouraging participation (n=24)	0	21%	79%	2.79
Planning and evaluating (n=67)	0	22%	77%	2.78
Working with children with additional support needs (n=40)	0	23%	78%	2.78
Babies and young children as learners (n=47)	0	25%	75%	2.74
Physical development of children under 3 years (n=43)	0	26%	74%	2.74
Development of communication and language in children under 3 years (n=47)	0	28%	72%	2.72
Health and safety in the environment for children under 3 years (n=37)	0	30%	70%	2.70
Social development of children under 3 years (n=39)	3%	26%	72%	2.69
Learning environments for children under 3 years (n=47)	0	32%	68%	2.68
Promoting positive behaviour in children under 3 years (n=42)	2%	29%	69%	2.67
Working with parents and developing home links (n=27)	0	37%	63%	2.63
Working creatively (e.g. art, music) with children under 3 years (n=42)	2%	33%	64%	2.55

¹ mid-point value = 2

²⁰ Refer to Table 4.32. n=98;
observation & recording: chi-square=6.88; p=0.009
learning environments: chi-square=7.88; p=0.005
communication and language: chi-square=12.46; p<0.001
additional support needs: chi-square=12.11; p=0.001
social development: chi-square=7.29; p=0.007
reflective practice: chi-square=14.7; p<0.001
working with parents: chi-square=11.01; p=0.001

The mean scores are similar to the findings regarding their views on the effectiveness of their own CPD experiences in these areas – all above the midpoint value of 2. Therefore, as with their own CPD experiences, managers indicated that the CPD offered in relation to the various topics, even when reported by small numbers, was generally effective in relation to helping staff in their day-to-day work with children under 3 years. Further analysis revealed no significant differences between the sectors in relation to the effectiveness of the CPD undertaken in relation to the various topics.

In the open sections, the additional opportunities reported by managers for staff CPD were similar to those reported for their own CPD: working with development officers; visits to other nurseries; research undertaken individual members of staff and peer sharing. One example of peer sharing involved one PPP developing and making available a reference library, with books, materials, and resources acquired through earlier training events, and asking staff to each investigate an area of the curriculum and share their findings with their peers. Other providers included specific organisations such as the Scottish Institute of Human Relations, Montessori training, Devoy Training and Mindstretchers. One centre mentioned parents in relation to child support. Those who commented on quality reported that these providers were very effective and relevant. Other topics that were reported were specific examples of the more general headings used in the questionnaire e.g. first aid, infection control, nutrition, sensory development, visual impairment. Working with vulnerable babies and child protection were additional topics.

Adequacy of provision for CPD topics

The managers' questionnaire asked for their views on whether or not their staff members were adequately supported by current CPD provision, across the range of topics identified. Responses are given in Table 4.34.

Table 4.34: Managers' views on the adequacy of current CPD provision for their staff¹

	Not well supported	adequate	very good	don't know	Mean score ²
Observing and recording	24%	38%	38%	1%	2.14
Planning and evaluating	25%	38%	36%	1%	2.12
Learning environments for children under 3 years	32%	38%	27%	3%	1.94
Being and becoming a reflective practitioner	35%	35%	28%	2%	1.93
Working with children with additional support needs	33%	37%	26%	5%	1.92
Physical development of children under 3 years	34%	36%	26%	5%	1.91
Working creatively (e.g. art, music) with children under 3 years	33%	41%	24%	3%	1.91
Promoting positive behaviour in children under 3 years	36%	33%	27%	4%	1.91
Social development of children under 3 years	34%	36%	24%	5%	1.90
Babies and young children as learners	37%	34%	25%	4%	1.88
Health and safety in the environment for children under 3 years	36%	41%	23%	1%	1.87
Development of communication and language in children under 3 years	37%	35%	24%	4%	1.87
The rights of the child and encouraging participation	39%	35%	19%	6%	1.78
Working with parents and developing home links	43%	34%	19%	4%	1.75
Gender equality	40%	38%	15%	6%	1.74
Legal issues of working with children under 3 years	49%	33%	11%	7%	1.59

¹ Eleven respondents did not answer this question at all; some items had a small number of further missing responses. Percentages are based on those that did respond.

² mid-point value = 2; 'don't know' respondents omitted from calculation of mean score.

Across all topics there were respondents who thought that support was not adequate; only observing and recording and planning and evaluation had a mean score of more than the mid-point of 'adequate'. A range of topics fell just below adequate with working with parents, gender equality and legal issues being identified as the least well supported.

There were some statistically significant differences between the responses from local authority and private partner provider centres, presented in Table 4.35. (The inferential statistics have been incorporated in the table rather than presenting them as footnotes.) LA managers were generally more positive about the adequacy of the provision than their private sector counterparts. Voluntary partner provider centre figures have been included for information. Broadly, their responses fall between the views of the others, with the exception of observing and recording and planning and evaluation, for which they show more positive responses.

Table 4.35: Managers' views on adequacy of support for selected CPD topics by sector

Support is	LA %	PPP %	VPP n	Results of MW (n=102)
Observing and recording				
..... <i>not good</i>	19%	30%	0	Ranks: LA=63.5; PPP=46.3; U=729; p=0.004
..... <i>adequate</i>	19%	44%	5	
..... <i>very good</i>	61%	25%	5	
Planning and evaluation				
..... <i>not good</i>	20%	30%	0	Ranks: LA=61.7; PPP=46.5; U=744.5 p=0.01
..... <i>adequate</i>	23%	44%	4	
..... <i>very good</i>	57%	25%	5	
Being and becoming a reflective practitioner				
..... <i>not good</i>	23%	37%	6	Ranks: LA=64.2; PPP=45.1; U=675 p=0.001
..... <i>adequate</i>	23%	43%	2	
..... <i>very good</i>	55%	17%	2	
Learning environments for children under 3				
..... <i>not good</i>	19%	37%	4	Ranks: LA=64.3; PPP=45.9; U=702.5 p=0.002
..... <i>adequate</i>	32%	41%	3	
..... <i>very good</i>	48%	18%	2	
Physical development of children under 3				
..... <i>not good</i>	23%	37%	4	Ranks: LA=61.9; PPP=46.1 U=745 p=0.008
..... <i>adequate</i>	29%	39%	3	
..... <i>very good</i>	45%	17%	2	
Babies and young children as learners				
..... <i>not good</i>	23%	42%	4	Ranks: LA=65.6; PPP=45.3 U=662 p=0.001
..... <i>adequate</i>	29%	37%	3	
..... <i>very good</i>	48%	16%	2	
Social development of children under 3				
..... <i>not good</i>	27%	37%	4	Ranks: LA=62.7; PPP=46.6 U=753.5 p=0.008
..... <i>adequate</i>	23%	41%	4	
..... <i>very good</i>	48%	16%	1	
Development of communication and language in children under 3				
..... <i>not good</i>	26%	41%	4	Ranks: LA=63.9; PPP=46.1 U=717.5 p=0.003
..... <i>adequate</i>	29%	38%	3	
..... <i>very good</i>	45%	16%	2	
Working with parents and developing home links				
..... <i>not good</i>	29%	48%	5	Ranks: LA=63.5; PPP=46.3 U=730.5 p=0.004
..... <i>adequate</i>	36%	34%	3	
..... <i>very good</i>	36%	12%	1	

Managers were given the opportunity to add comments about CPD support and 30 did so. Most of the comments related to inadequacy of provision. Just over half, from a range of authorities, referred to the lack of CPD opportunities addressing working with children under 3 years, with some specifically mentioning that most courses on offer were for 3-5 year olds. One reported that they were aware that there were new developments in their authority to address this. About a quarter indicated that most topics were covered through local provision but there were not enough courses on offer to allow enough staff to take part. Some indicated that staff did get in-house

support in these areas but felt that more external support and provision would be preferable. Three managers from two authorities commented that the support for birth to 3 CPD was excellent or very good, limited only by time and 'practical barriers'.

Practitioners' views on their experiences of CPD

During the year prior to the survey 227 (67%) of practitioners had participated in CPD specifically in relation to managing and working with children under 3 years of age. The participation by sector was as follows:

- local authority centres 102 (84%)
- private partner provider centres 107 (56%)
- voluntary partner provider centres 18 (69%)

The greater participation of practitioners from LA centres was statistically significant compared to those from PPP centres, but not VPP centres²¹.

The types of CPD which had been experienced are presented in Table 4.36.

Table 4.36: CPD opportunities experienced by practitioners¹

	Total (n=221)	Local Authority (n=99)	Private PP (n=104)	Voluntary PP (n=18)
In-centre/in-house training	65%	74%	61%	44%
In-service day courses	61%	78%	43%	61%
In-service twilight or evening courses	44%	41%	46%	50%
Conferences/seminars	18%	18%	16%	22%
College evening classes (leading to qualifications)	11%	8%	16%	0
Staff exchanges	9%	9%	9%	11%
Online learning	9%	7%	12%	0
Job shadowing	7%	8%	6%	11%
University part-time attendance (leading to qualification)	6%	7%	5%	6%
Other distance learning	6%	7%	7%	0
College day release (leading to qualifications)	5%	6%	5%	0
College day release (non certificated)	3%	2%	4%	0
College evening classes (non certificated)	2%	1%	4%	0
University professional development (non certificated)	2%	1%	4%	0

¹ Six respondents did not answer this question. Percentages are based on those that did respond.

²¹ n=314; chi-square=26.04; p<0.001

Looking across the categories of centres, practitioners from LA centres were more likely to report participating in in-service day courses than were practitioners from PPPs (statistically significant)²² and those from VPPs were less likely to report in-house training (statistically significant)²³.

Table 4.37: CPD providers experienced by practitioners¹

	Total (n=215)	Local Authority (n=98)	Private PP (n=100)	Voluntary PP (n=17)
Own local authority staff	60%	78%	48%	29%
Independent training providers	49%	55%	48%	24%
Other professionals (e.g. medical and health staff; psychological services; specialist therapists)	39%	58%	21%	29%
Birth to 3 practitioners	36%	43%	29%	35%
Heads of early years centres/centre managers	33%	44%	21%	41%
Staff from other local authorities	15%	16%	16%	6%
Further Education (college) staff	13%	9%	19%	0
Higher Education (university) staff	9%	14%	4%	6%
Voluntary organisation staff	5%	6%	3%	6%

¹ There were 12 missing responses to this question. The percentages are based on those that responded to the question.

Overall, local authority staff (own) and independent training professionals were the most frequently reported CPD providers, followed by other professionals and other practitioners. Those working in local authority centres were more likely to report experiencing CPD from their own local authority staff and other professionals (statistically significant)²⁴. Additionally staff from PPP centres were less likely to report CPD delivered by heads of centres compared to LA and VPP practitioners (statistically significant)²⁵.

The reports of practitioners in relation to the types of CPD opportunity and providers they had experienced was very much in line with what managers indicated their staff had been doing. Indeed the 5 most frequently reported events and providers were the same from both sets of respondents. There were minor differences in the extent to which some of the less frequently occurring events were reported. For example, job-shadowing and college day release were reported less frequently by the practitioners.

²² n=203; chi-square=26.8; p<0.001

²³ n=117; chi-square=6.14; p=0.013.

²⁴ n=215; LA staff: chi-square=25.21; p<0.001; other professionals: chi-square=29.49; p<0.001

²⁵ n=215; Heads of centre: chi-square=12.27; p=0.002.

Table 4.38: Practitioners' views on the quality of CPD experienced, by provider

	Poor/very poor	Average	Good	Excellent	Mean score ¹
Heads of early years centres/ centre managers (n=70)	0	9%	46%	46%	4.37
Independent training providers (n=106)	0	7%	51%	42%	4.34
Higher Education (university) staff (n=19)	0	11%	47%	42%	4.32
Voluntary organisation staff (n=10)	0	0	70%	30%	4.30
Birth to 3 practitioners (n=77)	0	16%	40%	44%	4.29
Other professionals (e.g. medical and health staff; psychological services; specialist therapists) (n=83)	>1%	11%	52%	36%	4.23
Own local authority staff (n=128)	<1%	16%	47%	37%	4.20
Further Education (college) staff (n=27)	4%	19%	41%	37%	4.07
Staff from other local authorities (n=32)	0	16%	63%	22%	4.06

¹ mid-point value = 3

The highest rated CPD events were those run by heads of early years centres, independent trainers and higher education staff, though generally the majority of practitioners reported that the CPD was good or excellent in terms of delivery, materials or learning experience. Looking across the types of centres there were no statistically significant differences in practitioners' views on the quality of provision.

Managers' and practitioners' views on the quality of the providers were very similar, although the overall 'ranking' varied slightly.

Table 4.39: Practitioners' perceptions of the relevance of CPD offered, by provider

	All/mostly irrelevant	About half relevant	Mostly relevant	All relevant	Mean score ¹
Higher Education (university) staff (n=19)	0	5%	21%	74%	4.68
Birth to 3 practitioners (n=74)	4%	7%	24%	65%	4.49
Other professionals (e.g. medical and health staff; psychological services; specialist therapists) (n=82)	2%	5%	35%	57%	4.46
Heads of early years centres/ centre managers (n=67)	5%	5%	30%	61%	4.46
Your own local authority staff (n=121)	3%	7%	35%	55%	4.41
Independent training providers (n=101)	5%	5%	36%	54%	4.39
Further Education (college) staff (n=28)	0	7%	57%	36%	4.29
Voluntary organisation staff (n=10)	0	0	50%	50%	4.27
Staff from other local authorities (n=29)	7%	7%	45%	42%	4.17

¹ mid-point value = 3

Highest rated in terms of relevance were Higher Education staff, practitioners and other professionals although it should be noted that the mean ratings were high throughout, with all exceeding the mid-point mean rating value of 3. For the most part, practitioners felt that the material covered by the various providers was relevant to their day-to-day practice.

Practitioners overall were more positive in their rating of the relevance of the CPD offered by the various providers compared to the views of the managers on the CPD for their staff. In terms of those most frequently experienced, practitioners' responses suggest that they found CPD offered by other birth to 3 practitioners more relevant than the managers did (practitioner mean = 4.49; manager mean = 3.69)²⁶. When those experienced less frequently are considered, there is a considerable difference in view on the relevance of CPD by HE providers. Sixteen (16) managers gave HE provision a mean score of 3.40 putting them at the bottom of the list of providers, while 19 practitioners gave HE provision a mean score of 4.68, putting them at the top of the list of providers²⁷. As noted above, a mean score of more than 3 indicates that the provision is considered to be more than half relevant.

The areas reported as being covered by practitioners through CPD opportunities are reported in Table 4.40.

²⁶ MW: (n=108); mean ranks: manager=42.9; practitioner=59.8; U=866.5; p=0.004

²⁷ MW: (n=35); mean ranks: manager=11.5; practitioner=22.2; U=53; p=0.001

Table 4.40: Topics related to working with children under 3 covered through CPD by practitioners¹

	Total (n=199)	Local Authority (n=88)	Private PP (n=94)	Voluntary PP (n=17)
Planning and evaluating	65%	67%	63%	71%
Observing and recording	63%	66%	60%	64%
Babies and young children as learners	50%	55%	45%	53%
Development of communication and language in children under 3 years	48%	48%	47%	59%
Learning environments for children under 3 years	47%	49%	46%	41%
Promoting positive behaviour in children under 3 years	46%	40%	52%	47%
Physical development of children under 3 years	45%	38%	51%	53%
Social development of children under 3 years	44%	41%	48%	41%
Working creatively (e.g. art, music) with children under 3 years	39%	38%	42%	35%
Being and becoming a reflective practitioner	39%	43%	36%	35%
Health and safety in the environment for children under 3 years	37%	31%	44%	35%
Working with children with additional support needs	33%	36%	27%	41%
Working with parents and developing home links	33%	35%	35%	6%
The rights of the child and encouraging participation	33%	28%	37%	29%
Legal issues of working with children under 3 years	24%	18%	31%	12%
Gender equality	24%	19%	27%	24%

¹ Twenty-eight (28) respondents did not answer this question at all; percentages are based on those who did respond.

The topics listed by practitioners corresponded closely to those listed by their managers (Table 4.32). There were no statistically significant differences in responses across types of centre.

The questionnaire asked for staff views on the effectiveness of the CPD provided for these topics (Table 4.41).

Table 4.41: Practitioners' perceptions of effectiveness of CPD on topics related to working with children under 3 years old

	Did not help	Helped a Little	Helped a lot	Mean score ¹
Being and becoming a reflective practitioner (n=74)	>1%	16%	82%	2.85
Physical development of children under 3 years (n=87)	>1%	16%	83%	2.82
The rights of the child and encouraging participation (n=62)	0	19%	81%	2.81
Observing and recording (n=119)	0	22%	78%	2.78
Learning environments for children under 3 years (n=91)	0	22%	78%	2.78
Working with children with additional support needs (n=63)	>1%	19%	79%	2.78
Working with parents and developing home links (n=64)	0	22%	78%	2.78
Development of communication and language in children under 3 years (n=92)	1%	22%	77%	2.76
Gender equality (n=45)	0	24%	76%	2.76
Planning and evaluating (n=125)	0	25%	75%	2.75
Social development of children under 3 years (n=85)	>1%	22%	77%	2.75
Working creatively (e.g. art, music) with children under 3 years (n=75)	>1%	24%	75%	2.73
Health and safety in the environment for children under 3 years (n=73)	>1%	25%	74%	2.73
Babies and young children as learners (n=94)	0	28%	72%	2.72
Promoting positive behaviour in children under 3 years (n=89)	0	29%	71%	2.71
Legal issues of working with children under 3 years (n=44)	5%	23%	73%	2.68

¹ mid-point value = 2

All CPD events were positively evaluated in that they exceeded the mid-point of the rating scale (2), with 'Being and becoming a reflective practitioner' rated highest. Practitioners from local authority centres and private partner providers did not vary in the extent to which they thought that the different topics helped them in their day-to-day work. Only one topic showed a statistically significant difference in responses. LA practitioners were more positive about their CPD in relation to the development of communication and language; 92% of the LA practitioners thought their CPD helped 'a lot', compared to 73% of the PPP practitioners²⁸ (and 4 out of 10 of the VPP practitioners).

It should be noted that practitioners' views on the effectiveness of the CPD they had participated in for these topics was broadly in agreement with the views of their managers.

²⁸ MW: n=82; mean ranks: LA=45.8; PPP=37.8; p=0.02.

In response to the open sections, practitioners mentioned a range of courses that they had completed. However, the ‘other types of CPD’ mentioned were similar to those listed by managers, such as visits to other settings, workshops, working with development officers and reading. In addition some mentioned daily support from the centre manager and one mentioned the TV programme ‘Child of our Time’. Practitioners mentioned a range of other professionals who had delivered CPD e.g. health visitors, psychologists, speech and language therapists – all of whom were considered very relevant. Emerging from the comments is an indication that in some centres, strong emphasis is given to peer support and the sharing of learning. As with the managers’ responses, additional topics were specific examples of the broader topics listed; child protection was also highlighted.

4.2.4 Priorities and preferences for CPD

Objectives for the research included identifying priorities for CPD and indicating preferred types of CPD and systems of delivery (again, interpreted as ‘type of provider’). As well as describing the position at the time of the study, the questionnaire sought to identify gaps, if any, in the CPD provision.

Respondents were asked to rate a list of given topics according to their perceived importance of each in relation to working with children under 3 years of age, on a scale of 1-4 where 1 = not important and 4 = extremely important. The majority of respondents selected important or extremely important for every topic, indicating that all the topics listed were of importance in the day-to-day work of managers and practitioners. Respondents were also asked to indicate their preferences for topics, types of CPD and providers by ranking up to 5 items from each list.

Managers’ priorities in relation to their own CPD

Importance of CPD topics

In relation to how important various CPD topics are for their own professional development the managers rated the items as follows (ranked in order of the mean score, where 2.5 = midpoint value):

Health and safety in the environment for children under 3 years	3.82
Managing staff	3.78
Babies and young children as learners	3.75
Observing and recording	3.75
Being and becoming a reflective practitioner	3.74
Planning and evaluating	3.72
Development of communication and language in children under 3 years	3.72
Staff needs analysis	3.71
Learning environments for children under 3 years	3.70
Promoting positive behaviour in children under 3 years	3.69
Social development of children under 3 years	3.68
Physical development of children under 3 years	3.66
Working with children with additional support needs	3.63
Managing resources	3.62
Working with parents and developing home links	3.60
Legal issues of working with children under 3 years	3.53
The rights of the child and encouraging participation	3.53
Working creatively (e.g. art, music) with children under 3 years	3.52

In relation to all topics, managers in local authority centres selected 'extremely important' more often than managers from PPP centres. However, it is particularly notable, and statistically significant, in relation to a number of topics, details of which are given in Table 4.42²⁹. The views of the small number of managers from the voluntary sector (10) were in line with LA managers on some items and with PPP managers on others.

Table 4.42: Percentage of managers indicating that each topic is extremely important for managers' professional development

	Total (n=116)	Local Authority (n=30)	Private PP (n=76)	Voluntary PP (n=10)
Development of communication and language in children under 3 years	72%	90%	66%	6
Being and becoming a reflective practitioner	72%	87%	66%	8
Staff needs analysis	72%	87%	63%	8
Social development of children under 3 years	69%	90%	63%	5
Working with children with additional support needs	68%	87%	59%	8
Working with parents and developing home links	65%	90%	54%	7
The rights of the child and encouraging participation	59%	77%	51%	7
Working creatively (e.g. art, music) with children under 3 years	56%	77%	49%	5

In an open question asking if they thought any other topics were extremely important, only 4 additional ones were mentioned: managing budgets, working with parents with disabilities, child protection and inter-agency working and working with children from vulnerable backgrounds.

Preferred or priority CPD topics

Respondents were asked to select and rank up to 5 topics from a list given to them; non-ranked items were left blank.

The results are presented in two ways. The first indicates the percentage of those responding to the question who selected each item, regardless of whether they ranked it first, second, third etc. Secondly, a mean priority ranking was calculated, where a value of 5 was allocated to highest priority and 1 to the lowest, with 0 = 'not ranked'. The table has been ordered according to the mean

²⁹ MW: n=105

communication and language: mean ranks: LA=62.7; PPP=49.9; U=864; p=0.01
reflective practice: mean ranks: LA=61.1; PPP=49.1; U=837; p=0.02
staff needs analysis: mean ranks: LA=63.1; PPP=49.1; U=808.5; p=0.008
social development: mean ranks: LA=63.6; PPP=49.5; U=832.5; p=0.006
working with ASN: mean ranks: LA=64.9; PPP=48.5; U=757.5; p=0.003
working with parents: mean ranks: LA=68.9; PPP=47.7; U=667.5; p<0.001
rights of child: mean ranks: LA=64.5; PPP=48.6; U=769.5; p=0.006
working creatively: mean ranks: LA=64.4; PPP=48.7; U=772; p=0.007

ranking figure. Sometimes the ranking based on the mean is slightly different from that calculated from the basic percentage response. For example, compare the findings in Table 4.44 for online learning and part-time university study: 33% selected online learning while 41% selected part-time university study. However, online learning has a higher mean score 1.20 compared to 1.12 for part-time university study. This is because 15 of the respondents chose online learning as their first choice (giving it a score of 5 each time) while 15 chose part-time university study as their 5th choice (giving it a score of 1).

Table 4.43: Centre Managers' preferences for topics that they would like to engage with as part of their CPD

	n=114 ¹	
	% who ranked item	mean score for item
Babies and young children as learners	42%	1.48
Learning environments for children under 3 years	44%	1.43
Managing staff	39%	1.28
Planning and evaluating	39%	1.25
Working with parents and developing home links	39%	1.08
Legal issues of working with children under 3 years	32%	1.06
Observing and recording	30%	0.99
Being and becoming a reflective practitioner	32%	0.98
The rights of the child and encouraging participation	31%	0.91
Development of communication and language in children under 3 years	28%	0.88
Promoting positive behaviour in children under 3 years	30%	0.88
Staff needs analysis	25%	0.70
Social development of children under 3 years	20%	0.69
Working with children with additional support needs	21%	0.61
Health and safety in the environment for children under 3 years	19%	0.54
Working creatively (e.g. art, music) with children under 3 years	17%	0.51
Physical development of children under 3 years	17%	0.49
Managing resources	16%	0.49
Gender equality	7%	0.25

¹ Note 8 respondents did not answer this question at all. Figures are based on the 114 who did.

Managers in private partner centres and those in local authority centres showed some different priorities in relation to two topics:

- 52% of PPP managers selected 'learning environments' compared to 23% of LA managers, with 19% making it their first choice as compared with 3% of LA managers

- 45% of PPP managers selected 'planning and evaluation' as a priority compared to 23% of LA managers, with 16% making it their first choice compared to 3% of LA managers³⁰

These preferences may reflect different stages in career development as opposed to sector differences. For example, while the majority of managers in all sectors (88%) had worked with children under 3 for more than 5 years, those in the PPP centres were younger: 29 (40%) were 35 years of age or less while none in the other sectors were 35 or younger. In addition, 68% of LA managers had been a manager for more than 5 years compared to 50% of the PPP managers; 41% of LA managers had been managing for more than 10 years, compared to 25% of the PPP managers. The managers who participated in the research from VPP centres were older and had been in management roles for longer.

Preferred types of CPD

The responses to a question about the types of CPD that managers would prefer for their own professional development have been analysed and presented in the same manner. (The percentage selecting an item and the mean ranking figure are both higher than in table 4.43 as respondents were selecting 5 items from a shorter list of items.)

Table 4.44: Centre Managers' preferences for type of CPD they would like to take part in

	n=115	
	% who ranked item	mean score for item
In-service day courses	83%	3.30
In-centre/in-house training	68%	2.08
In-service twilight or evening courses	51%	1.83
College day release (leading to qualifications)	37%	1.25
Conferences/seminars	53%	1.24
Online learning	33%	1.20
University part-time attendance (leading to qualification)	41%	1.12
Other distance learning	32%	0.82
College evening (leading to qualifications)	24%	0.70
Staff exchanges	29%	0.63
Job shadowing	23%	0.56
College day release (non certificated)	8%	0.22
College evening classes (non certificated)	6%	0.13
University professional development (non certificated)	<2%	0.03

³⁰ MW; n=103

learning environments: mean ranks: LA=40.7; PPP=56.6; U=756; p=0.007
planning and evaluation: mean ranks: LA=42.9; PPP=55.8; U=821.5; p=0.02

Local authority managers selected in-service day provision more than private partner provider managers did. By comparison, managers from PPP centres selected college evening classes (leading to qualifications) more than managers from either the local authority or the voluntary sector, although it should be noted that they were not high on anyone's list. Statistically significant findings indicate that:

- 93% of LA managers selected in-service day provision, with 63% making it their first choice; 80% of PPP managers ranked in-service day provision with 35% making it their first choice.³¹ (Eight out of 10 voluntary sector managers selected in-service day provision with 6 making it their first choice.)
- 10% of LA managers ranked college evening classes although none made it their first choice; 22% of private managers selected this with 5% (n=4) making their first choice³². Only one VPP manager selected college evening classes within their 5 choices.

Preferred providers of CPD

A further question sought views on managers' preferences for CPD providers. Their responses have been analysed and presented as above.

Table 4.45: Centre Managers' preferences for the providers they would like to deliver their CPD

	n=112	
	% who selected item	mean score for item
Your own local authority staff	83%	3.07
Independent training providers	71%	2.29
Higher Education (university) staff	46%	1.81
Birth to 3 practitioners	58%	1.77
Further Education (college) staff	54%	1.74
Other professionals (e.g. medical and health staff; psychological services; specialist therapists)	71%	1.65
Heads of early years centres/centre managers	47%	1.18
Staff from other local authorities	41%	1.10
Voluntary organisation staff	8%	0.14

Looking across the different sectors, there were no significant differences in managers' preferences for CPD providers.

In open questions on preferences, only two managers suggested further preferred topics for their own CPD: consulting with children and supporting staff after protection incidents. Two suggested further preferred types of CPD: secondment to other authorities and to the health service and 'collegiate working'. One commented, regarding other preferred providers, 'anyone who can offer it free or at the lowest cost' (PPP).

³¹ MW: n=105; mean ranks: LA=65.7; PPP=47.9; U=743.5; p=0.005

³² MW: n=105; mean ranks: LA=44.2; PPP=56.5; U=861.5; p=0.015

Managers' priorities in relation to CPD for their staff

Importance of CPD topics

In relation to how important various CPD topics are for their staff, managers rated the items as follows (presented in order of the mean score, highest first):

Health and safety in the environment for children under 3 years	3.71
Development of communication and language in children under 3 years	3.71
Observing and recording	3.68
Being and becoming a reflective practitioner	3.68
Learning environments for children under 3 years	3.67
Social development of children under 3 years	3.67
Planning and evaluating	3.66
Babies and young children as learners	3.64
Promoting positive behaviour in children under 3 years	3.62
Physical development of children under 3 years	3.61
Working with children with additional support needs	3.57
Working with parents and developing home links	3.52
The rights of the child and encouraging participation	3.48
Working creatively (e.g. art, music) with children under 3 years	3.43
Legal issues of working with children under 3 years	3.30
Gender equality	3.32

As in the question about the importance of the topics for their own professional development, managers from local authority centres more frequently selected 'extremely important' for all topics than did managers from PPP. However, differences reached a statistically significant level on 2 topics only:

- 'working creatively' which 75% of LA managers thought was extremely important compared to 41% of PPP managers³³. (3 out of 10 VPP managers thought this was extremely important.)
- 'working with parents' which 81% of LA managers thought was extremely important compared 48% of PPP managers³⁴. (7 out of 10 VPP managers thought this was extremely important).

In an open question, managers supplemented the list of topics by suggesting staff personal and interpersonal skills (including team-working), including parents in planning, and, once again, child protection issues.

Preferred types of CPD

The responses to a question about the types of CPD that managers would prefer for their staff have been analysed and presented as in the section on managers' preferences for their own development (see explanation before Table 4.43).

³³ MW: n=105; mean ranks: LA=64.5; PPP=47.9; U=800; p=0.004

³⁴ MW: n=105; mean ranks: LA=64.9; PPP=47.8; U=787; p=0.002

Table 4.46: Managers' preferences for type of CPD they would like their staff take part in

	n=117	
	% who ranked item	mean score for item
In-service day courses	71%	2.77
In-centre/in-house training	78%	2.67
In-service twilight or evening courses	68%	2.59
College evening (leading to qualifications)	42%	1.31
College day release (leading to qualifications)	40%	1.23
University part-time attendance (leading to qualification)	27%	0.88
Conferences/seminars	35%	0.79
Staff exchanges	40%	0.75
Online learning	32%	0.72
Job shadowing	30%	0.65
Other distance learning	18%	0.47
College day release (non certificated)	9%	0.21
College evening classes (non certificated)	12%	0.25
University professional development (non certificated)	2%	0.04

Local authority centre managers were more likely to indicate they preferred in-service day courses for their staff than managers of private partner centres, while the latter were more likely to prefer twilight in-service courses. Local authority managers were more likely than private centre managers to include university part-time attendance and staff exchanges as a preference, though staff exchanges were selected mainly as a fourth or fifth choice. Statistically significant differences between local authority and PPP managers included:

- 87% of local authority managers selected in-service day courses as a preferred option, with 60% making it their first choice; 64% of PPP managers included in-service as an option with 20% making it their first choice.³⁵ (8 out of 11 VPP managers included this, with 4 making it their first choice.)
- 50% of local authority managers selected twilight in-service courses as a preferred option but only 7% made it their first choice; 74% of PPP managers included twilight courses as a preferred option with 33% making it their first choice.³⁶ (9 out of 11 VPP managers included this with 2 making it their first choice.)
- 47% of LA managers selected PT university provision as a preferred option with 10% making it their first choice; 21% of PPP managers included part-time university courses as an option but only 3% made it their first choice³⁷. (2 VPP managers selected this as an option.)

³⁵ MW: n=106; mean ranks: LA=71.8; PPP=46.3; U= 592; p<0.001

³⁶ MW: n=106; mean ranks: LA=41.4; PPP=58.3; U=777; p=0.009

³⁷ MW: n=106; mean ranks: LA=63.2; PPP=49.6; U=849.5; p=0.01

- 60% of LA managers selected staff exchanges as a preferred option but for 53% it was the third or fourth choice; 30% of PPP managers included staff exchanges as an option but again mainly as third or 4th choice (21%)³⁸. (7 of the 11 VPP managers selected staff exchanges, all as lesser choices.)

Preferred providers of CPD

The responses to a question about which providers managers would prefer to deliver the CPD their staff take part in are analysed and presented as above.

Table 4.47: Centre Managers’ preferences for the providers they would like to deliver the CPD for their staff

	n=117	
	% who ranked item	mean score for item
Your own local authority staff	89%	3.61
Independent training providers	72%	2.46
Birth to 3 practitioners	72%	2.02
Further Education (college) staff	57%	1.74
Other professionals (e.g. medical and health staff; psychological services; specialist therapists)	69%	1.59
Heads of early years centres/centre managers	51%	1.44
Higher Education (university) staff	34%	1.03
Staff from other local authorities	29%	0.71
Voluntary organisation staff	12%	0.21

There were no notable differences in the responses of the managers from the different sectors in relation to preferred providers for their staff.

In the open sections, in relation to their staff, few managers suggested other preferences for types of CPD or providers. Voluntary and private partner providers emphasised the preferences for courses provided locally or in-house when all staff could take part together. One rural VPP indicated that, because of travelling requirements, weekend provision was preferable. One LA manager preferred ‘*authority development officers working alongside staff in the playroom – highlighting good practice and offering support to develop staff skills*’. Apart from specific named organisations, ‘parents’ were the only additional provider mentioned, by one manager.

³⁸ MW: n=106; mean ranks: LA=64.1; PPP=49.3; U=821; p=0.01

Practitioners' priorities in relation to their CPD

Importance of CPD topics

Thirteen out of the 340 respondents did not answer this question at all; those who answered the question did not necessarily rate every item as requested; therefore the results for each item are based on slightly varying numbers of respondents, from 316 to 327.

In relation to how important various CPD topics are for their own professional development, practitioners rated the items as follows (ranked in order of the mean score):

Health and safety in the environment for children under 3 years	3.79
Development of communication and language in children under 3 years	3.77
Social development of children under 3 years	3.77
Learning environments for children under 3 years	3.76
Physical development of children under 3 years	3.76
Working with children with additional support needs	3.76
Promoting positive behaviour in children under 3 years	3.75
Babies and young children as learners	3.74
Being and becoming a reflective practitioner	3.73
The rights of the child and encouraging participation	3.71
Working with parents and developing home links	3.70
Observing and recording	3.68
Planning and evaluating	3.61
Legal issues of working with children under 3 years	3.58
Gender equality	3.56
Working creatively (e.g. art, music) with children under 3 years	3.52

Practitioners did not, for the most part, replicate the managers' sectoral differences on selecting extremely important versus important, except on 3 items: health and safety, legal issues and the rights of the child (see Table 4.48). In relation to health and safety the differences were because a smaller proportion of the practitioners from the voluntary sector saw these as extremely important compared to LA practitioners, though as noted above health and safety was generally seen as very important. Practitioners in LA centres were more likely to consider that the rights of the child were extremely important than were practitioners in either of the other types of centre. Practitioners in VPP centres were less likely to consider legal issues as extremely important compared to providers in both the other sectors.

Table 4.48: Percentage of practitioners indicating that a topic is extremely important for their professional development³⁹.

	Total (n=323)	Local Authority (n=116)	Private PP (n=182)	Voluntary PP (n=25)
Health and safety in the environment for children under 3 years	79%	86%	79%	60%
The rights of the child and encouraging participation	72%	82%	69%	56%
Legal issues of working with children under 3 years ¹	62%	67%	62%	35%

¹ The total number of respondents on this item was 318. LA = 115, PPP = 180; VPP = 23.

In the open section of this question, practitioners' responses were similar to those of the managers again focusing on the issue of working with vulnerable children and with parents who have particular additional support needs (e.g. drug abuse, mental health).

Preferred or priority CPD topics

The question about which topics practitioners would most like to engage with as part of their CPD has been analysed and presented in the same way as the parallel question for centre managers.

The results are presented in 2 ways. The first indicates the percentage of those who responded to the question that selected each item, regardless of whether they ranked it first, second, third etc. Secondly, a mean priority ranking was calculated, where a value of 5 was allocated to highest priority and 1 to the lowest, with 0 = 'not ranked'. The table has been ordered according to the mean ranking figure. (See fuller explanation before Table 4.43.)

³⁹ MW: health and safety: n=140; mean ranks: LA=73.7; VPP=55.7; U=1067; p=0.003
legal issues: n=138; mean ranks: LA=73.5; VPP=49.5; U=862.6; p=0.002
n=203; mean ranks: PPP=105.4; VPP=75.2; U=1452.5; p=0.007
rights of the child: n=298; mean ranks: LA=161.5; PPP=141.8; U=9158; p=0.01
n=140; mean ranks: LA=73.4; VPP=56.6; U=1058.5; p=0.01

Table 4.49: Practitioners' preferences for topic they would like to engage with as part of their CPD

	n=327	
	% who ranked item	mean score for item
Babies and young children as learners	47%	1.83
Promoting positive behaviour in children under 3 years	55%	1.70
Learning environments for children under 3 years	39%	1.27
Development of communication and language in children under 3 years	41%	1.26
Working with parents and developing home links	43%	1.25
Working with children with additional support needs	32%	1.05
Social development of children under 3 years	35%	1.00
Working creatively (e.g. art, music) with children under 3 years	33%	0.97
Planning and evaluating	29%	0.83
The rights of the child and encouraging participation	29%	0.81
Observing and recording	27%	0.70
Being and becoming a reflective practitioner	26%	0.68
Physical development of children under 3 years	25%	0.68
Health and safety in the environment for children under 3 years	21%	0.65
Legal issues of working with children under 3 years	13%	0.33
Gender equality	2%	0.06

[†] Note 13 respondents did not answer this question at all. Figures are based on the 327 who did.

There were several topics about which practitioners from the various sectors expressed different priorities.

- Local authority practitioners ranked working with parents more highly than practitioners working in both PPP and VPP centres (ranked by 60% of LA but 35% of PPP and 24% of VPP)⁴⁰.
- LA practitioners ranked the rights of the child more highly than PPP centre practitioners (ranked by 38% of LA as against 22% of PPP)⁴¹.
- Practitioners in PPP centres ranked working creatively more highly than LA practitioners (ranked by 40% of PPP but only 25% of LA practitioners)⁴².
- Practitioners in VPP centres ranked health and safety more highly than LA practitioners (ranked by 32% of VPP and 14% of LA)⁴³.

In the open section following this question, practitioners' responses were similar to those of the managers, again focusing on the issue of working with vulnerable

⁴⁰ MW: n=302; mean ranks: LA=176.7; PPP=136; U=7857; p<0.001
n=140; mean ranks: LA=74.9; VPP=49.9; U=924; p=0.003

⁴¹ MW: n=302; mean ranks: LA=165.2; PPP=143.1; U=9181; p=0.007

⁴² MW: n=302; mean ranks: LA=135.9; PPP=161.1; U=8963; p=0.004

⁴³ MW: n=140; mean ranks: LA=67.9; VPP=82.4; U=1140; p=0.01

children and with parents who have particular additional support needs e.g. drug abuse, mental health issues.

Preferred types of CPD

The responses to a question about the types of CPD that practitioners would prefer have been analysed and presented as above.

Table 4.50: Practitioners' preferences for type of CPD they would like to take part in

	n=331	
	% who ranked item	mean score for item
In-service day courses	81%	3.21
In-centre/in-house training	77%	2.68
College day release (leading to qualifications)	48%	1.61
In-service twilight or evening courses	42%	1.12
Conferences/seminars	42%	0.94
Online learning	36%	0.92
College evening (leading to qualifications)	31%	0.89
Staff exchanges	35%	0.88
Job shadowing	30%	0.80
University part-time attendance (leading to qualification)	27%	0.77
College day release (non certificated)	14%	0.39
Other distance learning	14%	0.28
College evening classes (non certificated)	10%	0.24
University professional development (non certificated)	3%	0.07

Practitioners from different sectors prioritised some types of provision in different, statistically significant ways:

- LA practitioners ranked in-service day courses more highly than practitioners in PPP centres (ranked by 95% of LA compared to 77% of PPP, with 60% compared to 31% making it their first choice)⁴⁴
- LA staff ranked staff exchange more highly than PPP practitioners (ranked by 44% of LA compared to 27% of PPP; however, few in either sector made it their first choice)⁴⁵
- PPP staff ranked college evening classes (leading to qualifications) more highly than LA staff (ranked by 43% of PPP staff compared to 20% of LA staff)⁴⁶

⁴⁴ MW: n=305; mean ranks: LA=188.7; PPP=130.8; U=6817; p<0.001

⁴⁵ MW: n=305; mean ranks: LA=169.4; PPP=142.8; U=9083; p=0.002

⁴⁶ MW: n=305; mean ranks: LA=136.2; PPP=163.5; U=9026; p=0.001

- Both PPP practitioners and VPP practitioners ranked online learning more than LA practitioners (ranked by 44% of PPP staff and 50% of VPP staff compared to 20% of LA staff)⁴⁷.

Practitioners' preferences and managers' preferences for their staff for types of CPD were similar, though unsurprisingly practitioners ranked college day release more highly than college evening classes, while their managers preferred evening provision. There were 2 statistically significant differences between managers and practitioners: 68% of managers ranked twilight and evening in-service compared to 42% of practitioners; and 42% of managers ranked college evening classes compared to 31% of practitioners⁴⁸.

Preferred providers of CPD

The responses to a question about which providers practitioners would prefer to deliver the CPD they take part in are analysed and presented as above.

Table 4.51: Practitioners' preferences for the providers they would like to deliver their CPD

	n=325	
	% who ranked item	mean score for item
Birth to 3 practitioners	78%	2.62
Independent training providers	74%	2.39
Your own local authority staff	69%	2.31
Other professionals (e.g. medical and health staff; psychological services; specialist therapists)	70%	1.86
Further Education (college) staff	53%	1.64
Heads of early years centres/centre managers	54%	1.57
Higher Education (university) staff	39%	1.33
Staff from other local authorities	41%	1.00
Voluntary organisation staff	13%	0.25

Practitioners from PPP centres ranked FE college staff more highly than staff from LA centres (ranked by 58% of staff in PPP centres compared to 48% from LA centres, with more making it their first and second choices)⁴⁹. This is in line with their giving greater priority to college evening classes in the previous question.

In the open section, where practitioners were asked to indicate if they had any additional preferred topics, several repeated some of the responses already made with regard to 'extremely important' topics. However, one respondent indicated that she/he was interested in 'homelike routines' and 'Global

⁴⁷ MW: n=305; mean ranks: LA=127.7; PPP=168.8; U=8036; p<0.001
n=143; mean ranks: LA=67.9; VPP=90.2; U=1047; p=0.001

⁴⁸ MW: n=448; IS twilight and evening: mean ranks: manager=290.1; practitioner=201.3; U=11693; p<0.001
College evening (quals): mean ranks: manager=245.1; practitioner=217.2; U=16960; p=0.02

⁴⁹ MW: n=301; mean ranks: LA=135; PPP=161.2; U=8893; p=0.007

perspectives – Scandinavia and New Zealand’, and two others mentioned ‘computer training’. No additional providers were suggested though working closely with other professionals and practitioners on a regular basis was mentioned by four individuals.

Practitioners’ preferences and managers’ preferences for their staff in terms of providers were largely in agreement – with one notable exception. The managers preferred their own local authority staff for this purpose with 89% ranking them and putting them at the top of the list, whilst 69% of practitioners ranked them and placing them third after birth to 3 practitioners and independent training providers. While birth to 3 practitioners were also selected by almost three-quarters of managers, they allocated them a lower priority than did the practitioners.⁵⁰

Summary of preferences

The findings from the survey of practitioners and their managers provide rich data on early years managers’ and practitioners’ views on key topics, preferred type of CPD provision and preferred providers. These are summarised in the following tables (Tables 4.52 to 4.59). In each table, the findings are presented in such a way as to indicate the preferences of those from each of the 3 sectors, local authority, private partner and voluntary partner providers. In addition, common responses across the sector have been shaded to indicate the similarities and differences in perspective.

Managers’ preferences for own CPD

Managers were asked to identify preferences for their own CPD needs firstly and then to do a similar task for their staff.

a. CPD topics for own development

The highest ranked 10 of the 19 topics included in the questionnaire are presented for each of the three sectors in Table 4.52.

Table 4.52: CPD topics – preferences by managers for own CPD

Local authority (n=30)		Private PP (n=73)		Voluntary PP (n=11)	
Babies as learners	1.90	Learning environment	1.73	Managing staff	2.18
Managing staff	1.43	Planning and eval	1.53	Learning environment	1.55
Comm and language	1.10	Babies as learners	1.42	Planning and eval	1.18
Reflective practitioner	1.07	Observ and recording	1.25	Working with parents	1.18
Legal issues	1.00	Working with parents	1.15	Reflective practitioner	1.09
Staff needs analysis	0.97	Positive behaviour	1.11	Legal issues	1.00
Social development	0.87	Legal issues	1.10	Rights of child	0.82
Rights of child	0.87	Managing staff	1.08	Positive behaviour	0.73
Working with parents	0.87	Rights of child	0.95	Observ and recording	0.73
Learning environments	0.67	Reflective practitioner	0.93	Social Development	0.73

Six of the ‘top ten’ topics have been identified by managers in all 3 sectors, although not in the same order of priority. In addition, some of the topics have been identified by two of the sectors e.g. ‘positive behaviour’ by PPPs and VPPs.

⁵⁰ MW: n=442; local authority staff: mean ranks: manager=284.3; practitioner=198.9; U=11664; p<0.001
Birth to 3 practitioners: mean ranks: manager=191.25; practitioner=232.4; U=15473; p=0.002

b. Type of CPD provision

The highest 7 out of the 14 types of provision, by sector, are presented in Table 4.53. Five of the 7 are common across the three sectors and there is one type common to two sectors (PPPs and VPPs).

Table 4.53: Type of CPD provision – preferences by managers for own CPD

Local authority (n=30)		Private PP (n=75)		Voluntary PP (n=10)	
In-service day release	4.07	In-service day release	2.97	In-service day release	3.50
In-centre/in-house	1.93	In-service twilight/even	2.07	In-centre/in-house	3.20
Online learning	1.60	In-centre/in-house	1.99	In-service twilight/even	1.70
Conferences/seminars	1.43	College DR (quals)	1.32	Uni PTquals	1.40
In-service twilight/even	1.27	Uni PT quals	1.31	Job shadowing	1.40
College DR (quals)	1.29	Conferences/seminars	1.19	Conferences/seminars	1.10
Other distance learning	0.90	Online learning	1.05	Online learning	1.10

c. CPD providers

There were 9 different CPD providers identified in the questionnaire. Table 4.54 shows the highest ranked 5 in each of the three sectors and where preferences are common across them. In addition, there are 3 topics common to two sectors.

Table 4.54: CPD providers – preferences by managers for own CPD

Local authority (n=30)		Private PP (n=72)		Voluntary PP (n=10)	
Own LA staff	2.93	Own LA staff	3.17	Own LA staff	2.80
HE staff	2.50	Independent trainers	2.40	Other professionals	2.20
Independent trainers	2.10	FE staff	1.92	HE staff	2.20
Other professionals	1.97	Birth to 3 practitioners	1.76	Independent trainers	2.00
Birth to 3 practitioners	1.90	HE staff	1.47	FE staff	1.40

Managers' preferences for CPD for their staff

Managers were asked two questions regarding the CPD provision for the staff within the centre. One concerned the type of provision and the second focused on the nature of the provider. A question was asked about adequacy of support for each topic, not about ranking of each topic (see Tables 4.34 and 4.35).

a. Type of CPD provision – managers' preferences for staff CPD

Table 4.55 shows the 7 most highly ranked preferences for particular types of CPD provision out of the 14 presented in the questionnaire. Four are common across all four sectors although the order of the top 3 varies somewhat, with managers of local authority centres giving more weight to in-service day release than the partner providers.

Table 4.55: Type of CPD provision – managers’ preferences for staff CPD

Local authority (n=30)		Private PP (n=75)		Voluntary PP (n=10)	
In-service day release	4.00	In-service twilight/even	2.84	In-centre/in-house	3.73
In-centre/in-house	2.73	In-centre/in-house	2.49	In-service twilight/even	3.18
In-service twilight/even	1.73	In-service day release	2.26	In-service day release	2.91
Uni PT (quals)	1.50	College even (quals)	1.59	Staff exchange	1.36
College DR (quals)	1.10	College DR (quals)	1.32	College DR (quals)	1.00
Conferences/seminars	1.00	Online learning	0.92	Job shadowing	0.64
Staff exchange	1.00	Conferences/seminars	0.75	College even (quals)	0.64

b. CPD providers – managers’ preferences for staff CPD

Of the nine providers identified, the five most highly ranked are shown in Table 4.56. For all three, the first choice is the local authority early years team, or similar, from within their own authority. The second choice, independent trainers, is also common.

Table 4.56: CPD providers–managers’ preferences for staff CPD

Local authority (n=30)		Private PP (n=72)		Voluntary PP (n=10)	
Own LA staff	3.71	Own LA staff	3.67	Own LA staff	2.91
Independent trainers	2.23	Independent trainers	2.53	Independent trainers	2.64
Birth to 3 practitioners	2.19	Birth to 3 practitioners	1.97	Other professionals	2.09
Other professionals	1.90	FE staff	1.96	Birth to 3 practitioners	1.82
Heads of centres	1.81	Other professionals	1.39	FE staff	1.55

Practitioners’ preferences for CPD

Practitioners were asked to rank their preferences for topics, type of CPD provision and providers. The tables show the similarities and differences in choice across the three sectors, highlighting common topics.

a. CPD topics

Sixteen topics were identified in the questionnaire, of which 10 are shown in Table 4.57. There were 5 common themes, although the first ranked by the local authority practitioners, ‘working with parents’, was ranked much lower by the partner providers.

Table 4.57: CPD topics – practitioners’ preferences for own development

Local authority (n=115)		Private PP (n=187)		Voluntary PP (n=25)	
Working with parents	1.85	Babies as learners	1.83	Babies as learners	2.04
Babies as learners	1.78	Positive behaviour	1.71	Positive behaviour	2.00
Positive behaviour	1.62	Learning environments	1.29	Comm and language	1.44
Comm and language	1.29	Comm and language	1.22	Learning environments	1.44
ASN	1.24	Working creatively	1.21	Rights of child	1.32
Learning environments	1.19	ASN	0.99	Health and Safety	1.28
Social Development	1.09	Planning and eval	0.98	Social development	0.92
Rights of child	0.97	Social development	0.96	Reflective practitioner	0.88
Reflective Practitioner	0.81	Working with parents	0.95	Planning and eval	0.76
Working creatively	0.70	Observ and recording	0.86	Physical development	0.72

b. Type of CPD provision

Fourteen types of CPD provision (time, place, format) were given and the 7 most highly ranked, overall, are shown in Table 4.58. Only three types of provision were common to all three sectors, with in-service and in-house/in-centre activities preferred.

Table 4.58: CPD – types of provision preferred by practitioners

Local authority (n=117)		Private PP (n=188)		Voluntary PP (n=26)	
In-service day release	4.03	In-centre/in-house	2.82	In-service day release	3.19
In-centre/in-house	2.44	In-service day release	2.69	In-centre/in-house	2.81
College DR (quals)	1.77	College DR (quals)	1.61	In-service twilight/even	1.46
Staff exchange	1.09	In-service twilight/even	1.23	Staff exchange	1.35
Job shadowing	0.97	Online learning	1.22	Online learning	1.15
Uni PT (quals)	0.96	College eve (quals)	1.13	Job shadowing	1.00
Conferences/seminars	0.93	Conferences/seminars	0.97	College DR (quals)	0.85

c. CPD providers

As with the managers, nine different CPD providers were identified and the five most highly ranked are shown in Table 4.59. Of these, 4 were common to all three sectors, with the fifth common to two sectors.

Table 4.59: CPD providers – practitioners’ preferences

Local authority (n=117)		Private PP (n=184)		Voluntary PP (n=24)	
Own LA staff	2.62	Birth to 3 practitioners	2.63	Birth to 3 practitioners	3.08
Birth to 3 practitioners	2.51	Independent trainers	2.39	Own LA staff	2.46
Independent trainers	2.49	Own LA staff	2.09	Heads of centres	1.88
Other professionals	2.10	FE staff	1.95	Independent trainers	1.88
Heads of centres	1.43	Other professionals	1.70	Other professionals	1.83

4.2.5 Access to CPD and barriers

A key objective of the study was to determine perceived barriers to CPD, including availability, access and convenience. Drawing on their experiences of the previous year, managers and practitioners were asked to indicate how convenient they found them with regard to their work commitments and lifestyle. This was taken as an indication of the ease with which different forms of provision might be accessed. As the numbers who had experienced each form of provision were small, this limits the extent to which the findings reflect the experiences of staff more generally. It should be noted however that low levels of participation could indicate lack of opportunity or lack of suitability rather than a lack of interest.

Access to CPD

In the main, centre managers reported attending in-service day courses, in-centre training, conferences and seminars. The small numbers that reported the other types of CPD have been included below and ranked separately from the main types of CPD, but no conclusions can be drawn other than that these were not in fact suitable or attractive opportunities.

Table 4.60: Managers' views on convenience of types of CPD in relation to their own experience¹

	Not convenient	OK	Convenient	Mean score ²
In-centre/in-house training (n=35)	0	14%	86%	2.86
In-service twilight or evening courses (n=18)	6%	28%	67%	2.61
In-service day courses (n=41)	5%	37%	58%	2.54
Conferences/seminars (n=28)	0	46%	54%	2.54
Job shadowing (n=3)	0	0	3	-
Other distance learning (n=4)	0	1	3	-
College evening classes (non certificated) (n=6)	0	2	4	-
College day release (non certificated) (n=3)	0	1	2	-
College evening classes (leading to qualifications) (n=3)	0	1	2	-
Staff exchanges (n=6)	0	2	4	-
College day release (leading to qualifications) (n=4)	1	1	2	-
Online learning (n=4)	0	3	1	-
University part-time attendance (leading to qualification) (n=3)	0	3	0	-
University professional development (non certificated) (n=1)	0	0	1	-

¹ Where there are fewer than 10 respondents, topics have been ranked separately from those with more participants – listed below bold line.

² mid-point value = 2

There were no differences in the views of managers from different sectors on the convenience of the four types of CPD most frequently experienced.

Managers' were asked for their views on the convenience of the different types of CPD for the staff working in their centres.

Table 4.61: Managers' views on convenience of types of CPD in relation to the staff in their centres

	Not convenient	OK	Convenient	Mean score ¹
In-centre/in-house training (n=49)	2%	14%	84%	2.85
College evening classes (leading to qualifications) (n=39)	0	31%	69%	2.69
Job shadowing (n=29)	3%	24%	72%	2.69
Online learning (n=17)	6%	24%	71%	2.65
Staff exchanges (n=21)	0	38%	62%	2.62
Other distance learning (n=23)	0	39%	61%	2.61
In-service twilight or evening courses (n=77)	4%	36%	60%	2.56
In-service day courses (n=83)	10%	33%	58%	2.48
Conferences/seminars (n=42)	5%	52%	43%	2.38
College day release (leading to qualifications) (n=25)	20%	44%	36%	2.16
College day release (non certificated) (n=12)	42%	33%	25%	1.83
College evening classes (non certificated) (n=6)	0	1	5	-
University part-time attendance (leading to qualification) (n=8)	0	2	6	-
University professional development (non certificated) (n=2)	0	1	1	-

* mid-point value = 2

Similarly, few identified any particular type of provision as being inconvenient for their staff. The only statistically significant difference between sectors was the extent to which in-service day courses were considered convenient as opposed to 'ok': 80% of local authority managers thought this was convenient, compared to 40% of managers from private partner centres. No LA manager considered in-service day courses as inconvenient while 16% of PPP managers thought it was.⁵¹

Practitioner's views on how convenient they found the different types of CPD are given in Table 4.62.

⁵¹ MW: n=73; mean ranks: LA=46.4; PPP=30.4; U=363; p<0.001

Table 4.62: Practitioners' views on convenience of types of CPD

	Not convenient	OK	Convenient	Mean score ¹
In-centre/in-house training (n=141)	0	18%	82%	2.82
Online learning (n=19)	0	21%	79%	2.79
College evening classes (leading to qualifications) (n=24)	0	25%	75%	2.75
Conferences/seminars (n=36)	0	28%	72%	2.72
Other distance learning (n=14)	7%	14%	78%	2.71
In-service day courses (n=131)	3%	24%	73%	2.70
College day release (leading to qualifications) (n=11)	9%	18%	73%	2.64
University part-time attendance (leading to qualification) (n=13)	7%	23%	69%	2.62
Job shadowing (n=15)	13%	20%	67%	2.53
Staff exchanges (n=20)	10%	30%	60%	2.50
In-service twilight or evening courses (n=95)	12%	42%	46%	2.35
College day release (non certificated) (n=6)	1	2	3	-
College evening classes (non certificated) (n=4)	0	4	0	-
University professional development (non certificated) (n=5)	1	3	1	-

¹ mid-point value = 2

Practitioners' views on the convenience of in-service day release was in line with managers' views where 86% of local authority practitioners thought this was a convenient way of participating in CPD while 57% of practitioners from private partner centres thought so. Only 6 out of the 11 (55%) of VPP practitioners also thought this was convenient⁵².

The main difference between practitioners' views and their managers' views in terms of convenience in relation to CPD for their staff relates to day and evening provision. For example, 72% of practitioners thought conferences and seminars were convenient while 43% of managers thought this; 73% of practitioners thought in-service day courses were convenient compared to 58% of managers; on the other hand 60% of managers thought in-service twilight and evening courses were convenient compared to 46% of practitioners⁵³.

Small numbers reported using college day release (25 managers and 11 practitioners); however, the majority (8) of the practitioners thought college day-

⁵² MW: n=120; mean ranks: LA=66.9; PPP=49.4; U=1185; p<0.001
n=87; mean ranks: LA=45.9; VPP=30.7; U=272; p=0.006

⁵³ MW: n=78; conferences: mean ranks: manager=33.9; practitioner=45.9; U=524; p=0.007
n=214; IS day: mean ranks: manager=96.5; practitioner=114.5; U=4526.5; p=0.01
n=172; IS twilight/even: mean ranks: manager=94.1; practitioner=80.3; U=3072; p=0.04

release was convenient while only one-third of managers thought this (not statistically significant).

Barriers to participation

A further question investigated the issues most likely to be seen as barriers to participation. Participants were asked to rank up to 5 items from a list of potential barriers, with the first being the greatest barrier and so on. The items were coded with the greatest barrier being given a score of 5, so the higher the score the more respondents considered it to be a barrier.

Table 4.63: Managers’ perceptions of barriers to their own participation

	n=117	
	% who ranked item	mean score for item
There are not enough CPD opportunities in relation to managing and working with children under 3 years	77%	2.65
I don’t have time to go on courses during the day	64%	2.52
There is a lack of funding for CPD activities	63%	2.09
CPD for working with older children is given a higher priority by the local authority	61%	2.03
There is insufficient information about CPD opportunities for those working with children under 3 years	53%	1.68
I don’t have time outside of work to complete CPD requirements	52%	1.48
Incentives (e.g. job progression, salary increases) for doing CPD are limited	37%	0.99
There is a lack of resources to implement ideas gained from CPD	31%	0.67

Managers of private partner centres were more likely to indicate that insufficient information about CPD opportunities was a barrier than were their local authority counterparts, with 62% considering it as such, compared to 30% of local authority managers. A greater percentage of the LA managers (53%) thought that limited incentives posed a potential barrier when compared to PPP managers (22%), but generally this was not viewed as a major barrier⁵⁴.

Six managers in total added further comments, though four were stressing points included in the list, i.e. funding, time and staff cover. Two managers, both from the private partner sector, added more detailed comments about barriers to CPD involvement:

I have now reached a level where the only real progression is to a degree. I am willing to commit to this but cannot afford to pay for it. Funding is not available and my wages would not increase on completion. I, like many others, am now considering a change of career as I feel I can go no further in the early years.

⁵⁴ MW: n=117; insufficient information: mean ranks: LA=41.2; PPP=58.4; U=770.5; p=0.006
limited incentives mean ranks: LA=63.9; PPP=49.4; U=827; p=0.009

Much of the CPD work which I have been involved in is not new to me. I object to spending a great deal of time proving that I am able to do the work which I have been doing and doing well for several years.

Managers were then asked to rank potential barriers in relation to the implications they have had for their staff.

Table 4.64: Managers' perceptions of barriers to participation of their staff in CPD

	n=118	
	% who ranked item	mean score for item
There is lack of time to release staff	79%	3.09
There are not enough suitable CPD opportunities for those working with children under 3 years	66%	2.30
There is a lack of funding to pay for cover for staff to go on courses	64%	2.16
There is lack of funding for CPD	58%	2.05
There is a lack of suitable temporary supply staff to bring in when staff go on courses	55%	1.69
CPD for those working with under 3 year olds is not a priority of the local authority	28%	0.85
There is a lack of information about CPD opportunities	25%	0.74
Incentives (e.g. job progression, salary increases) for doing CPD are limited	23%	0.48
Some staff are unwilling to do CPD	18%	0.47
There is a lack of resources to implement ideas gained from CPD	25%	0.42
Staff lack confidence when participating in CPD outwith the centre	12%	0.30
Staff turnover is too frequent	10%	0.29

When the responses were analysed by sector, two differences emerged between the local authority managers and those of private partner centres:

- 68% of LA centre managers thought that lack of supply staff was a barrier with 23% saying it was the greatest barrier. In contrast, 21% of PPP centre managers thought it hindered participation, with only 7% thinking it was the greatest barrier⁵⁵. Five out of the 10 VPP managers thought supply staff was a barrier to staff participation in CPD but they did not consider it amongst the top barriers.
- 32% of PPP centre managers thought that lack of information about CPD opportunities was a barrier with 12% selecting it as the greatest or second greatest barrier. Although 22% of LA managers thought it was a barrier, none selected it as either the greatest or second greatest barrier⁵⁶.

⁵⁵ MW: n=108; mean ranks: LA=66.8; PPP=49.5; U=811.5; p=0.006

⁵⁶ MW: n=108; mean ranks: LA=46.1; PPP=57.9; U=932; p=0.02

A few additional comments were made by managers about barriers for staff participating in CPD with some comments being further exemplification of points from the list of topics provided e.g. issues around staff release and cover. The timing of courses was mentioned – time of day, week and year. It was highlighted that timing was a particular issue for '52-week' centres. Two managers from rural areas commented on the difficulty of travel and the lack of local expertise. Another manager commented:

Goalposts are changing too often – staff are unwilling to pursue further training which will be dismissed after the next review.

Practitioners were likewise asked to indicate which of the potential barriers affected them most.

Table 4.65: Practitioners' perceptions of barriers to participation in CPD

	n=322	
	% who ranked item	mean score for item
There is lack of time for day-release classes/courses	83%	3.07
There is not enough money to pay for CPD	56%	2.06
There are not enough CPD opportunities in relation to working with children under 3 years	59%	2.02
I don't have time outside of work to do CPD	52%	1.73
There is insufficient information about CPD opportunities for those working with children under 3 years	56%	1.64
In-house CPD opportunities are limited	56%	1.49
Incentives (e.g. job progression, salary increases) for doing CPD are limited	55%	1.41
There is a lack of resources to implement ideas gained from CPD	36%	0.77

Practitioners across the different types of centres were largely in agreement about the factors that were barriers to their participation in CPD. There was also a considerable level of agreement with managers' views. However, comparing views across the sectors, three differences emerged:

- 60% of those working in PPP centres indicated that a lack of information was a barrier compared with 45% of those in LA centres. (For those who did select it there was little difference in terms of priority.)⁵⁷
- 58% of those working in PPP centres indicated that they did not have time outside of work while 43% of those from LA centres ranked this item. (Again, there was little difference in terms of priority.)⁵⁸
- 65% of those in LA centres thought that there were insufficient opportunities compared to 56% of those in PPP centres, with a quarter compared to 15% selecting this as their greatest barrier⁵⁹.

⁵⁷ MW: n=298; mean ranks: LA=135.9; PPP=157.9; U=8938; p=0.02

⁵⁸ MW: n=298; mean ranks: LA=135.4; PPP=158.2; U=8883; p=0.02

⁵⁹ MW: n=298; mean ranks: LA=164.6; PPP=140.1; U=8766; p=0.01

Although not statistically significant, it is worth noting that 71% (17 out of 24) of respondents from the VPP centres indicated that lack of money was a barrier with 42% selecting it as the greatest barrier, compared to 53% (98 out of 184) of PPP centre staff selecting it with just under a quarter making it their greatest barrier.

Additional barriers suggested by practitioners are in line with those given by managers – difficulty of being released, timing of courses. A lack of insufficient places on courses was also mentioned. One practitioner from the private sector commented that management were unwilling to pay towards qualifications that go beyond the requirements for registration. Responses from rural centres highlighted, once again, the travel problem and the lack of local opportunities.

Managers and practitioners were in agreement that (lack of) time, money and suitable opportunities were the main barriers to participation in CPD.

4.2.6 Qualifications obtained and usefulness of qualifications

The questionnaire included questions on the general qualifications held by respondents and those that were specific to early education and/or childcare. These questions addressed the research objective regarding the investigation of the qualifications held by managers and their staff, and their perceived usefulness in fulfilling their professional roles. The question about general qualifications asked respondents to indicate the highest level they had achieved. This aimed to establish a profile of general education of those in centres working with children under 3 years of age. In addition, questions sought to find out the extent to which the qualifications available prepared practitioners for working with children under 3 years of age.

Managers' own qualifications

Firstly, managers were asked to indicate the highest level of general qualifications that they held i.e. qualifications not specific to childcare or early years work; the responses are presented in Table 4.65. Although there was the option to indicate that no general qualifications were held, all managers indicated that they held some such qualifications. The purpose of this question was to gain an indication of the level of qualification held amongst the workforce prior to embarking on qualifications relevant to the work of the early years sector.

Table 4.66: The highest level of general qualifications held by managers, by sector

	Total (n=116)	Local Authority (n=32)	Private PP (n=74)	Voluntary PP (n=10)
School leaving qualifications (standard grade or equivalent)	28%	6%	37%	3
National Certificate	7%	6%	8%	0
School leaving qualifications (highers and/or advanced highers)	15%	13%	16%	1
Higher National Certificate	21%	25%	19%	2
Higher National Diploma	14%	19%	8%	4
Degree	10%	16%	10%	0
Post-graduate qualification	6%	16%	3%	0

With such small numbers, the results need to be treated with caution. A further reservation about these data arises from the possibility that some respondents included their childcare qualifications (e.g. HNC) in this question, although specifically asked not to do so. However, despite those reservations, it appears that those working in the local authority sector had higher level general qualifications than those working in the private sector.

A second question was asked in relation to early education and childcare qualifications. Respondents were asked to indicate all relevant qualifications held and many made multiple responses, as more than one qualification could be held. For example, those reporting holding the PDA, will also report having the HNC, as the HNC is a pre-requisite for the PDA. The results are reported in Table 4.67.

Table 4.67: Early education and/or childcare qualifications held by managers, by sector

	Total (n=120)	Local Authority (n=32)	Private PP (n=78)	Voluntary PP (n=10)
National Certificate	22%	28%	21%	1
SVQ level 2	11%	0	15%	1
SVQ level 3	22%	0	27%	5
Higher National Certificate (HNC)	46%	63%	41%	3
SVQ level 4	31%	19%	35%	4
Professional Development Award (PDA) Early Education & Childcare	27%	28%	27%	2
Degree (e.g. B A Childhood Studies, B Ed or similar degree)	11%	25%	6%	0
Post-graduate (e.g. Cert/Dip/MSc in Early Childhood, PGCE/PGDE; other PG diploma)	7%	19%	3%	0

Two local authority managers indicated that they did not hold an early education or childcare qualification. HNC was the most frequently reported qualification, with a higher proportion of LA managers reporting it. Degrees and post-graduate qualifications were the least reported qualifications but were more likely to be held by the LA centre managers than those in private and voluntary PP centres. SVQ awards, at all levels, were more likely to be held by private and voluntary partner centre managers compared to LA centre managers (no LA managers reported holding SVQs at levels 2 or 3). This may indicate that those working in the partner provider centres were more likely to have followed the work-based SVQ route to qualification.

The extent to which they thought these qualifications prepared them for working with children under 3 years of age are reported in Table 4.68.

Table 4.68: Managers’ perceptions of how well early education/childcare qualifications prepared them to work with children under 3 years of age

	Did not prepare me well	Prepared me adequately	Prepared me well	Mean score ¹
National Certificate (n= 25)	8%	36%	56%	2.48
SVQ level 2 (n=12)	17%	58%	25%	2.08
SVQ level 3 (n=25)	4%	32%	64%	2.60
Higher National Certificate (HNC) (n=52)	10%	27%	64%	2.54
SVQ level 4 (n=34)	18%	27%	56%	2.38
Professional Development Award (PDA) Early Education and Childcare (n=28)	11%	39%	50%	2.39
Degree (e.g. B A Childhood Studies, B Ed or other degree directly relevant to child care) (n=12)	25%	41%	33%	2.08
Post-graduate (e.g. Cert/Dip/MSc in Early Childhood, PGCE/PGDE; other PG diploma) (n=8)	1	2	5	-

¹ mid-point value = 2

Managers were largely positive about the extent to which their qualifications were useful preparation for their work roles, with around two-thirds indicating that the HNC had prepared them well. A similar proportion thought the SVQ3 had prepared them well – though only managers from the partner providers reported holding this.

Where numbers were such that it was possible to compare responses from different sectors, there were no differences in opinion as to the adequacy of the qualifications.

In a subsequent open-ended question, managers reported holding a range of further qualifications relevant to their role. Just over 10% had S/NNEB

qualifications, 13% reported having a management qualification, the majority with SVQ level 4 although some held level 3 and other level 4 awards. Other qualifications included the HNC, HND or PDA in management, with one person reporting an MBA. Three managers mentioned having Trainer and Assessors units (D32, D33 and D34). In addition, nursing qualifications, the Diploma in Social Work, Diploma in Community Education, HND Special Education and HNC in Social Care were each mentioned by 1 or 2 respondents.

Respondents were also asked to indicate if they were currently working towards any further qualifications and, if so, which ones. Nineteen people did not answer this question; 44 (36% of the whole sample, 43% of those who answered the question) indicated that they were currently working towards qualifications. Broken down by sector, the figures are:

- local authority 11 (39%)
- private partner 29 (43%)
- voluntary partner 4 out of 8

The qualifications being sought are reported in Table 4.69.

Table 4.69: Qualifications currently being worked towards by managers, by sector

	Total (n=44)	Local Authority (n=11)	Private PP (n=29)	Voluntary PP (n=4)
SVQ level 4	30%	0	45%	0
PDA Early Education and Childcare	11%	0	17%	0
Degree (e.g. B A Childhood Studies, B Ed or other degree directly relevant to child care)	61%	100%	41%	4
Post-graduate (e.g. Cert/Dip/MSc in Early Childhood, PGCE/PGDE; other PG diploma)	2%	0	3%	0

Caution needs to be exercised when interpreting these data due to the small numbers. However, at the time of the survey, centre managers who were working towards a qualification were most likely to be studying for a degree. This reflects the growing importance of degree-level qualifications for those working with very young children and the move towards a graduate-led profession for the Early Years and Childcare sector. However, it should also be noted that almost half of those in the private sector who were working toward qualifications were working towards SVQ level 4, while none from local authority centres reported this. Only one manager reported that she/he was working towards a further qualification (outwith those already listed) - an Open University degree including psychology.

A question was asked about SSSC registration. Almost 80% (n=94) of the managers reported being registered with the SSSC. They reported their types of registration as follows:

- practitioner 1 (1%)
- lead practitioner 9 (10%)
- manager 83 (89%)

All local authority managers and voluntary sector managers who were registered held manager status; those who recorded practitioner and lead practitioner status were from the private sector. Managers' additional comments on registration were mainly that they were currently doing this and it seemed a lengthy process. Some were registered with GTC and so SSSC registration was not necessary or possible. One person indicated that their qualification was gained abroad and they could not yet be registered.

Managers' views on qualifications for staff

Managers were asked to indicate the level of early education and/or childcare qualifications held by their staff, as far as they were aware. In addition, they were asked to comment on how effectively these qualifications had prepared them to work with children under 3 years of age.

Table 4.70: Percentage of managers reporting the early education/childcare qualifications held by practitioners, by sector

	Total (n=120)	Local Authority (n=32)	Private PP (n=78)	Voluntary PP (n=10) ¹
National Certificate	43%	38%	45%	4
SVQ level 2	63%	22%	81%	5
SVQ level 3	73%	38%	86%	8
Higher National Certificate (HNC)	89%	100%	83%	10
SVQ level 4	32%	13%	40%	4
Professional Development Award (PDA) Early Education and Childcare	53%	75%	46%	3
Degree (e.g. B A Childhood Studies, B Ed or other degree directly relevant to child care)	30%	53%	21%	3
Post-graduate (e.g. Cert/Dip/MSc in Early Childhood, PGCE/PGDE; other PG diploma)	11%	31%	4%	0

¹With only 10 respondents it is not appropriate to report percentage.

A wide range of qualifications was reported amongst staff working with children under 3. The most frequently reported qualification was the HNC, followed by work-based SVQs at levels 2 and 3. As with their own qualifications, managers in LA centres were more likely to report that their staff held HNCs, degrees and post-graduate qualifications and those in the private partner sector were more likely to report SVQs⁶⁰. This may indicate

⁶⁰ n=110; SVQ2: chi-square=34.01; p<0.001; SVQ3: chi-square=26.26; p<0.001; HNC: chi-square=6.04; p=0.014; SVQ4: chi-square=7.76; p=0.005; PDA: chi-square=7.6; p=0.006; Degree: chi-square=11.49; p=0.001; PG: chi-square =16.35; p<0.001

that staff in the private sector are more likely to follow the work-based route to qualification.

Table 4.71: Managers’ perceptions of how well early education/childcare qualifications prepared their staff to work with those under 3 years

		Did not prepare them well	Prepared them adequately	Prepared them well	Mean score ¹
National Certificate	(n= 50)	22%	48%	30%	2.07
SVQ level 2	(n=70)	14%	61%	24%	2.08
SVQ level 3	(n=83)	10%	41%	49%	2.37
Higher National Certificate (HNC)		18%	35%	47%	2.26
SVQ level 4	(n=38)	11%	24%	66%	2.50
Professional Development Award (PDA) Early Education and Childcare	(n=59)	19%	37%	44%	2.23
Degree (e.g. B A Childhood Studies, B Ed or other degree directly relevant to child care)	(n=34)	18%	27%	56%	2.38
Post-graduate (e.g. Cert/Dip/MSc in Early Childhood, PGCE/PGDE; other PG diploma)	(n=13)	31%	23%	46%	2.15

¹mid-point value = 2

Managers overall were less positive about how well the various qualifications had prepared their staff compared to their perceptions of their own preparation for their work roles (see Table 4.67). HNC was the most frequently occurring qualification but less than half thought this qualification was good preparation for working with children under 3 years.

In comparing the responses from the different sectors only one statistically significant difference emerged: PPP centre managers were more likely to say that an HNC qualification prepared staff well for working with children under 3 than were LA centre managers:

- 58% of PPP managers thought the HNC prepared staff well compared to 25% of LA managers⁶¹.

In relation to staff within their centres, the most frequently reported ‘other qualification’ was S/NNEB. Other qualifications reported as relevant to working with children under 3 were Hospital Play, the HND in Hotel Catering and the HND in Special Needs.

Managers were asked to indicate which, if any, qualifications the staff in their centres were working towards at the time of the survey. As with the parallel question in relation to their own qualifications, a large number of managers (17) did not respond to this question at all. It is unclear whether there was nothing to report or whether they did not know.

⁶¹ MW: n=93; mean ranks: LA=37.22; PPP=52.13; U=663; p=0.006

Table 4.72: Percentage of managers reporting qualifications currently being worked towards by practitioners, by sector

	Total (n=105)	Local Authority (n=22)	Private PP (n=75)	Voluntary PP (n=8)
National Certificate	3%	9%	3%	0
SVQ level 2	41%	9%	52%	2
SVQ level 3	72%	32%	85%	5
Higher National Certificate (HNC)	11%	9%	9%	3
SVQ level 4	23%	5%	31%	0
Professional Development Award (PDA)	21%	27%	20%	1
Degree (e.g. B A Childhood Studies, B Ed or other degree directly relevant to child care)	31%	73%	20%	2
Post-graduate (e.g. Cert/Dip/MSc in Early Childhood; PGCE/PGDE; other PG diploma)	4%	18%	0	0

SVQs are the most frequently reported qualifications being worked towards by staff in centres; this is unsurprising due to the work-based/part-time route to qualification. A greater proportion of managers from PPPs reported staff working towards SVQs than LA managers. On the other hand almost three-quarters of LA managers who answered the question indicated that they had staff working towards degrees compared to one-fifth of those in the private sector⁶².

Five managers reported that they had staff working towards other qualifications including the BA in Social Work, an OU degree, a Montessori qualification, the HND in Special Needs and a Certificate in sign language.

Managers were invited to add any comments that they had about the suitability of early education and child care qualifications. Just under one-fifth of the managers commented that current college qualifications (NC and HNC) did not include working with children under 3 years (especially babies) as a discrete element and that, as placements were most often in pre-school nurseries and primary one classes, those holding these qualifications had little practical experience of working with younger children. Three thought that SVQs were a better alternative as they specifically included working with this age group, but a further two thought that SVQs lacked theory and knowledge. One manager mentioned the need for opportunities for those holding S/NNEB qualifications to upgrade their awards, and one manager indicated that there was a gap in preparing people to deal with vulnerable families.

⁶² n=97; SVQ2: chi-square=12.8; p<0.001; SVQ3: chi-square=24.8; p<0.001; SVQ4: chi-square=6.2; p=0.01; degree: chi-square=21.7; p<0.001.

Practitioners' qualifications

Practitioners were asked directly as to the general and early years/childcare qualifications held, the extent to which they prepared them for working with children under 3 years and the qualifications, if any, that they were working towards. As with the managers, the first question focused on the highest level of general qualifications held. The purpose of this question was to gain an indication of the level of qualification held amongst the workforce prior to embarking on qualifications relevant to the work of the early years' sector.

Table 4.73: The highest level of general qualifications held by practitioners, by sector

	Total (n=325) ¹	Local Authority (n=116)	Private PP (n=184)	Voluntary PP (n=25)
No qualifications	4%	4%	3%	8%
School leaving qualifications (standard grade or equivalent)	33%	30%	37%	20%
National Certificate	11%	8%	14%	8%
School leaving qualifications (highers and/or advanced highers)	15%	15%	14%	16%
Higher National Certificate	28%	39%	22%	20%
Higher National Diploma	3%	2%	3%	12%
Degree	5%	2%	6%	16%
Post-graduate qualification	<1%	<1%	0	0

¹ 15 practitioners did not answer this question.

A total of 13 respondents held no qualifications [5 (4%) from the LA; 6 (3%) in PPP centres; 2 (8%) in VPPs). Of the remainder, the majority reported that they had achieved school leaving qualifications at standard grade or equivalent level, followed by HNCs. However, as noted in relation to the managers' responses, it is possible that practitioners included childcare qualifications (e.g. HNC) in their responses to this question, although requested not to do so in the questionnaire instructions.

Attention then turned to those qualifications specifically related to early years/childcare work (Table 4.74). As with the question for managers, practitioners were asked to indicate all relevant qualifications held and many made multiple responses, as more than one qualification could be held. For example, those reporting holding the PDA, will also report having the HNC, as the HNC is a pre-requisite for the PDA. Similarly those reporting HNCs are likely to also hold NCs.

Table 4.74: Early education and/or childcare qualifications held by practitioners, by sector

	Total (n=319)	Local Authority (n=120)	Private PP (n=176)	Voluntary PP (n=23)
National Certificate	32%	46%	23%	26%
SVQ level 2	23%	8%	32%	30%
SVQ level 3	30%	10%	42%	30%
Higher National Certificate (HNC)	51%	71%	38%	44%
SVQ level 4	4%	5%	5%	0
Professional Development Award (PDA) Early Education and Childcare	9%	15%	6%	0
Degree (e.g. B A Childhood Studies, B Ed or other degree directly relevant to child care)	3%	3%	2%	9%
Post-graduate (e.g. Cert/Dip/MSc in Early Childhood, PGCE/PGDE; other PG diploma)	<1%	<1%	<1%	0

There were 4 non-responses. Seventeen respondents (5%) indicated that they did not have any early education or childcare qualifications: 1 LA practitioner (0.8%); 13 PPP centre practitioners (7%) and 3 VPP centre practitioners (12%).

The responses of the practitioners are in line with the reports of staff qualifications as given by the managers. That is, the most frequently reported qualification was the HNC and LA practitioners were more likely to have this than those working in PP centres; also, LA practitioners were more likely to report having National Certificate modules than were those in partner provider centres. Practitioners working in partner centres were more likely to report having SVQs, particularly at levels 2 and 3, than those in local authority centres⁶³. Similarly, practitioners from VPP centres were more likely to report having SVQs at level 2 and 3 than were LA practitioners⁶⁴. As HNC is normally obtained prior to commencing work in the sector, but SVQs are work-based qualifications, this may indicate that fewer practitioners in the private sector commence work with college based qualifications but gain qualifications through the work-based route. This is in line with the information provided by the managers.

However, the practitioners' self-reports do not tally with those of the managers in other respects, notably the numbers of degree holders. This may be, at least in part, a result of the way in which questionnaires were distributed within centres. In addition, there are some centres where only managers responded and others where only practitioners did so, making a direct comparison problematic.

⁶³ n=296; NC: chi-square=17.5; p<0.001; SVQ2: chi-square=23.6; p<0.001; SVQ3: chi-square=35.5; p<0.001; HNC: chi-square=31.7; p<0.001; PDA: chi-square=6.18; p=0.01.

⁶⁴ n=143; SVQ2: chi-square=9.0; p=0.003; SVQ3: chi-square=13.1; p<0.001.

In an open question about other qualifications, seven practitioners also reported having S/NNEB awards.

Table 4.75: Practitioners' perceptions of how well early education/childcare qualifications prepared them to work with children under 3 years of age

	Did not prepare me well	Prepared me adequately	Prepared me well	Mean score ¹
National Certificate (n=95)	11%	36%	54%	2.43
SVQ level 2 (n=67)	6%	33%	61%	2.55
SVQ level 3 (n=86)	0	24%	76%	2.76
Higher National Certificate (HNC) SVQ level 4 (n=13)	6%	29%	66%	2.60
Professional Development Award (PDA) Early Education and Childcare (n=28)	0	23%	77%	2.77
Degree (e.g. B A Childhood Studies, B Ed or other directly relevant degree) (n=7)	7%	50%	43%	2.36
Degree (e.g. B A Childhood Studies, B Ed or other directly relevant degree) (n=7)	0	3	4	-
Post-graduate (e.g. Cert/Dip/MSc in Early Childhood, PGCE/PGDE; other PG diploma) (n=2)	0	0	2	-

¹ mid-point = 2

Overall, practitioners were positive about the usefulness of their qualifications. Those who had completed SVQ levels 3 and 4 were the most positive about how useful the qualification was in preparing them to work with children under 3. Further analysis by sector did not reveal any significant differences in the practitioners' views as to how well their qualifications prepared them for working with children under 3.

Practitioners were asked to indicate if they were currently working towards any further qualifications and, if so, which ones. Forty-five practitioners did not respond, representing about 13% of the sample: 14 (11%) of the local authority practitioners, 23 (12% of the PPP practitioners) and 8 (30%) of the VPP practitioners). Of the 295 that responded, 80 indicated that they were working towards a qualification at the time of the completion of the questionnaire:

- 19 out of 108 LA practitioners (18%)
- 55 out of 169 PPP practitioners (33%)
- 5 out of 18 VPP practitioners (33%)

These findings should be treated with some caution. As the questionnaire was distributed during the summer months, it is possible that only those practitioners who were engaged in work-based qualifications or those part way through a qualification were able to respond to the question. An additional question asking what qualification would be pursued in the approaching academic year may have given a very different picture.

Table 4.76: Qualifications currently being worked towards by practitioners, by sector

	Total (n=80)	Local Authority (n=19)	Private PP (n=55)	Voluntary PP (n=6)
SVQ level 2	9%	0	13%	0
SVQ level 3	35%	5%	44%	3
Higher National Certificate (HNC)	5%	11%	4%	0
SVQ level 4	13%	5%	16%	0
Professional Development Award (PDA) Early Education and Childcare	23%	21%	22%	2
Degree (e.g. B A Childhood Studies, B Ed or other degree directly relevant to child care)	21%	53%	11%	1
Post-graduate (e.g. Cert/Dip/MSc in Early Childhood, PGCE/PGDE; other PG diploma)	>1%	5%	0	0

In line with previous findings, practitioners in partner centres were more likely to be pursuing SVQs than those in LA centres, with a higher proportion of those in LA centres indicating they were working towards degrees (10 out of 19). However, caution is advised in interpreting this beyond the immediate sample due to the small numbers of respondents reporting working towards qualifications.

Four practitioners reported that they were working towards other, non-listed qualifications viz. postgraduate Certificate in Autism, a degree in Psychology, a Nurture group Qualification and recognition as a 'baby massage instructor'.

A question was asked about SSSC registration. Just over 70% (n=232) indicated they were registered. Practitioners from LA centres and VPP centres were more likely to be registered compared to the private sector: LA = 84%; VPP = 83% (10 out of 23) and PPP = 62%. The types of registration reported were as follows:

- support worker 12 (5%)
- practitioner 190 (83%)
- lead practitioner 17 (7%)
- manager 10 (4%)

Practitioners most frequently commented on the length of the process of registration; a small number also mentioned the cost of registration especially as workers in the early years sector were not well paid.

4.2.7 Summary

Responses to survey (4.2.1)

- Based on the information provided by local authority officers, 20 authorities were selected to take part in the survey of centres. This provided a range of size of authorities in terms of the number of centres they had making provision for children under 3 years of age; mix of local authority, private and voluntary partner providers; and broad geographical diversity. As the survey took place over the summer months, centres that closed during the summer were not included. Otherwise, all centres in the 20 authorities that catered for children from birth to 3 years were invited to take part.
- A total of 439 centres were included (75 local authority, 329 private partner and 35 voluntary partner providers). Each centre was sent one questionnaire for the manager to complete and five questionnaires for practitioners, with a request that up to 5 or the total number of practitioners if less than 5 be asked to complete the questionnaire.
- Responses were received from 122 managers (28%); and 340 practitioners; 171 centres were represented in the responses (39%).

Policy and resources used (4.2.2)

- Three-quarters (75%) of centres included mention of CPD for those working with children under 3 in their improvement plans and just over half (54%) had a specific budget for CPD for staff working with this age group. Just under 90% expected staff to maintain personal development plans. A slight higher proportion of LA centres had all 3 elements in place while similar proportions of private and voluntary partner providers had them in place.
- Almost all managers reported making use of the national guidance materials (Birth to Three, Learning and Teaching Scotland), with 85% of practitioners also reporting this.
- Two-thirds of managers and just under 60% of practitioners reported using guidance materials from their own local authority, though higher proportions of LA staff reported using these than staff from the partner provider centres.
- Although fewer respondents reported using LA materials, the frequency of use (e.g. weekly, monthly) of both Birth to Three and LA materials were similar as reported by both managers and practitioners, with 60% of managers and around half of practitioners reporting using them weekly.
- While the majority of respondents thought the materials were good or excellent, a higher proportion of managers rated LA materials excellent compared to LTS materials. Respondents from LA centres tended to be more positive about the LA materials than respondents from the private partner centres; this may reflect the greater involvement of these centres in the piloting and initial training for the use of the resources.
- More than half the managers and practitioners reported making use of the Department for Children, Schools and Families (DCSF) materials: Birth to Three Matters.

Views on experiences and effectiveness of CPD (4.2.3)

Managers

- Overall 50% of the managers who responded to the survey had participated in CPD which addressed working with children under 3 years during the previous year (73% of LA managers as against 42% of private partner managers and 36% of voluntary partner managers).
- The 3 most frequently reported types of CPD opportunity were in-service day courses, in-centre training and attendance at conferences or seminars. Very few participated in institution-led provision (college and university) leading to qualifications, or more informal work-based opportunities such as staff exchanges or job shadowing. Distance learning (including online learning) was reported by very few.
- Three-quarters (74%) of the managers had experienced CPD delivered by staff from their own local authority, while just under one-half had experienced independent training providers and just over one-third had CPD delivered by other professionals, such as medical and health staff, psychological services and specialist therapists.
- The majority of managers indicated that they thought that the quality of CPD from all providers was good or excellent and mostly or all relevant. While only a small number had experienced CPD offered by other birth to 3 practitioners, this was rated most highly in terms of quality, while that provided by independent training providers was considered the most relevant.
- The most frequently reported topics supported as part of CPD were planning and evaluating, and observing and recording – both reported by over 60% of those who had taken part in CPD. Topics least likely to have been addressed were gender equality, legal issues of working with children under 3 years, the rights of the child and participation, and staff needs analysis. Managers were all positive about the usefulness of the CPD they had received in relation to the topics, with typically two-thirds indicating that the CPD they had experienced had ‘helped a lot’.

Managers’ views of their staff experience

- In-centre training and in-service provision (day, twilight and evening) were the most frequently reported types of CPD opportunity for practitioners, with more than two-thirds of managers reporting these activities. LA managers were more likely to report staff attending in-service day courses than PPP managers. Institutionally based provision was reported by fewer managers, with around one-third reporting that college-evening classes (leading to qualifications) were supported. PPP managers were more likely to report college-day release being used compared to LA managers, while LA managers were more likely to report university part-time attendance.
- As with their own CPD, the most frequently reported providers of CPD for staff were local authority staff, independent training providers and other professionals, reflecting the dominance of in-service provisions.
- As with their own CPD, managers were positive about the quality and relevance of the CPD offered to their staff by the various providers, with heads of centres being rated highly on both quality and relevance.

- The most frequently reported topics covered as part of CPD were planning and evaluating (60%) and observing and recording (57%) and as with managers' own CPD the least addressed were gender equality, legal issues and the rights of the child and participation. Managers indicated that the CPD offered in relation to the various topics, even when reported by small numbers, was generally effective in helping staff in their day-to-day work with children under 3 years of age.
- Higher proportions of LA managers reported that their staff had addressed the topics listed, notably in relation to observing and recording, learning environments, communication and language, working with children with additional support needs, social development, being and becoming a reflective practitioners and working with parents and developing home links.
- In a more general question about the adequacy of provision, there were respondents who thought support was not adequate across all topics; only observing and recording and planning and evaluating had a mean score of more than the mid-point of 'adequate'. Topics that were identified as being least well supported were legal issues, gender equality, working with parents and developing home links and the rights of the child and participation. LA managers tended to be more positive than PPP managers in their views on the adequacy of support.

Practitioners

- Overall, 67% of the practitioners who responded to the survey had participated in CPD which addressed working with children under 3 years during the previous year (84% of LA practitioners as compared with 56% of private partner and 69% of voluntary partner practitioners).
- The most frequently reported types of CPD opportunity were in-centre training and in-service courses (day, twilight and evening). Less than one-fifth reported attending conferences and around 10% or less reported taking part in other forms of CPD including college or university courses leading to qualifications or other work-based opportunities such as job shadowing or staff exchange. Practitioners from LA centres were more likely to report experiencing in-service day courses than those from the private sector.
- In line with managers' response, practitioners reported that their CPD had been delivered most frequently by local authority staff, independent training providers and other professionals. Over one-third also reported CPD offered by centre managers and other birth to 3 practitioners.
- The majority of practitioners reported that CPD was good or excellent in terms of delivery, materials and learning experience though that offered by heads of centres, independent training providers and higher education staff were rated most highly. Practitioners also reported that the CPD provided was relevant to their day-to-day practice.
- The topics most reported by practitioners were in line with the managers' reports, namely planning and evaluating and observing and recording. The least reported topics were gender equality, legal issues, rights of the child and participation, working with parents and developing home links and working with children with additional support needs. Practitioners rated the CPD in relation to the topics they had covered as being helpful in

relation to their day-to-day practice, with between 70% and 80% reporting that it had 'helped a lot'.

Preferences and priorities for CPD (4.2.4)

- Respondents were asked to rate how important a list of topics were to working with children under 3 years of age. Both managers and practitioners rated all the topics either as important or extremely important, though the most important topic selected by managers for themselves, selected by managers for their staff and selected by practitioners was health and safety in the environment.
- Respondents were asked to prioritise types of provision, providers and topics. The top ranked responses, common to each type of centre (LA, private and voluntary partners) are reported here, though the preferred rank order for each type of centre is not necessarily the same.
- *Types of CPD*
 - Types of CPD preferred by managers for their own CPD were in-service day courses, in-centre training, in-service twilight or evening courses, conferences and seminars, and online learning.
 - Types of CPD preferred by managers for their staff CPD were in-service day courses, in-centre training, in-service twilight or evening courses and college day release (leading to qualifications). [Note: LA managers were more likely to select in-service day provision while PPP and VPP managers were more likely to select in-service twilight and evening provision.]
 - Types of CPD preferred by practitioners were in-service day courses, in-centre training and college day release (leading to qualifications).
- *Providers*
 - Managers nominated their own local authority staff, independent training providers and higher education staff as their preferred providers for their own CPD.
 - For their staff, managers nominated their own local authority staff, independent training providers, birth to 3 practitioners and other professionals as their preferred providers.
 - Practitioners nominated birth to 3 practitioners, independent training providers, their own local authority staff and other professionals as their preferred providers.
- *Topics*
 - The priority topics for managers, common as priorities across all 3 types of centre, were: learning environments for children under 3, managing staff, working with parents and developing home links, legal issues, becoming and being a reflective practitioner, and the rights of the child and participation.
 - The priority topics for practitioners, common as priorities across all 3 types of centre were: babies and young children as learners, promoting positive behaviour, learning environments for children under 3, the development of communication and language and social development of children under 3. [It should be noted that although not common to all 3 types of centre, LA practitioners ranked working with parents more highly compared to both private and voluntary centre practitioners.]

Access and barriers (4.2.5)

Access

- Access was defined in terms of convenience in participating in the different types of CPD that respondents had already experienced, in relation to fitting in with work and lifestyle.
- Managers had reported only taking part in a limited range of CPD opportunities (in-centre training; in-service courses and conferences); these were generally seen as convenient.
- In relation to their staff, managers reported in-centre training as being the most convenient, followed by college evening classes. Although few had reported using opportunities such as job-shadowing, online learning and staff exchanges they were rated marginally more convenient than the more frequently experienced in-service (day, twilight and evening) courses and conferences. Private partner managers considered in-service day courses less convenient when compared to LA managers.
- Practitioners agreed with managers that in-centre training was the most convenient. Most types of opportunity were considered convenient, though practitioners were more likely to consider day-time opportunities more convenient than managers, while managers were more likely to rate twilight and evening as being convenient for their staff.

Barriers

- Managers and practitioners were unanimous as to the 3 main barriers to participation in CPD:
 - Managers were most likely to report that barriers to their own CPD were insufficient opportunities in relation to managing and working with children under 3 years; insufficient time during the day to go on courses; and lack of funding.
 - Managers were most likely to report that barriers to staff CPD were lack of time to release staff, insufficient suitable opportunities for those working with children under 3 and lack of funding to pay for cover in particular and CPD in general.
 - Practitioners were most likely to report that barriers to their CPD were lack of time for day-release courses, not enough money and not enough opportunities in relation to working with children under 3.
- Respondents from private partner providers were more likely than those from LA centres to indicate that lack of information about CPD opportunities for those working with children under 3 was a barrier. This included managers' perceptions of their own CPD and for their staff and practitioners' perceptions.

Qualifications (4.2.6)

This section focuses on early education/childcare qualifications and their perceived usefulness in preparation for their roles.

Managers

- The most reported early education/childcare qualification held by managers is the HNC (46% of respondents), with 27% also holding the relevant PDA. A slightly higher proportion of LA managers held the HNC, while greater proportions of private partner managers reported holding

SVQs (indeed no LA managers reported holding SVQ level 2 or 3). Only 12 respondents reported holding a relevant degree, and these were mainly from LA centres. As HNC is mainly gained through full-time study prior to taking up a post and SVQs are gained in the workplace, this indicates that those working in the private sector are more likely to have followed the work-based route to qualification.

- Managers were largely positive about the extent to which their qualifications prepared them for their work roles, with around two-thirds of those who held them indicating that the HNC and the SVQ 3 had prepared them well.
- At the time of the survey 44 managers (just over one-third of the respondents) reported working towards a qualification; 26 of them (60% - from both LA and partner centres) were working towards a degree, while just under one-third were working towards SVQ level 4 (all from private partner centres).
- Eighty percent (80%) of managers were registered with SSSC, mostly in the manager category; others were either working towards it or had GTC registration and so SSSC registration was not required.

Managers' perceptions of practitioners' qualifications

- Managers were asked to indicate which qualifications were held by staff in their centres. As centres have staff with different experiences and at different stages, the responses present a broad indicator of the range of qualifications held. Almost all managers (89%) reported staff holding HNC, followed by SVQ 3 (73%), SVQ 2 (63%), PDA (53%), National Certificate (43%), SVQ 4 (32%), Degree (30%) and PG award (11%). As with their own qualifications, managers in LA centres were more likely to report that their staff hold HNCs, degrees and PG qualifications, while those in the private sector are more likely to report SVQs. As noted above, this may indicate that staff in the private sector are more likely to follow the work-based route to qualification.
- Managers overall were less positive about how well qualifications had prepared staff compared to their perceptions about their own preparation for their work roles. More than half who commented on Degrees thought this had prepared staff well; however, for every other qualification less than half thought this.
- SVQs were the most frequently reported qualification that staff were currently working towards; this is unsurprising as they represent work-based/part-time routes to qualification. However, more managers from private partner centres reported this than those from LA centres. On the other hand, almost three-quarters of LA managers who answered the question had staff working towards a degree compared to one-fifth of those in the private sector.

Practitioners

- The HNC is the most frequently reported qualification held by practitioners (51%), followed by National Certificate (32%) and SVQs at levels 3 and 2 (30% and 23% respectively); 3% reported holding degrees. In line with managers' responses the full-time college based qualifications were reported by a higher proportion of LA practitioners compared to those from private and voluntary centres and higher proportions from the partner

providers were more likely to report SVQs. As indicated above this suggests those in partner provider centres are more likely to follow work-based routes to qualification.

- Overall practitioners were positive about the usefulness of their qualifications in preparing them to work with children under 3.
- Eighty (80), just under one quarter of the total respondents, indicated that they were working towards qualifications at the time of the survey. As noted in reports from managers, practitioners from partner centres were more likely to report working towards SVQs than those in LA centres, with a higher proportion of those in LA centres indicating they were working towards a degree. Five percent (5%) of all survey respondents indicated they were working towards a degree. However, caution is required in interpreting these figures as numbers are low.
- Seventy percent (70%) of practitioners reported being registered with the SSSC; of those registered 83% were registered in the practitioner category. Concerns were expressed about the cost and length of time that registration took.

4.3 Case Studies

In order to gain an in-depth understanding of the CPD experiences, needs and aspirations of practitioners and their managers, a series of case studies was undertaken. Three local authorities were identified from those participating in the survey on the basis of feedback from local authority officers. These authorities appeared to meet a number of the relevant criteria, with key characteristics such as policy documentation in place, authority-wide guidance on and support for CPD and (self-reported) examples of good practice in the implementation of CPD. In order to take account of geographical variations, two of the authorities contained both urban and rural provision while the third was a city, with inner-city and urban provision.

Much of the information gathered and reported relates to practices across the whole nursery or early years centre rather than focusing specifically on provision and practice for children under 3 years of age. In many authorities, including some of those selected for further investigation, policy and practice with regard to children aged birth to 3 years tended to be incorporated into that for all pre-school children. The general impression received was that existing CPD provision for 3 to 5 year olds had been extended to include staff working with younger children with some additional targeted provision to complement this. In practice, there was little difference in the CPD experiences of those working with different age groups.

In addition, while just over half of survey respondents (54% - Table 4.14) worked predominantly with the younger children, considerable numbers also worked across the age range for significant proportions of their working day. As a result, separate programmes to support staff working with the two main groups of children would not reflect the reality of the workplace in most of the instances encountered. However, where specific initiatives, approaches or activities are mentioned in the following text, these were relevant to and involved staff working with children in the birth to 3 age range.

A total of 9 centres were visited: 5 local authority centres, 2 private providers and 2 voluntary sector providers. Where possible, the researcher sought to speak with the manager, birth to 3 years practitioners and parents although, in practice, some centres were reluctant to allow access to parents and this was respected. The findings have been collated into a series of themes reflecting the aims of the project.

4.3.1 Background on case study authorities

The first case study (LA1) was of a city authority with just over 100 centres catering for children in the age range of birth to 3 years. The majority are private partner providers, with a small number of local authority centres and 2 voluntary partner centres. The local authority centres are mainly sited in areas of deprivation and many of the children there have been referred through other agencies such as social work services. Six LA Early Years Managers have responsibility for Early Years provision and liaise closely with other sections of Education and Children's Services, such as the Workforce Planning Team. Two voluntary sector centres, one local authority and one

private provider centre were identified for further study. Staff, including managers, were interviewed in all centres, with parents also included in the voluntary sector

The second case study (LA2) was undertaken in a large local authority in central Scotland with a mainly urban and some rural population and significant clusters of deprivation. There are approximately 40 centres in the authority with most of the birth to 3 years provision through private partner centres; just over one-third of the centres are local authority establishments. HMIE reports indicate that the local authority provision is of high quality. There is an Early Years support team, which includes a Quality Improvement Officer (QIO) and a Development Officer (DO) with responsibility for children aged birth to 3 years. Two local authority centres and one not-for-profit partner provider were visited. Parents were interviewed in both local authority centres.

The third case study authority (LA3) was considerably smaller than the other two, with 6 local authority centres taking children from birth to 3 years, and around 30 partner providers, the majority of which are in the private sector. Geographically, it comprises urban, rural and coastal areas with some significant areas of deprivation. A Quality Improvement Officer (QIO) has responsibility for the day-to-day management of all early years provision (birth to 5 years). Two local authority centres were visited and although approaches were made to private centres, no visits were realised.

Overall, staff in the centres visited engaged enthusiastically with the interviewers, expressed positive views on the local authority provision and felt that they had benefited from their CPD experiences. They had already experienced changes in their day-to-day work and were aware that more change was coming. They were looking for support in meeting the challenges that the new Scottish Standard for Childhood Practice presented.

The demand for CPD had increased significantly in all three authorities, particularly for training targeted on the specific needs of those working with the youngest children. In one authority, for example, the QIO asked for expressions of interest in a twilight session focusing on birth to 3 issues, with some indication of a preferred venue and the number in each centre wishing to attend. A total of 273 requests to attend were received. In the end, sessions were organised across the authority with at least one member from each centre allocated a place, depending on space.

4.3.2 Local authorities and a framework for early years practice

The three authorities visited had each developed their own framework for the early years, drawing to a greater or lesser extent on national guidance (Scottish and/or UK-wide). The degree to which they drew on national documents and materials depended, at least in part, on whether or not the local authority had had something in place before the publication of the national materials or whether they were starting fresh. In the authorities visited, although the LA frameworks had been designed to meet local priorities and considerations, all reflected the spirit, principles and key concepts evident within the national guidance.

Local authority and national documents were used in two key ways by QIOs, DOs and heads of centres. Firstly, they formed a body of reference material for practitioners when they were working in the centres and, secondly, they provided the basis for programmes of CPD for early years workers during the year, at authority and centre level. The extent to which the LTS Birth to Three Guidelines were used on a regular basis varied from centre to centre, both within and across authorities. In one of the authorities, the use of the documents went beyond this: members of staff each had copies of the document and used them for micro and macro planning, observation, self-evaluation and PDP in a more explicit and planned manner. In the other two authorities, the LA documents rather than the LTS document were used in this way.

In one centre in LA3, for example, copies of the LTS and LA documents were readily available in each of the work areas (babies, toddlers and pre-school). They were visible on bookshelves in each room, alongside the children's progress files. While the local authority document was the first source of advice and guidance, the LTS guidelines and other materials were also used regularly for reference, particularly during planning sessions for both long-term and day-to-day activity. Staff were familiar with them, used to handling them and turned to them for answers to questions or guidance on specific issues. There was also evidence that staff undertaking additional qualifications were using them at home to support their studies and inform their assignments.

In one VPP centre, the national documents were not used and awareness of them was limited. Practice was based on the LA framework only, with the Development Officer working closely with staff on its implementation. Overall, while national guidance was thought to be important in providing vision and a level of consistency across authorities, the responsibility to develop and implement effective intervention strategies and related training was felt to lie best at the local level.

Where practitioners were familiar with LTS materials the comments were positive. For example, they found the photographs helpful. However, they also felt that the national document lacked practical suggestions which made it difficult to implement in practice. In most instances the LA framework document helped them to bridge the gap between national policy and their day-to-day practice. While national guidance is thought to be important in providing vision and a level of consistency, the responsibility to develop and implement effective implementation strategies and related training was felt to best lie at local level.

It is a checklist for everything! ... of course other guidelines are valuable but LTS was quite generic and meant for anybody, for example childminders whereas LA2's is aimed at practitioners.

Many of those interviewed were pleased that they had their own birth to 3 framework and not just a 'watered-down' version of the 3 to 5 years documentation. However, in one centre, practitioners felt a little overwhelmed by the amount of material being produced:

(We are) bombarded with information from different sources.

4.3.3 CPD policy and practice

Information on policy and practice was gathered through interviews with LA officers, heads of the centres visited and practitioners. The officers described the strategy and procedures at authority level and staff in the centres explained local approaches and how the LA policy, explicit or implicit, translated into practice on a day-to-day level.

Two out of the three authorities had specific policies for CPD for those working in the early years sector although not necessarily specifically for working with children aged under 3 years. One had a general policy for CPD within the authority and all made mention of the need for CPD in various planning documents such as the Quality Improvement Plan, Children's Service Plan or Professional Development Plan. However, echoing the points made above, these tended to relate to those working across the age group rather than to target specifically those staff working with children in the birth to 3 years range and tended to be expressed as general principles rather than specific aims. For example, LA1's Professional Development Plan for the early years encompassed all those working across birth to 5 years provision. In another authority, at the time of the research, higher priority was being given to the development of practitioners working with children under 3 than those working with 3 to 5 year olds.

In one LA centre, CPD was defined as being about updating skills and encouraging staff to become reflective practitioners:

it can be a daily thing or something that is a developmental process.

In another, it was regarded as keeping up with new policies, developing new skills, refreshing knowledge and undertaking health and safety training. A practitioner in a PPP viewed continuous professional development as:

... learn(ing) new things both in day-to-day work within the company and outwith by formal training and being part of the framework working group.

Overall, practitioners did not regard CPD as something imposed upon them but rather an ongoing process where they gained knowledge and skills through formal and informal activities as well as through active involvement in working groups or new initiatives.

While much of the research was premised on the need for CPD to support the introduction of the new Scottish Standard for Childhood Practice and address the shortfalls identified in the literature review, several of those interviewed raised the issue of the lack of appropriate experience during the pre-service training programmes of many early years workers. This raises the question as to whether CPD for new practitioners should be addressed in the same way as that for more experienced staff.

The knowledge, skills and attitudes of early years workers are influenced significantly by their training experiences as well as ongoing professional

development which they undertake following qualification. Pre-service or workplace training, at present, frequently lacks experience of working with the youngest age group, often through practical limitations e.g. lack of placement opportunities for college students. It seems unlikely that newly qualified early years workers have the opportunity to gain and develop systematically the knowledge and skills they lack once in post, as is the case with newly qualified teachers, who benefit from additional input during the probationary year.

All three authorities drew on Sure Start funds for programmes of continuing professional development for those working with children under 3 years and in each case the QIO had control over some if not all of the funds, a proportion of which was earmarked for CPD. Some also had access to other funding streams such as Workforce Development Funds. Budgets had been static in the last year or two however, hindering expansion. Local authority centres had small staff development budgets as part of their funding. Some training e.g. essential legal or health training such as child protection was provided by the LA free of charge while others normally carried a small cost to the centre. Occasionally, the LA or centre would provide some financial support for external training such as degree study. This was not codified in policy however and appeared serendipitous in some instances. Overall, staff felt training opportunities were very fairly allocated and that it was strategically related to both the centre's plans and individual need.

In addition to CPD events/courses that targeted early years issues, staff in centres also had access to events which were broader in scope such as courses related to Curriculum for Excellence or essential training e.g. child protection, health and safety. The different strands of the CPD on offer were supported by different funding streams e.g. Sure Start for those working with the youngest children, Workforce Funding for all early years practitioners and mainstream educational funding for other programmes; some practitioners were not aware of these differences.

The Early Years Officers in each authority drew on a number of sources of information to determine CPD priorities and programmes. In the first instance they referred to a range of audits including those linked directly to their own document, national self-evaluation materials and/or external and internal inspections. The areas of weakness or gaps in provision identified during these were helpful in determining priorities for CPD.

In addition to formal reviews and inspections involving external bodies (HMIE and the Care Commission), the authority's early years team (usually the QIO plus development officers and, in some instances, experienced heads of centres) in all three authorities undertook a programme of mini-audit visits to centres. The main purpose was to review the centre's own self-evaluation and planning processes through discussion and the scrutiny of appropriate documentation.

Within centres, self-evaluation and review processes were guided by authority-wide templates. For example, in LA2 the authority's own Birth to 3 documentation served this purpose thus avoiding duplication of effort.

Typically, feedback from the review was given in the form of an action plan with identified areas for improvement. This feedback also provided the authorities with a source of topics for future CPD priorities. Taken together, the expectations in the policy documents and gaps/weaknesses identified in the reviews provided the basis for each year's programme of formal CPD opportunities.

Less formally, at the centre level, the analysis of training needs for the unit as a whole was an ongoing process of reviewing progress against planning, often undertaken on a weekly basis and usually by the management team. CPD events were also triggered by ongoing self-evaluation and review processes within centres. These tended to be to a format and schedule determined by the management team but designed to coordinate with LA procedures. In at least one centre (LA3), the head had modified the LA-produced templates for use by the teams within the centre.

The outcomes of the professional review procedures and individual training needs analyses also informed CPD planning by indicating common areas of need within the centre. In another centre in LA1, the head had instigated a 360 degree appraisal system for all staff, where staff assessed each other and the feedback contributed to the training analysis. The CPD identified through these routes tended to be perceived as more responsive and needs-driven, in contrast to the LA topics which were seen as policy-driven.

Externally run training events were notified to staff in centres through paper and electronic newsletters/leaflets and ranged from half-day sessions to series of sessions lasting 1-2 months.

In practice, staff had access to CPD in a number of ways:

- a. *Externally provided/organised*
These were normally planned in advance on a yearly or term by term basis.
 - i. Authority-wide in-service days where all three education sectors were brought together (nursery, primary and secondary). These tended to be policy-related e.g. Curriculum for Excellence, and consisted of cross-sector input followed by sector-specific break-out and discussion sessions.
 - ii. A database or annual catalogue/programme of events which included opportunities for staff working in each of the nursery, primary and secondary sectors. In some cases, staff had selected from other sectors than their own where relevance could be justified. For example, primary training sessions could help early years staff to appreciate what they were working towards in the longer term.
 - iii. Targeted events which focused on birth to 3 years and/or birth to 5 years, usually planned by the QIO, or similar, in consultation with the early years team and, in some instances, practitioners and specialists such as health visitors or psychologists.
 - iv. Response to individual requests and accredited programmes such as PDA and BA Childhood Practice.

b. *Centre or cluster organised*

These tended to be planned on shorter time-scales than those in (a).

- i. Seminars and workshops organised by the head of centre and using external speakers including specialists, consultants or trainers. Staff from other centres might be invited to attend, making more efficient use of the input.
- ii. Shared learning sessions where those who have attended CPD events share their learning with other members of staff, making presentations and answering questions. A variation of this was observed in LA2 where discussion sessions were held, based on themes from LA or LTS Framework. In LA1 an annual authority-wide conference was established for all sectors of early years provision.

In addition, staff reported other ways in which practice was developed and enhanced. Examples given included working groups charged with finding out about and developing new ideas for supporting the children's development, work shadowing, visiting other centres to learn from them and undertaking small group research into aspects of practice and feeding it back to the other staff. However, practitioners were looking for support in other ways:

Sometimes it would be good not to necessarily go on a course but to have a website to get ideas of activities etc.

In one authority, the new LA framework had been piloted with a number of centres, one of which was visited during the case study phase of the project. The staff had been supported by local authority early years officers and had, in turn, been involved in further 'roll-out' of the document through provision of training for staff from other centres. This provided both CPD for the staff themselves and provided a source of expertise for others; they subsequently received a number of requests to provide staff development in other centres. The deputy head thought that this had been a major CPD opportunity for her, particularly in terms of a sense of ownership of the new developments:

The normal practitioner was given a voice. We could create a common voice and a common standard for under 3s.

The presence of a senior local authority officer, who has broad experience across early education and social work, who can champion this type of approach was seen to be particularly effective across case study authorities. It set the tone for future training and collaborative work in partnership with a range of other relevant services.

Suggestions for other forms of CPD included sabbaticals, secondments and exchanges which they saw as 'on the job' CPD. This ties up with the feedback from some heads of centres, some of whom held degrees, or who had qualified as teachers and had significant experience in both school and early years services. Significant CPD experiences for them included secondment to or involvement with external bodies such as LTS and HMIE, and national advisory or development groups such as those established in relation to Curriculum for Excellence:

(Working as an Associate Assessor) ... doing the HMIE inspections made me aware of lots of things about the centre.

A wide range of types of CPD was in evidence across and within authorities. They served different purposes however and QIOs and heads of centres spoke of trying to balance priority-based CPD, typically LA or centre driven, and the CPD needs of individual members of the staff.

Overall, planning for CPD tended to take account of policy developments and made genuine attempts to respond to individual circumstances and needs. In each authority, staff were expected to keep a professional development portfolio where CPD involvement was recorded, ideally with some reflective statement, and which formed the basis for discussion at the annual review of progress (Professional Review and Development). This practice will provide a good basis for the new Standard in Childhood Practice.

4.3.4 Preferences and priorities

In practice, staff in centres had experienced CPD on a range of topics, not all directly related to the LTS Birth to Three framework. They were particularly enthusiastic about interactive workshops on the basis that *'our work is practical!'*. The provider, whether local authority or external, had to be credible in terms of their ability to provide practical, relevant support and input as well as engage their interest. As one PPP manager put it:

It's got to be somebody that is upbeat and holds your interest (and) a bit of interaction too.

In terms of organisation, practitioners preferred CPD that was delivered during the working day, preferably in-house although they did recognise the benefits of going out of their own environment and even authority on occasion.

It is very valuable to meet professionals from other settings and to get ideas from others but sometimes it is easier to ask questions and clarify things in your own centre.

A few centres had established libraries of books, DVDs and other materials which were open to staff, parents and visiting specialists. While this provided a source of reference on policy, theory and practice, their use depended upon individuals taking the initiative to consult the materials. In one centre, the collection of documents and other materials formed the basis for a series of literature searches on specific topics, directed by the head of centre. Those conducting the search reported back on their findings to the others at staff development sessions. This might include a plan to introduce a new theme, such as eco-schools, within the centre. After some initial trepidation, staff enjoyed these exercises which gave them considerable ownership of potential new initiatives.

Little was said in terms of preferred providers of CPD although it was important to practitioners that providers brought practical experience of working with this age group of children. The input from other professionals and specialists such as speech therapists and psychologists was highly regarded by staff working in centres. For example:

It was absolutely amazing. The speech and language people explained it so well. The notes were good. They gave a picture of real life. There was a lot of discussion and hands on activity. It was real life. You could identify the children you were working with. We even stayed on a bit longer.

At least one authority had established multi-agency teams to look at aspects of birth to 3 services and how best to meet the needs of families in a coordinated way. Practitioners in one centre raised the issue of shared training, involving the other professionals who were involved with the children. In all three authorities, training events were open to all professionals but these interviewees looking for training that was deliberately and strategically planned to involve a range of professionals. In LA2, the intention was to carry the multi-agency model through into the CPD programme:

We are looking at what the most appropriate agency is to take the ideas forward – there is no explicit (shared) training but there might be with the Solihull training⁶⁵ rolling out in November.

Although some centres had instigated small scale approaches to collaborative training involving specialists, they often depended upon personal contacts and relationships and were, as a result, unsustainable in the longer term when, for example, one of the specialists moved post. Given that this form of integrated working was viewed as essential and highly beneficial, long term sustainability would be more achievable if collaborative working was an integral part of a policy for CPD across the authority.

Practitioners were concerned that training providers were sensitive to the contexts in which they were working, and aware of differences between the local authority, private and voluntary sectors. Staff who had worked in partner provider centres felt that those in private and voluntary centres had far fewer CPD opportunities than those working in LA centres and more/higher barriers to overcome to take advantage of them. This could cause frustration if the training provider failed to appreciate the sensitivities involved.

While some practitioners preferred short, in-house sessions that were delivered during work hours, others expressed the view that those which were more in-depth and lasted a day or longer were more effective in the long run. There was little mention of accredited courses but this was unsurprising given the small numbers who had accessed such. In one of the local authorities practitioners felt those one-off sessions were not sufficient to change practice. Their argument being that, having attended a particular CPD event, they also needed follow-up or update sessions as they began to implement what had been learned. They also felt that this needed to be recognised and addressed at local authority level:

You can't tick it off because you have done one session on something.

While much of the CPD that they experienced was intended to introduce new concepts or ways of working with very young children, practitioners also

⁶⁵ The Solihull Approach – a multi-agency approach to working with parents developed by the Solihull Care Trust. http://www.solihull.nhs.uk/solihullapproach/group_trainingcosts.asp

believed that there was a need to provide courses which reinforced existing good practice. Update or refresher sessions for those returning to work with this specific age group were also viewed as important:

If you have been out of this age group for a few years, you need refresher courses.

Topics identified as 'gaps' during the case studies included: child development and nurturing; creativity and spontaneity in practice, interacting with babies, parental substance abuse, working with families, music and kinaesthetic movement. Some practitioners suggested that there were topics that would be of relevance to them in their work with parents and to parents themselves, e.g. sleep management and weaning.

4.3.5 Barriers to access and participation

In both the survey and the case studies, managers and practitioners identified the main barrier to access and participation as 'time'. This operated in a number of ways. Firstly, staff were reluctant to attend weekend and twilight or evening sessions as this was viewed as tiring after a full day's work, or as eating into their own, personal time. Many had family commitments and some were lone parents; freeing up time to attend events out of working hours was problematic. As many credit-bearing programmes are currently scheduled in the evening or at weekends, this poses a potential hurdle for the uptake of degree programmes such as the BA in Childhood Practice, in the move to a graduate led profession.

While those interviewed were pleased that working with birth to 3 year olds was being recognised as on a par with the other sectors of the educational system, they were concerned about the practicalities of achieving this. Participation was less of an issue for those on teachers' conditions of service but finding time for CPD was particularly critical for those working all day, all year round.

Providing cover for staff attending training was viewed as particularly difficult for the independent sector: "*Being voluntary, we have to grab training where we can*". Some used the strategy of closing the centre for the day. For example, a VPP in LA1 reported:

The authority put on an early years conference and the committee (who manage the centre) agreed to shut the centre and let us all go. That was really good.

In another example, from LA2, the bulk of the training was run in first term before the 3 to 5 years provision was at full capacity. This allowed these staff to provide cover for birth to 3 years staff to attend training.

Day courses were preferred by most managers and practitioners, but this depended on the availability of, and funding for, supply cover. Ensuring that the centre was adequately staffed was cited frequently by managers, with one commenting:

It is very easy to forget about training when you are short of staff, particularly when some people do not want to go to training.

While many courses were free to attend or had only a nominal cost, in some specific areas the CPD budget was limited. However, several staff commented that they accepted that only one or two could attend any particular course and that those who did not, would be given an opportunity to attend CPD 'next time'. Plans to attend external CPD events could fall at the last minute. If a member of staff was due to attend training and someone was ill, then she/he would not be able to attend:

The children are our priority. We need to have enough bodies ... if someone is off, you can miss training.

In the voluntary sector, funding was perceived as a significant barrier. However, sharing with other centres and reciprocal training between staff was seen as one way to extend opportunities:

It doesn't have to be all shiny and professional – getting together can be just as useful ... but that is the voluntary sector way.

At the authority level, the timing of CPD events had been given particular consideration. Some planned CPD for the times of year when the numbers of children attending were lighter e.g. during school holiday periods. There was still a sense that VPP and PPP centres were somewhat remote from the CPD developments and missing out for a variety of reasons.

Some practitioners cited relevance, or rather a perceived lack of relevance, to be a barrier. There was need for a clear, explicit vision of the purpose of the training on offer in order to generate interest and the motivation to attend. At least two of the authorities recognised this and were working towards a shared ethos and purpose. Authority-wide in-service days which included all three sectors, pre-school, primary and secondary, were generally considered to be of marginal relevance – often because the relevance had not been established and communicated to participants beforehand.

If you've taken 3 hours of your life to go to the course, it better be relevant to the age group!

There was a strong feeling in one authority that the emphasis on a curriculum for very young children in the CPD programme on offer, could lead to a neglect of or low priority given to the social and emotional development of children. This was particularly pertinent in the case of newly qualified practitioners who had had little experience of children in birth to 3 years age range during their pre-service training:

... the most vulnerable children are looked after by the least developed practitioners.

There has been considerable structural reorganisation within the education services in many authorities over the last 5-10 years. In many instances this has meant a reduction in the number of subject or sector advisors at the centre. As a result, schools and early years centres have had to take on greater responsibility for staff development than previously. This is likely to have contributed to the wide range of imaginative strategies employed in many centres.

Throughout the study, there were strong views that early years practitioners were busy people with limited time to access CPD. Therefore, when they did make time to attend training, it had to be highly relevant, readily implemented and easily accommodated into existing structures and practices. In one LA, where the framework was modelled on the 3 to 5 years document, this was perceived as hindering uptake and, in turn, staff knowledge and understanding of the specific needs of children under 3 years. (It was also seen as having repercussions in the pre-service training, leading to an emphasis on the 3 to 5 years age range.)

4.3.6 Parents' perspectives

A small number of parents were interviewed in a few centres. They were very positive about their children's experiences and spoke about the benefits of mixing with other children socially. They were also positive about the key worker system both the qualities and skills that the key workers contributed.

Overall, parents' priorities were in relation to their own children. They valued involvement in the planning for their child's development and the sharing of information on her/his progress. They highlighted the importance of certain personal qualities in the staff. Characteristics such as warmth and empathy were considered more important than gender or qualifications. Gender was raised as an issue by a number of parents, both in terms of the small numbers of male early years staff and the absence of fathers from the centre.

In a separate meeting, a practitioner suggested that a greater partnership with parents in training events would be productive:

For example, speech therapists came to do a chatterbox group in the baby room, on how to talk and interact with babies, and parents and staff were involved. I feel quite strongly that you have to engage with parents ... I don't see enough of that, how to work with parents, in CPD. We have 'stay and play' sessions ... you need to make it attractive and exciting for parents. I think parents want to be good parents and working with them and their babies is rewarding.

4.3.7 Quality Assurance

There were some attempts to determine the quality and impact of the CPD on offer. In practitioners' experience, most sessions concluded with an evaluation form to be completed, where they were asked to assess a number of aspects including the relevance of the topic, the delivery and content of the material and the organisation of the event. One authority made a systematic collection of evidence on the effectiveness of CPD related to the introduction of their own birth to 3 framework. This included both hard data, such as the demand for CPD and the evaluation ratings, and soft data, including the observations of visiting senior officers. Both indicated positive change, with the growth in staff confidence and an increased regard for the work involved in early years education.

Evaluation forms are usually distributed at the end of CPD sessions, in all sectors of the education system. In one authority, feedback sessions were

sometimes held up to 6 weeks after the course to allow staff to develop their practice and evaluate the impact in the longer term.

The self-evaluation procedures at centre level contribute greatly to ensuring the quality of the children's experiences. They also highlight areas where additional training or resources are required. Self-evaluation processes varied across the authorities visited but the centres undertook some form of self evaluation and review on a regular basis. In one centre, weekly meetings of the senior management team reviewed progress and identified action points, including CPD needs. A member of the senior management team had responsibility for administering and updating the CPD programme, and communicating with staff. This ensured that one senior manager had an overview of training across the departments within the centre.

In a small centre in another authority, they had adapted the template issued by the LA for formal reviews to serve internal purposes. The evidence from this 'notebook' contributed to any review or inspection, and was considered valuable in drafting the annual Development Plan and report that each centre was required to produce. The various templates and forms were being reviewed and revamped to take account of recent policy documents, such as the Child at the Centre as well as the LTS Birth to Three guidance.

Most centres sought feedback from parents on the quality of service through meetings and written comments

4.3.8 Key lessons

The 3 local authorities identified to investigate the issues of CPD policy and practice, practitioner experiences, needs and aspirations, were selected because they appeared to meet a number of relevant criteria such as having policy documentation in place, authority-wide guidance and support for CPD for those working with children under 3 and (self-reported) examples of good practice in implementing CPD.

Based on both the practices reported and the preferences stated by those interviewed, the following emerged as key elements of good practice:

- A local authority 'champion' for under 3s can bring a clearer focus on the needs of those working with this age group and enhance the quality of service.
- A robust policy on CPD ensures that all staff have a personal development plan which takes account of their personal and professional needs, and also ensures that both practitioners and managers have input to this. This is facilitated when it is a component part of the LA birth to 3 framework and support documents.
- Initiatives to improve practice with young children are particularly effective when they are developed by multi-agency groups which include key stakeholders such as education, health and social work and practitioners from the private, voluntary and local authority early years sectors are included.
- Effective professional development opportunities are provided in a variety of ways, including external courses, in-house training, sharing

of good practice with colleagues from other centres and agencies, and working alongside a more experienced or knowledgeable colleague. Practitioners value training and development opportunities when they are delivered by other practitioners.

- Courses take place in the local area during work hours.
- Courses include practical activities and are relevant to the day to day work of practitioners.

While the focus of the research was on continuing professional development (CPD) strong views were expressed regarding the lack of appropriate experience during the pre-service training programmes. This has implications for revising pre-service provision to ensure that there is adequate preparation for working with children under 3 years of age; it also has implications for CPD for newly qualified practitioners who may need additional input to gain the relevant knowledge and experience to work with this age group.

5. Discussion, key findings and recommendations

This section presents a summary of the findings from the study, discussed in relation to the original objectives for the research. Each of the objectives is considered in turn, as indicated below, and the report concludes with a consideration of the key findings and recommendations.

Section 5.1 undertake a review of the relevant existing information on the CPD needs of staff working with very young children (birth to 3);

Section 5.2 compare and contrast the perspectives of early years practitioners, centre managers and appropriate local authority officers, in the following areas:

5.2.1 definitions of CPD and their perceptions of effective CPD

5.2.2 areas of birth to 3 years work where CPD is undertaken and is considered to be effective for early years practitioners and managers

5.2.3 gaps that exist in current provision for CPD for early years practitioners and managers

5.2.4 priorities for CPD for early years practitioners and managers

5.2.5 effective and preferred types of CPD for early years practitioners and managers

5.2.6 effective and preferred systems of the delivery of CPD for early years practitioners and managers

5.2.7 access and barriers to participation in CPD for early years practitioners and managers

5.2.8 qualifications obtained and perceived usefulness in preparation for their roles;

Section 5.3 measure the extent to which the national birth to 3 guidance document and the staff support pack are used and to explore the ways in which these documents are used by practitioners, managers and local authority officials.

5.1 Key messages from the documentary analysis and literature review

The analysis of the literature and associated documents reveals a changing landscape regarding the role of early years staff, particularly those working with the youngest children, those under 3 years of age. This is most evident in the decision to establish a graduate-led profession of early years workers. The intention to improve the experiences of the youngest children is laudable and there is a broad consensus in the literature on the importance of ensuring that the youngest children receive the best early learning experiences possible in order to provide a strong foundation for their future development.

More specifically, a number of fairly consistent themes can be identified in the literature. Firstly, the early years workforce, as a whole, tends to be female,

young and mobile, in terms of moving between posts and taking career breaks. The literature also indicates a lack of status and career potential for these workers. This can be traced back to the pre-service phase, be it through college-based courses e.g. HNC, or workplace programmes, e.g. SVQs. These conclusions from researchers regarding the nature of the workforce and the relatively low status afforded early years workers are supported by the evidence from the study which also identifies a number of contributory factors, discussed later in the fieldwork analysis.

Therefore, while the focus of the study was on CPD post-qualification, the issues cannot be adequately addressed without some reference to the level of preparation afforded new practitioners in the early years sector. The knowledge, skills and attitudes of early years workers are influenced significantly by their training experiences as well as the ongoing professional development which they undertake following qualification. Pre-service or workplace training, at present, frequently fails to provide students with the experience of working with the youngest age group, often through practical limitations such as the acknowledged lack of placement opportunities for college students. In addition, the wide range of qualifications that staff currently hold, and the significant differences between them in terms of practice-based learning, poses problems for centre managers and local authority officers in planning for CPD opportunities. Greater consistency at entry level would greatly assist in this; the new Scottish Standard should help in this by providing a benchmark for newly qualified early year workers.

The literature emphasises the role of workplace learning in staff development. However, the argument is for a structured workplace learning environment including, notably, the presence of a mentor to encourage staff to review and reflect on their knowledge and skill development on a frequent basis, both through formal and, perhaps more crucially, informal processes. The opportunity to reflect and plan should be an integral part of the workplace environment.

The literature also highlights the need for a theoretical understanding of some of the foundation disciplines, such as child development, learning theory and social and cultural influences, particularly the role of the family. In addition, there is a need to appreciate the individual differences across children, both in terms of personal characteristics and developmental needs, in the nursery setting. Taken together with the development of managerial and technical skills, this argues for a more holistic approach to supporting development in the early years.

There is an argument against a 'curriculum' for younger children with pedagogies akin to that in place for children in schools. Rather, pedagogies 'of listening, of looking and of loving' are recommended (Nutbrown and Page, 2008:15). This resonates with the focus on the 'three Rs' of the LTS document, with its emphasis on relationships, responsive care and respect in *Birth to Three: supporting our youngest children* (2005).

In recent years, new entrants to the teaching profession in primary and secondary schools have benefited from the introduction of a one year

probationary period with planned in-service designed to develop further the skills and understanding acquired during their pre-service training. In addition, it also provides the opportunity to gain skills in areas that were less easily accessed during training, such as working with parents. It would be useful to consider whether a similar approach to the first year or two after qualification would be productive in the case of early years workers.

5.2 CPD for early years managers and practitioners

The main purpose of the project was to explore the CPD experiences of early years managers and practitioners to date, clarifying what they understood by continuous professional development, how effective they felt it had been to date and their preferences regarding how, when and by whom it was delivered. In addition, questions were asked regarding priority topics for CPD for the future.

5.2.1 Definitions of CPD and perceptions of effective CPD

Definitions of CPD were gathered through both the literature review and the fieldwork. The literature takes a broad definition of CPD, identifying two main categories: formal courses, usually externally-provided, and the less formal and informal development that takes place in the workplace. However, the literature also emphasises the need to make the experience socially and personally relevant to those participating and to the context in which they are working. In the centres studied, this tended to be more readily achieved through sector-specific or in-house events and activities.

Broadly speaking, three main categories of formal CPD emerged from the study:

- Policy-related events, often authority-organised in-service, on topics of relevance to all working with children in the education sector. Occasionally, events involving two sectors are arranged, allowing consideration of common concerns e.g. transition issues between sectors. While such events allow staff in different sectors to come together and learn from each other, the criticism was made that such events tended to focus on the managerial and technical issues rather than the impact on children and their needs.
- Sector-specific, practice-related programmes or events where the individual members of staff seek to acquire or develop knowledge and skills for their day-to-day work within the centre. These were typically organised by the Early Years Team within the local authority and focused on either the birth to 3 or birth to 5 years age range.
- Professional programmes or events which individual early years practitioners undertook because of personal interest or with a view to future career prospects. These may be selected from a local authority programme of events or from other providers, such as colleges, universities or online providers.

In addition, more informal in-house events, organised by and involving the staff themselves were frequently cited. Often this took the form of shared

learning⁶⁶. Learning from each other, on a one-to-one basis, or in sub-groups, was a frequent form of development. Sometimes this followed the attendance at a more formal event by one or two members of staff, who then disseminated the key information to their colleagues. At other times, this drew on the knowledge and experience of visiting specialists e.g. speech therapists, educational psychologists and health workers, or the expertise of more experienced members of staff.

Staff worked together to share and develop skills and understanding in other ways. For example, one head of centre established three working groups, each with a specific topic to pursue. Each working group contained staff working with babies, toddlers and pre-school children and was tasked to develop new policies or practices on the assigned topics. This typically involved sharing knowledge and undertaking research to further their development. This strategy proved effective in generating a team approach to improving practice and provided (informal) CPD for those involved.

Planning for effective CPD requires procedures for determining the CPD needs of staff. The annual review and development procedures in place for staff working in the education sector in local authorities provides a formal occasion to reflect on the previous year and set targets for the coming year, including knowledge and skill development. Additional opportunities for reflection and review with senior members of staff were built into the practice in several of the centres visited. From these meetings training needs were identified and possible ways of meeting them discussed.

However, there was evidence that the planning at one level did not always take account of what might be happening at other levels (national/local authority/cluster/centre). As a result, there was evidence of duplication, overlap and gaps in provision as well as, in some instances, confusion amongst staff as to what was expected of them and which programmes were most relevant. A policy to improve the skills and understanding of early years practitioners, and improve their status, should be accompanied by a coherent operational plan which identifies the priorities for CPD and identifies a role for those working at the various levels of the education system to support the profession. These should be communicated clearly and consistently to all centres, including partner providers, and their staff, allowing them to make informed choices.

In talking to staff in centres, it was clear that many were concerned to ensure that, while much of the focus was on the individual's learning and development, the centre as a whole needed to grow and develop more effective practices in working with very young children and their parents.

5.2.2 Areas addressed in CPD and their effectiveness

Fifty percent (50%) of managers who responded to the survey reported taking part in CPD related to working with children under 3 years of age during the

⁶⁶ (Barr, 2000:19) A planned approach or strategy within curricula leading to sharing of knowledge, skills, attitudes and understanding relevant to the educational programme being undertaken.

year prior to the survey, while 67% of the practitioners reported doing so. Higher proportions of those in local authority centres reported participating compared with both private and voluntary centre managers and practitioners.

Areas where CPD is undertaken

Across local authorities broad themes were identifiable in the topics reported by local authority officers, for example, health and wellbeing, social needs and development, educational issues (e.g. how children learn, the early years curriculum) and leading and managing. More specifically, topics that were mentioned frequently were food and nutrition, working with parents and families, behaviour management, communication and language development, child protection, and planning and managing the environment. Topics relating to managing and leading, though mentioned less frequently, included peer support, multi-agency training, self-evaluation, and government and Care Commission policies.

The topics most likely to have been addressed through CPD by both managers and practitioners were planning and evaluating and observation and recording, with between 60% and 65% of respondents reporting these topics. Participation in CPD related to a range of topics on aspects of child development was reported by between 40% and 50% of the respondents. Topics least likely to have been addressed by both managers and practitioners were the rights of the child and encouraging participation, legal issues of working with children under 3 and gender equality (reported by less than one-third of respondents). Additionally, few managers had participated in CPD related to staff-needs analysis. Other topics reported infrequently in relation to practitioner development were being and becoming a reflective practitioner, and working with parents and developing home links.

Effectiveness of CPD related to topics covered

Overall, both managers and practitioners who had participated in relevant CPD opportunities were positive about their experiences, indicating that they had been helpful, at least to a degree, in their day-to-day work. Typically, 60% to 70% of managers reported that the CPD had 'helped a lot' while 70% to 80% of practitioners thought their CPD had helped them a lot.

While many of the practitioners were looking for practical help and for ideas for activities and projects, there is a danger that they will simply accumulate a series of relatively superficial 'tips' for working with very young children which lack a depth of theory and an understanding of why these are appropriate activities and what they will achieve. Such a pattern was noted in the evaluation of the *Assessment is for Learning* programme (Condie *et al*, 2005) where teachers adopted various practices and used them in a relatively superficial manner.

5.2.3 Gaps that exist in current CPD provision

The topics reported as least likely to be addressed through CPD give one indication of potential gaps in provision. Managers were more likely to prioritise quality assurance or policy-related topics while practitioners tended to identify those related to the well-being of the child and his/her family

context. For example, managers identified: staff needs analysis; the rights of the child and encouraging participation; legal issues of working with children under 3; and gender equality. For practitioners both from the managers' reports and from the practitioners' responses, the topics were: working with parents and developing home links; the rights of the child; legal issues; and gender equality.

Managers were asked to comment on the extent to which they thought the various topics were adequately supported by current CPD provision. Across all topics there were respondents who thought that support was not adequate. Observing and recording and planning and evaluating were the only two topics where results suggested that, overall, support was more than adequate, but even for these two topics 25% of managers thought that they were not well supported. All other topics had 30% or more of respondents indicating that they thought support was not adequate. Forty percent (40%) or more thought that support was not adequate for: the rights of the child and encouraging participation; working with parents and developing home links; gender equality and legal issues.

When investigated by sector, it is notable that respondents representing private partner providers were more likely to report inadequate support than those working in local authority centres.

5.2.4 CPD Priorities

Both managers and practitioners thought that all topics suggested for CPD in the survey were either important or extremely important, indicating that all of the topics are relevant to their needs. The most important topic selected by managers for themselves, by managers for their staff and by practitioners was health and safety in the environment.

The priority topics for managers, common across all 3 types of centre, were: learning environments for children under 3, managing staff, working with parents and developing home links, legal issues, becoming and being a reflective practitioner, and the rights of the child and participation. The priority topics for practitioners, common across all 3 types of centre were: babies and young children as learners, promoting positive behaviour, learning environments for children under 3, the development of communication and language and social development of children under 3. Additionally, although not common to all 3 types of centre, LA practitioners ranked working with parents as a higher priority when compared to both private and voluntary centre practitioners.

In the open sections in the questionnaire, which gave the opportunity to highlight other important or priority topics, the most frequently mentioned additional topics were child protection issues and working with vulnerable children.

5.2.5 Effective and preferred types of CPD

Types of CPD experienced

Local authority managers reported that in-service provision (day, twilight and evening) and in-house training were the most frequently supported types of CPD for staff in both local authority and partner provider centres. Institutionally based courses (HE and FE provision) were supported by fewer authorities with 7 out of the 27 respondents supporting college evening classes leading to certification, 4 supporting college-day release and 4 supporting part-time HE study. Two local authority respondents indicated that the authority did not provide CPD in relation to birth to 3 year olds for partner providers.

In line with the information provided by the authorities, the most frequently experienced types of CPD reported by managers and practitioners were in-service provision (day, twilight and evening) and in-centre/in-house training. Forty-six per cent (46%) of managers reported attendance at conferences and seminars for their own CPD while 18% of practitioners reported this opportunity. Very few managers reported taking part in institution-led provision (college and university) or more informal work-based opportunities such as staff-exchange or job-shadowing or distance learning (online or otherwise). A similar pattern is recognisable in practitioner responses, with less than 10% reporting participation in institutionally-based courses, online/distance learning and staff-exchange and job-shadowing opportunities. A higher proportion of LA managers reported that their staff had taken part in in-service day courses compared to private partner providers and this difference was reflected in the practitioners' responses.

In an open question managers reported other opportunities such as personal study, visiting other nurseries, cross-sectoral working parties and 'reflective meetings' with the LA development officer. Additional opportunities for CPD for practitioners were similar to those mentioned by managers for example, working with development officers, visits to other 'settings', workshops and personal reading.

Effective types of CPD

The effectiveness of different types of in-service provision was defined in terms of how convenient participants found them in relation to work and life commitments, and so these are reported in 5.2.7 i.e. issues of access to CPD.

Preferred types of CPD

The preferred types of CPD nominated by managers and practitioners were in-service day courses and in-centre/in-house training. In line with the responses reported above LA managers were more likely to select in-service day courses than were those from private partner centres, both for their own and their staff's CPD. College day-release (leading to qualifications) was also ranked high in the preferences of both managers' and practitioners' for practitioners CPD.

During the case studies, it became apparent that staff valued opportunities to visit other centres, work alongside more experienced staff, including Development Officers and QIOs, and have time to reflect upon their experiences. They valued opportunities to learn from others who had already

introduced a new initiative or practice, more so than from 'external experts' who, they considered, were speaking from a theoretical standpoint.

5.2.6 Effective and preferred systems of CPD delivery

To distinguish 'type of CPD' from 'systems of delivery' in the objectives the latter was interpreted as 'providers' of CPD.

Providers used to deliver CPD

There was a clear consistency of response across local authority, manager and practitioner reports on the key providers of CPD: local authority staff, independent training providers, other professionals (e.g. health board, psychology services, and speech and language professionals), heads of centres and birth to 3 practitioners.

Effectiveness of the providers

As an indication of effectiveness of the different providers, managers and practitioners were asked to rate providers in terms of quality of provision in relation to delivery, materials and the overall learning experience as well as the relevance of the CPD offered. The majority of managers and practitioners indicated that the quality of the CPD they had experienced was good or excellent and mostly or all relevant, with other professionals, heads of centres and birth to 3 practitioners being most highly rated.

Although few had experienced FE and HE providers, those who had were positive about both quality and relevance. Managers, however, ranked them as being less effective than the other providers for their CPD needs, while practitioners were more positive about HE provision in relation to other providers.

Preferred providers

Both managers and practitioners included local authority staff and independent training providers in their preferred providers. Additionally managers nominated HE providers for their own CPD, and birth to 3 practitioners and other professionals for their staff. Practitioners also included these last 2 providers in their preferences.

As noted above, few practitioners had experienced CPD from colleges and fewer still from universities. While college-day release was amongst the preferred types of CPD for practitioners, university courses and HE providers were not high on the list of preferences. There are implications here for encouraging career and professional development through in-service degree programmes and in gaining support for the introduction of pre-service degrees⁶⁷. Given the extent to which many early years practitioners valued and respected the advice and guidance from colleagues and other professionals, those who have or are undertaking part-time degree study may be the most persuasive advocates of further study.

⁶⁷ The Scottish Standard for Childhood Practice (QAA, 2007) stipulates that from 2011 registration as a manager/lead practitioner will require a qualification that is recognised at level 9 on the Scottish Credit and Qualification Framework, i.e. degree level or equivalent.

5.2.7 Access and barriers to participation in CPD

Access

Access was defined in terms of convenience in participating in the different types of CPD that respondents had already experienced, in relation to fitting in with work and lifestyle. As noted above (5.2.5), the majority of managers and practitioners had experience of a fairly limited range of opportunities, the main ones being in-centre/in-house training, in-service day, twilight and evening courses, with smaller numbers reporting conferences and seminars and few reporting FE and HE provision or work-based opportunities such as staff exchange and job-shadowing or distance learning. This suggests that the alternatives are not widely available and, to the extent that they are available, are not widely used. However, for the purposes of sensing how convenient these alternatives are viewed alongside the more available types of CPD opportunity, where the number reporting experience of them was 10 or more they were included in the analysis.

There was broad agreement that in-centre/in-house training was the most convenient type of CPD. Although few managers had reported that their staff had used opportunities such as job-shadowing, online learning and staff exchange, these were rated marginally more convenient than the more frequently experienced in-service (day, twilight and evening) courses and conferences. Practitioners also considered online learning the most convenient form of CPD after in-house opportunities.

Overall, most types of CPD were seen by the majority of respondents as being convenient or relatively convenient. The issue of access, therefore, appears not so much to be a problem of fitting CPD into work and lifestyle, but rather the extent to which different kinds of CPD are available, and other barriers to participation as addressed below.

Barriers

The barrier mentioned most frequently by local authority survey respondents related to the issue of releasing staff to attend CPD sessions. This included lack of supply cover generally or suitable supply cover and the timing of the sessions (i.e. daytime or twilight which was particularly difficult for private sector providers who worked very long hours). Limited budgets or lack of ring-fenced budgets for this age group were nominated by 8 authorities.

Managers and practitioners were unanimous as to the 3 main barriers to participation in CPD: lack of time to go on courses or to release staff, lack of funding and insufficient opportunities relating specifically to working with children under 3 years.

Managers and practitioners in private partner centres were more likely than their counterparts in LA centres to indicate that lack of information about CPD opportunities for those working with children under 3 was a barrier. Local authority centre managers were more likely than those from the private sector to indicate that lack of suitable supply staff was a barrier.

One manager from a PPP centre highlighted factors in relation to her situation which might typify the position of others:

I have now reached a level where the only real progression is to a degree. I am willing to commit to this but cannot afford to pay for it. Funding is not available and my wages would not increase on completion. I, like many others, am now considering a change of career as I feel I can go no further in the early years.

A practitioner also commented on this issue, indicating that management would not pay towards qualifications that go beyond registration. Further comments were made by those in rural areas, in line with local authority comments, that travel and timing of courses made participation difficult.

5.2.8 Qualifications

This section focuses on early education/childcare qualifications.

Qualifications obtained

The Higher National Certificate was the most frequently held qualification as reported by managers in relation to themselves (46%) and to the staff in their centres (89%) and also by practitioners (51%). Around 10% of managers reported holding a degree, while 30% indicated that staff in their centres held degrees; 3% of practitioners reported holding degrees. A range of SVQ awards were also reported particularly in relation to practitioners with SVQ 3 being the most common.

Managers and practitioners in LA centres were more likely to report holding HNC and degree level qualifications than those in the private sector, who were more likely to report SVQs. As HNC and other college-based qualifications are mainly gained through full-time study prior to taking up a post and SVQs are gained in the workplace, this indicates that those working in the private sector are more likely to follow the work-based route to qualification. This has implications for the nature of both pre- and in-service qualifications in the drive towards a degree-led profession.

Usefulness of qualifications in preparing for work

Managers were largely positive about how well their qualifications had prepared them for their work roles with 64% of those who held them indicating that the HNC and the SVQ 3 had prepared them well. They were, however, less positive about how well they had prepared their staff; 64% who commented on SVQ 4 and 56% who commented on degrees thought these qualifications had prepared staff well; however, for every other qualification less than half thought this. Overall practitioners were positive about the usefulness of their qualifications.

In an open question, the most frequent comment made by managers about the adequacy of qualifications was the lack of specific focus on working with children under 3 years (especially babies) in college based qualifications and the lack of placements in centres providing for this age group.

Qualifications being worked towards

At the time of the survey, 36% of managers reported working towards a qualification: of those, 66% were working towards degrees (22% of all respondents) and 30% were working towards SVQ 4 (10% of all respondents). In managers' reports of the qualifications being pursued by staff, SVQs were the most frequently mentioned (72% reporting SVQ 3); this is unsurprising in that they represent the work-based route to qualification. Thirty percent (30%) of managers reported that staff were working towards a degree. Twenty-three percent (23%) of practitioners reported working towards a qualification – including SVQ 3, PDAs and degrees; 5% of all respondents reported working towards a degree.

SSSC registration

Eighty percent (80%) of managers were registered with the Scottish Social Services Council (SSSC), mostly in the manager category with the remainder working towards it (or were not required to because of GTC registration). Seventy percent (70%) of practitioners were registered, the majority in the practitioner category. Concerns were expressed about the cost and length of time registration takes.

5.3 The use of the national 'Birth to Three' guidance materials

In relation to this objective, participants were asked about their use of the national birth to 3 guidance document [Learning and Teaching Scotland (2005) *Birth to Three: supporting our youngest children*] and other key guidelines such as the DCSF's *Birth to 3 matters* and local authority produced materials.

The most commonly used guidance was the national birth to 3 guidance document, reported by 86% of local authority respondents, 96% of centre managers and 85% of practitioners. The majority of respondents reported frequent use of these materials (if not weekly at least monthly), with 75% indicating that the materials were good or excellent. The question as to what they were using them for was never fully answered. It seems that they formed a source of comfort or reassurance for many of the practitioners interviewed while the LA frameworks provided more practical operational guidance.

Fifteen local authority officials (just under a half) indicated that the authority had produced their own guidelines for working with this age group. Sixty-six percent (66%) of managers and 62% of practitioners reported using materials from their own authority; they were used with similar frequency to the national guidance materials and they were more likely to be rated as excellent by the respondents. Respondents from LA centres tended to be more positive about these materials than those from private partner centres; this may reflect greater involvement of these centres in the piloting and initial training for the use of the resources.

Fifty-five percent (55%) of the local authority officers, 59% of the centre managers and 54% of the practitioners reported making use of the DCSF materials. These were used slightly less frequently than the other materials but were rated as good as the LTS resources.

5.4 Key findings and recommendations

This research into CPD provision for those working with children under 3 years of age was undertaken in the context of the National Review of the Early Years and Childcare Workforce (Scottish Executive, 2006) and the Scottish Parliamentary response (2006). The findings should be interpreted in the light of the Standard for Childcare Practice (QAA, 2007) and the more recently published Early Years Framework (Scottish Government, 2008d). The Early Years Framework defines early years as pre-birth to 8 years, though it highlights the need for 'a renewed focus on 0-3' (p5). The findings of this research indicate the need for particular attention to be given to those working with children under 3 years of age.

1. The Review of the Early Years and Childcare Workforce and wider literature identify that historically the status of early years workers has been low compared with those working in the other education sectors. This study shows that while managers and practitioners were, on the whole, positive about the CPD they had experienced, opportunities that directly addressed the needs of those working with children under 3 were limited and support for many topics directly addressing working with this age group was not adequate. While the current emphasis on up-skilling of early years workers has been accepted by many practitioners, concerns were expressed regarding the implementation of the new Standards and Framework. Some authorities have given priority to the needs of those working with children under 3, but in many cases, both at authority and centre level, there was no clear focus on the needs of this group as distinct from older children.
 - *It is recommended that an Early Years (birth to 3) 'Champion' be appointed at national level, with the remit to promote the profile of those working with the youngest children and to lead in the ongoing development of a coherent and co-ordinated programme of pre-service and continuing development in line with the Scottish Standard for Childcare Practice and the Early Years Framework. (The strategies used in the 'Assessment is for Learning' programme could serve as a model (Condie, Livingstone and Seagraves, 2005)).*
2. The findings of the research indicate that wide use was made of the national guidance documents (Birth to Three, LTS) and to a lesser extent Birth to Three Matters (DfES/DCFS). Around half of the local authorities reported having developed their own frameworks for birth to 3 year olds, and where these were available they were used frequently and considered more practical in their support than the Birth to Three (LTS) materials. However, there was evidence that the existence of such a range of guidance documentation was confusing for many practitioners. It was also unclear whether these were intended to be policy documents or support materials and practitioners were unclear as to their origins or authority.
 - *It is recommended that, as part of developing a coherent framework for qualification and professional development, the national guidance*

documents (Birth to Three, LTS) be reviewed with a particular focus given to practical applications that support the guidelines and which complement local authority developed frameworks.

3. While the focus of the research was on continuing professional development it also addressed the issue of qualifications and the adequacy of those qualifications in relation to preparation for working with children under 3 years of age. A concern highlighted in the research was that pre-service provision did not require practitioners in preparation to study the development needs of children under 3 as a discrete element and that there was a lack of placement opportunities working with this age group. The content of pre-service programmes does not therefore currently meet the national priorities and expectations for the workforce as expressed in the Standard for Childhood Practice (2007) and the Early Years Framework (2008).
 - *It is recommended that, when present qualifications are being revised, they take full account of national priorities and expectations for the workforce. In particular, a specific focus on working with very young children under 3 years should be a required element including placement experience. A post-qualifying stage, such as the probationary year for newly qualified teachers, which requires experience across all age ranges for the purposes of registration, should be considered.*
4. The research showed that CPD provision was dominated by short-term provision such as day, twilight and evening in-service courses. These were the types of provision most supported by local authorities, the most frequently experienced by managers and practitioners and were highly ranked in terms of preferred types of CPD. However, practitioners also expressed the view that one-off sessions were insufficient to change practice. The research also indicated that well-supported, in-house development opportunities with peers, more experienced colleagues, practitioners from other centres and specialist support were valued and seen to be effective. Such approaches can generate locally relevant professional development and are supported in the literature as both engaging and empowering practitioners in the development process. It is, however, important to ensure that locally developed and supported opportunities are underpinned by sound knowledge of relevant pedagogy and child development.
 - *It is recommended that particular focus be given to developing sustainable learning communities for the early years workforce, supported by expert mentoring as appropriate within the local context. Individual and local development should be aligned to the national Early Years Framework.*
5. Professional development led by professionals from other agencies, such as health and social work were valued as were opportunities to take part in shared training events. Some local authorities had developed multi-agency training, though it was not clear to what extent this focused

specifically on the needs of children under 3. Inter-professional and inter-agency working is a key element in the provision of children's services; it is emphasised in both the Early Years Framework (2008) and in the skills required in the Standard for Childhood Practice (2007).

- *It is recommended that CPD initiatives, with a specific focus on the birth to 3 age range, should be developed on a multi-agency basis, including key stakeholders such as education, health and social work; such initiatives should be cross-sectoral involving managers and practitioners from private, voluntary and local authority sectors. Initial training programmes and ongoing CPD should emphasise the rationale and value of integrated services as well as providing opportunities to develop integrated practices.*
6. Distance/online learning, staff exchanges and job shadowing were less experienced forms of staff development but were seen as accessible and valued by those who had experienced them. Distance and online learning approaches are valuable for those living in rural areas; the distance and time required to travel to courses and to meet with others was seen as a barrier by those living in rural communities.
- *It is recommended that currently less-used approaches such as distance and online learning, staff exchanges and job shadowing be encouraged and supported. Glow⁶⁸, the Scottish national intranet for education, provides the infrastructure to enable online learning and the exchange of ideas and practices to support virtual learning communities.*
7. Areas of CPD where managers and practitioners reported gaps in provision included staff needs analysis for managers, and working with parents and developing home links, which was highlighted as a priority for development by both managers and practitioners. The Standard for Childhood Practice identifies the ability to support and develop the workforce as key for lead practitioners and emphasises the importance of supporting and working with parents for all practitioners. Working with and supporting families is a crucial element of the Early Years Framework.
- *It is recommended that pre-service programmes and ongoing CPD at authority and centre level be aligned to national priorities and, in particular, that priority be given to working with families and supporting parents.*
8. The research identified that the majority of provision for children under 3 years of age is within the private sector. While some authorities sought to work closely with their partner⁶⁹ providers in respect to provision for children under 3, others did not; indeed some did not hold information

⁶⁸ For information on Glow see: <http://www.ltscotland.org.uk/glowscotland/index.asp>

⁶⁹ Partner providers are private and voluntary childcare centres that have partnership agreements with local authorities for provision for children between the ages of 3 and 5. No partnership agreements exist for provision for children under 3 years of age.

about the partners' provision for this age group. The research revealed that those working in the private sector were less likely to participate in CPD, to have access to local authority resources and information about CPD opportunities. Managers from private centres were more likely than those in local authority centres to say that current support for areas of CPD was not adequate. Interviews at local authority level and in centres confirmed the view that participation in CPD events was more difficult for the private sector. There are few centres in the voluntary sector that make provision for children from birth to 3 years but they likewise found it difficult to access CPD.

- *It is recommended that a review be undertaken of the relationship between authorities and partner provider centres, in respect of their provision for children under 3 years of age. This should include consideration of the role of different bodies, such as the Care Commission, HMIE and Scottish Social Services Council (SSSC), in relation to standards and ensuring partner centres can provide quality CPD for their staff.*
9. The present study focused on CPD for those working in local authority centres and centres in partnership with the local authority. Provision is also made for children under 3 years of age in non-partner provider centres and by childminders. In rural areas in particular, if there are centres, they tend to be found in more populated areas and not in the dispersed communities. The current opportunities for CPD for these groups are not known.
- *It is recommended that research be undertaken to investigate the CPD needs and opportunities of non-partner provider centres and childminders and to identify ways of ensuring that national priorities and standards are being addressed. The needs of rural and remote areas in particular should be addressed.*
10. Small numbers of managers and practitioners reported already holding degree level awards in early education and childcare although this was more common amongst those working in local authority centres. The numbers who reported that they were working towards degrees at the time of the survey were also low, though unsurprisingly more managers than practitioners reported this. While HNC was the most common qualification, many reported holding SVQs, most commonly at level 3. At the time of the research, some participants perceived that the commitment to undertake degree level study was a personal choice and financial support was serendipitous.

However, from 2011 registration with the Social Services Council as a manager/lead practitioner will require a qualification that is recognised at level 9 on the Scottish Credit and Qualification Framework. This has implications for policy, relating to the need to support existing staff progress towards SCQF level 9 awards.

6. Examples of good practice

This section provides some specific examples of good practice identified in the 3 case study authorities and in relation to provision in rural areas.

Using the Framework to plan and develop practice

In the LA Framework there are three sections based on the three Rs of the Birth to Three Guidelines (LTS): Respect, Relationships and Responsive Care. Each week staff focus on 2 sections and plan the implementation of some of the statements within each section. For example, when focusing on the statement *Welcoming the child*, staff reflected on existing practice and planned how they would welcome children and make them feel valued in future. A senior member of staff (designated the Framework Co-ordinator) then monitors these plans and their implementation. Staff feel that their observations and planning are now more focused, that they evaluate plans more regularly and effectively and that they are now using more individual plans for children.

Identifying and planning for staff development needs

In one centre, as part of an explicit operational strategy, the head had designated one hour per week as 'staff development hour' when she discussed developments in the centre, and any specific needs with individual members of staff. The centre was organised on a distributed leadership model, with senior members of staff in each of the team areas taking responsibility for developing practice through new initiatives and determining any necessary staff development. Together these strategies identify and address individual needs as well as organisational needs, in line with developments in the wider educational context.

Combining CPD with quality assurance and enhancement

In one authority, the QIO had established a quality assurance team for the early years which comprised local authority officers and a number of heads of centres. The team met on a regular basis, undertook reviews of early years centres and provided as source of expertise and support for centres, particularly partner providers. Members of the team visited LA centres individually, with pairs of team members visiting partner centres. Members of the team have been given additional training to prepare them for their roles and they, in turn, are expected to lead and participate in staff development events for early years practitioners. While initially reluctant, they were soon 'up for it' according to the QIO.

Developing as a centre

One centre has developed a procedure for introducing new developments or initiatives. When a new theme or topic is identified, working groups are established, with membership from across the teams in the centre. (There is one team per room where each room is designated as a babies, toddlers or pre-school base.) These working groups are charged with researching the topic, drafting an action plan, identifying any costs and, importantly, determining whether they have the expertise necessary to carry the project through to successful completion. If not, they have to identify how they will fill the knowledge and/or skills gap - which might be through inviting experts to speak to them, visiting centres that have already tackled the topic, attending CPD events or through online research. Evaluation is built into the project so that there is a record of the learning and the impact on practice.

Centre based policy to support CPD

In the absence of an explicit and detailed authority-wide policy, one head of centre had drawn up a CPD policy for the centre. It made explicit the entitlement of each member of staff, what would be supported financially and, in the case of personal study for additional qualifications, how time might be made available to attend classes or prepare assignments.

Another head of centre had used the authority's policy documents and framework to develop a 'fairly strong' operational plan for the centre. One strand of the plan focused on CPD, identifying the kinds and amount of support for CPD, including those undertaking degree programmes at the local university.

Sharing expertise and learning

One local authority's birth to three guidance was developed in partnership with a wide range of organisations - by practitioners for practitioners - using their expertise and building on good practice. The aim was to raise the standard of care for the youngest children, those under 3 years of age, across the authority. The development arose as a result of a demand from early years practitioners for a consistent practice tool to support them in their day to day work. The framework was piloted in a number of centres, LA and partner providers. It has been, and continues to be, complemented by an extensive training programme. The authority has made a commitment to provide training until it is sure that all who wish it have been accommodated. An evaluation strategy is being developed to measure the impact of the new framework on practice and the outcomes for the children. The development of the framework has highlighted a real need for robust quality assurance measures for the birth to three sector. Again, these will be developed in partnership with those working in the early years sector.

Peripatetic approaches to supporting rural provision

In one rural local authority, there is a team of Community Learning Workers based across 17 Community School Networks and managed by an Education Officer with responsibility for early years. Community Learning Workers work directly with families of very young children with the aim of ensuring that every child has the best possible start in life. Multi-disciplinary training based on the LTS framework - *Birth to Three: Supporting Our Youngest Children* has been rolled out across this authority to staff working with children under three years. The training and the document itself have been received very positively by all concerned as it is felt to reflect what staff are already doing. The authority has not developed its own birth to three guidelines and relies entirely on those provided by LTS.

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The early childhood workforce in selected EU countries

Country	Do services for children under 3 have the same workforce profile as services for children over 3	Description of workers education to graduate (bachelor) level and age group they work with.
<i>Austria</i>	No - lower	None
<i>Belgium</i>	No - lower	Teacher (2½ -5 years)
<i>Denmark</i>	Yes	Pedagogue (0-5 years)
<i>France</i>	No - lower	Educateur (pedagogue) (0-2 years) Teacher (2½-5 years)
<i>Germany</i>	No - lower	None (a)
<i>Greece</i>	No - lower	Teacher (2½ -5 years)
<i>Ireland</i>	No - lower	Teacher (4-5 years)
<i>Italy</i>	No - lower	Educatrice (pedagogue) (0-2 years) (b) Teacher (3-5 years) (b)
<i>Netherlands</i>	No - lower	Teacher (4 years)
<i>Norway</i>	Yes	Pedagogue (0-5 years)
<i>Poland</i>	No - lower	Teacher (3-6 years)
<i>Portugal</i>	No - lower	Teacher (0-5 years)
<i>Romania</i>	No - lower	(c) Teacher (3-5 years)
<i>Spain</i>	No - lower	Teacher (0-5 years) (<i>sic</i>)
<i>Sweden</i>	Yes	Teacher (0-5 years)
<i>UK</i>	No - lower	Teacher (3-4 years) England: Early Years Professional (0-4 years)

Do services for children under three have the same workforce profile? 'Lower' = level of qualification for under threes workforce is, taken overall, at a lower level.

(a) Some pedagogues, educated to bachelor's level, work in German services, usually as heads of centres; they are not found in most services.

(b) University-based bachelor level education was introduced only three years ago, so most current teachers are qualified at a lower level while most new entrants have the new qualification. There are regional variations in standards, eg Emilia Romagna region will require all new workers from 2010 to have a university education.

(c) It is planned to introduce a university-based bachelor level teacher qualification with a focus on the under threes as from 2008. The current education is a three-year, post-secondary health care qualification.

CPD for those working with children under 3 years

Sampling process for centre surveys

(Please note that names of authorities have been removed from this version of the report to adhere to the confidentiality assured to respondents as part of the research process.)

1. **Details of local authority centres and partner providers received from local authorities at 31 July 2008**

	0-3 or 0-5+				2-3 or 2-5+			
	LA	Private	Vol	Tot	LA	Private	Vol	Tot
	6	37	0	43	1	1	2	4
	0	10	0	10	0	4	1	5
	0	8	5	13	1	2	9	12
	13	89	2	104	1	9	2	12
	3	3	0	6	0	0	0	0
	0	12	7	19	0	2	0	2
	0	12	0	12	6	4	0	10
	5	4	0	9	0	0	0	0
	1	10	0	11	2	0	0	2
	0	9	1	10	1	2	0	3
	2	5	0	7	0	0	0	0
	5	10	0	15	5	13	0	18
	6	28	3	37	1	1	0	2
	1	17	1	19	0	5	0	5
	2	1	2	5	2	1	0	3
	1	12	4	17	0	0	0	0
	0	7	4	11	2	7	1	10
	5	11	3	19	3	0	0	3
	14	23	0	37	0	7	0	7
	0	1	0	1	0	0	0	0
	0	20	1	21	1	5	2	8
	8	24	3	35	2	3	2	7
	0	9	0	9	1	3	19	23
	0	2	0	2	1	0	0	1
	7	9	0	16	3	0	0	3
	1	8	1	10	2	0	0	2
	9	33	6	48	3	5	0	8
	6	9	0	15	2	0	0	2
	1	3	0	4	0	0	0	0
	3	5	0	8	0	1	0	1
	99	432	43	574	40	75	38	153

2. Authorities grouped by size, based on number of centres providing for birth to 3+

	No of authorities
Large (100+)	2
Medium to large (35-50)	6
Small to medium (15-34)	8
Very small (<15)	16

3. Selection of sample of 20 authorities for survey

When reviewing the initial information that had been received by authorities, it was decided to include 17 authorities to provide a sample of around 400 centres. On receipt of further information, a further 3 authorities and 35 centres were added at the end of July in a second mailing.

Basing the classification of authorities broadly on the Scottish Executive Urban Rural Classification (six-fold) (2003-04), authorities were categorised as in the following table. Only the 20 authorities selected for the sample are included.

A small number of centres were not open during the holidays. Inasmuch as could be determined, 17 additional centres in these authorities who made provision for children from birth were closed during the holidays. (439 + 17 = 456; therefore, just under 4% of centres closed over the holidays). However, some others may have been closed; indeed, a few contacted the research team later to indicate that they could not respond within the timeframe as they had been closed over the holidays.

	City	Urban/ suburban	Mixed	Rural	Remote	Total
Large	100					100
Medium	40	35 47	37			159
Small		15	16 16 17	19	18	101
Very small	12	7	8 9 10 8	8	13 4	79
Total	152	104	121	27	35	439

Appendix 3

- **Information sheet explaining research**
- **Emails to local authority contacts**
- **Letters to centre managers and practitioners**
- **Questionnaires for local authority contacts, centre managers and practitioners**
- **Interview schedules for local authority contacts, centre managers and practitioners**
- **Consent form for interviews**

Research into the Continuing Professional Development of Early Years Practitioners working with children under three years of age

Information about the research

The Quality in Education Centre (QIE) of the University of Strathclyde has been appointed by Learning and Teaching Scotland to carry out research to review current continuing professional development provision for early years practitioners and managers and to identify priorities for development, with a particular focus on those working with very young children (from birth to three).

Why is this research being carried out?

Recent reviews¹ of early years provision and the early years workforce emphasised the importance of quality care for young children and the need for appropriately skilled and qualified practitioners. The research is important in the context of current policy priorities on provision for those under 3 years of age and will contribute to the development of professional development opportunities for those working with this age group.

Who will be doing the research?

The research is being carried out by a team from the Faculty of Education. The principal investigator is Professor Rae Condie, Director of QIE and Deputy Principal of the University. The key researchers are Jacqu e Fee, Assistant Director within the Childhood and Families Research and Development Centre, Jackie Henry, lecturer and member of the Early Years team in the Department of Childhood and Primary Studies; and Liz Seagraves, Senior Researcher in QIE. The team is supported by Elaine Kirkland, Project Administrator.

What are the aims of the research?

The aims of the research are to:

- Review existing information regarding the CPD needs of staff working with very young children
- Seek the views of early years practitioners, early years centre managers and local authority officers and to compare and contrast their views on a range of issues related to CPD
- To identify the extent to which the national Birth to Three Guidance and Support Pack are used and to explore ways in which they are used.

¹ Scottish Executive (2006) *National review of the Early Years and Childcare Workforce*, Edinburgh: Scottish Executive
Scottish Parliament Education Committee (2006) *Education Report, 7th Report*, Edinburgh: Scottish Parliament

How will the research be carried out?

The research will be carried out in two stages:

- In the first stage, views will be sought by questionnaire from local authority managers, early years centre managers and early years staff.
- In the second stage, we shall be asking 4 local authorities to take part in case studies. The aim of the case studies is to investigate instances where CPD for those working with children under 3 years is working well and is effective in improving practice. The case study authorities will be selected to represent Scotland's different geographical areas (e.g. urban, small town, rural) and range of socio-economic factors as well as the range of early years provision. During the case studies we plan to interview local authority representatives (for example, quality improvement officers), centre managers and early years staff. Some training providers will also be interviewed.

Participation in the research is voluntary and we shall be seeking the consent of participants. Participants can withdraw from the research at any time, even if consent has been given. We shall treat all data gathered in confidence and it will be stored on a password-protected computer. The questionnaire data will be analysed and presented as aggregate data. With respect to interviews – group or one-to-one – the interviewer will take notes of what is said and the interviews will be recorded with the interviewees' consent. Records are stored for 4 years after the project and then destroyed. Early years centres and organisations will only be named, with permission, in relation to examples of good practice.

Contact information

If you wish to discuss any aspect of the research, please contact:

Liz Seagraves
Senior Researcher
Quality in Education Centre
Faculty of Education
University of Strathclyde
Southbrae Drive
GLASGOW
G13 1PP

Phone: 0141 950 3185
Fax: 0141 950 3178
Email: liz.seagraves@strath.ac.uk

If you have any concerns about the way the research is carried out and would like to speak to someone who is not on the research team, please contact:

David Wallace
Chair of the Department of Education and Professional Studies Ethics Committee
Faculty of Education
University of Strathclyde
Southbrae Drive
GLASGOW
G13 1PP

Phone 0141 950 3146
Email: david.wallace@strath.ac.uk

Email for local authority contacts sent 27 May 2008

Subject: Research into the Continuing Professional Development of Early Years Practitioners working with children under 3 years of age

Dear Colleague

The Quality in Education Centre (QIE) of the University of Strathclyde has been appointed by Learning and Teaching Scotland to carry out research to review current continuing professional development (CPD) provision for early years practitioners and managers and to identify priorities for development, with a particular focus on those working with very young children (under 3 years of age). Recent reviews of early years provision and the early years workforce emphasised the importance of quality care for young children and the need for appropriately skilled and qualified practitioners. The research is important in the context of current policy priorities on provision for those under 3 years of age and will contribute to the development of CPD opportunities for those working with this age group.

We understand that you are the key contact in your local authority for provision for children under 3 years of age. If you think someone else in your authority should be the key contact, please let us know. Directors of Education, Social Services or Integrated Services in authorities have been advised by Learning and Teaching Scotland that this research is being carried out.

The research will be carried out by survey, case study and interviews. An information sheet, that gives details of the research team, outlines the aims of the research and the way it will be undertaken, is attached.

We would very much appreciate your support in carrying out this important piece of research. In the first instance, we require your help in 2 ways. These are important in planning further phases of the research and we would like this information **as soon as possible**.

1. Providers of care for children under 3 years of age

To enable us to draw up a sample for a survey of centre managers and practitioners we would appreciate it if you could send us a list of those who provide care for children under 3 years of age. If this is available as an electronic dataset/document, please email it to liz.seagraves@strath.ac.uk or send a paper version to the Freepost address given at the end of the email. We would like as much of the following information as possible:

- name and contact details for the centre
- an indication if it is a local authority or partner provider centre, including whether the partner provider centre is voluntary or private
- an indication if they provide for the full age range from birth to 5 or if their provision is for 2 to 5 years of age only
- the total number of places the centre offers
- the approximate number of children who have not yet reached their third birthday who attend the centre
- the number of staff employed by the centre

2. Policy documents and guidelines

To support the documentary analysis which is part of the research, we would appreciate copies of any policy documents and support materials that your local authority provides for staff working with children under 3 years of age; for example, local authority guidance not available nationally and your local authority CPD catalogue which shows development opportunities that are supported. You can either email these if they are available electronically (to liz.seagraves@strath.ac.uk) or you can use our Freepost address to send them – see details below.

In addition, we shall be sending you a questionnaire in the near future. The questionnaire will ask for information about centres that provide care for children under 3 years of age and about opportunities for

continuing professional development that your local authority supports for centre managers and practitioners working with this age group.

Please provide as much of the above information as you have available by **6 June**.

If you have any questions about the research, please contact Liz Seagraves, (telephone 0141 950 3185; email: liz.seagraves@strath.ac.uk).

Thank you for your support for this piece of work which is extremely important due to the current workforce developments and policy emphasis on provision for this age group.

Yours sincerely

Professor Rae Condie
Director, QIE and Principal Investigator

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FREEPOST SC06925
University of Strathclyde
Jordanhill Campus
76 Southbrae Drive
GLASGOW G13 1BR

Second email for local authority contacts sent 4 June 2008

Subject: Research into the Continuing Professional Development of Early Years Practitioners working with children under 3 years of age

Dear colleague

We emailed you recently introducing the above research and asking you to supply us with information regarding Centres in your local authority that make provision for children under 3 years of age and to send us examples of policy documents and guidance materials that are specific to your authority. We would like to thank those who have already done this and we look forward to receiving this information from the remaining authorities. If you have **not** already sent this we would very much appreciate receiving it as soon as possible.

We are now sending you a questionnaire about provision of care for children under 3 years and about CPD for those working with this age group. We appreciate that you may need to ask colleagues to supply some of the information, but we would ask that you, as the key contact, collate the information and complete the questionnaire. It should take about 30 minutes to complete once the data has been collated.

The questionnaire is attached as a word document and we are happy to receive it either completed electronically and emailed to liz.seagraves@strath.ac.uk or printed out and completed and posted to our Freepost address (see below).

The data from the survey will be analysed and presented as aggregate data. The confidentiality of the responses will be respected at all times; no authority or individual will be identified in any publication which results from the research, except, by permission, for examples of good practice. We ask for your name and authority on the questionnaire for our own reference purposes, to enable us to follow up on any points raised and to assist in identifying the good practice case studies. The confidentiality of information provided is subject to legal limitations, e.g. subpoena or freedom of information claim.

Please complete and return this questionnaire as soon as possible, but certainly no later than **18 June**.

If you have any questions about the research, please contact Liz Seagraves, (telephone 0141 950 3185; email: liz.seagraves@strath.ac.uk).

Thank you for your support for this piece of work which is extremely important due to the current workforce developments and policy emphasis on provision for this age group.

Yours sincerely

Professor Rae Condie
Director, QIE and Principal Investigator

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July 2008

Dear Centre Manager

Research into the Continuing Professional Development of Early Years Practitioners working with children under three years of age (Centre Managers)

We have been asked by Learning and Teaching Scotland to carry out research on continuing professional development (CPD) provision for early years practitioners and centre managers who work with children under three years of age and to identify priorities for development. We have enclosed an information sheet which gives details of the research team, the aims of the research and how it will be carried out.

We have selected your centre to help us by taking part in this research. We consider this to be very important work which will make a difference to the provision of CPD opportunities for people working with children under three years of age and so we appreciate your support for the research.

We need your assistance in 2 ways:

1. We would like you to complete the attached questionnaire for Early Years Centre Managers and to return it to us as soon as possible, but **no later than 8 August 2008**.

We appreciate that the questionnaire appears long, but it is designed to be completed mainly by ticking boxes. It should take between 30 to 45 minutes to complete.

If you prefer, you can complete the questionnaire online by going to the following webpage <http://www.strath.ac.uk/qie/earlyyears/>. Select the 'Questionnaire for Managers' link. If you choose to complete it online, please **DO NOT** return a paper version.

The results of the online survey are transmitted to the research team via a secure server. The data from the questionnaires (paper and online) will be analysed and presented as aggregate data. The confidentiality of the responses will be respected at all times; no centre or individual will be identified in any publication which results from the research, except, by permission, for examples of good practice.

We ask you to give your name and the name of your centre for our own reference purposes, to enable us to follow up on any points raised if necessary and to assist in identifying examples of good practice.

On the paper questionnaire, we ask you to tick a box to indicate that you have given your consent to take part in this study and that you accept the conditions outlined above and in the information sheet. If you complete it online you demonstrate your consent to taking part.

2. Please pass on the enclosed letters and questionnaires to up to 5 members of your staff who are currently working with children under three years of age, or who have done so during the past year. If you have fewer than 5 staff in this category, please give it to all of them. If you have more than 5, please distribute them according to a range of experience, for example those who have worked for many years with this age group and those who have begun recently. Also if you have any men working with this age group, please include them.

We enclose envelopes with our FREEPOST address for the return of the paper questionnaires. If for any reason your centre cannot take part in the research, please complete the attached form and return it to us in the envelope provided or by emailing Elaine Kirkland (details below).

If you have any questions about this or any problems accessing the online questionnaire, please contact Liz Seagraves (telephone 0141 950 3185; email: liz.seagraves@strath.ac.uk) or Elaine Kirkland (telephone 0141 950 3186; email: elaine.kirkland@strath.ac.uk).

Yours sincerely



Professor Rae Condie
Director, Quality in Education Centre

ENCS

**Research into the Continuing Professional Development of Early Years Practitioners
working with children under three years of age**

Our centre is **not** able to take part in this research.

Name of Centre:

Address:

.....

.....

Local authority

Name of Manager:

Signed:

Date:

Please return this form to:

Quality in Education Centre
Quality in Education Centre
FREEPOST SCO6925
University of Strathclyde
Jordanhill Campus
76 Southbrae Drive
GLASGOW G13 1BR

If you prefer you can email this information to Elaine Kirkland at elaine.kirkland@strath.ac.uk.

July 2008

Dear Practitioner

Research into the Continuing Professional Development of Early Years Practitioners working with children under three years of age (Practitioners)

We have been asked by Learning and Teaching Scotland to carry out research on continuing professional development (CPD) provision for people who work with children under three years of age. We have attached to this letter an information sheet which gives details of the research team, the aims of the research and how it will be carried out.

We have selected your centre to help us by taking part in this research. We consider this to be very important work which will make a difference to the provision of CPD opportunities for people working with children under three years of age and so your views are very important to us. We are interested in particular to know what CPD you have already had and what you think is needed in relation to working with children under three years of age.

Please note that you should only complete this questionnaire if you are currently working with children under three years of age, or have worked with this age group during the past year.

To help us with this we would ask you to complete the attached questionnaire. An envelope with our FREEPOST address is enclosed for you to return your questionnaire (no stamp required).

Please return the questionnaire as soon as possible, but **no later than 8 August 2008**.

If you prefer, you can complete the questionnaire online by going to the following webpage <http://www.strath.ac.uk/qie/earlyyears/>. Select the 'Questionnaire for practitioners working with children under 3 years of age' link. If you choose to complete it online, please DO NOT return a paper version.

The results of the online survey are transmitted to the research team via a secure server. The data from the questionnaires (paper and online) will be analysed and presented as combined data. The confidentiality of the responses will be respected at all times; no centre or individual will be identified in any publication which results from the research, except, by permission, for examples of good practice.

We ask you to give the name of your centre for our own reference purposes, to enable us to follow up on any points raised and to assist in identifying good practice.

On the paper questionnaire, we ask you to tick a box to indicate that you have given your consent to take part in this study and that you accept the conditions outlined above and in the information sheet. If you complete it online you demonstrate your consent to taking part by following the link.

If you have any questions about the research or the questionnaire you can speak to your manager about it. If you prefer you can contact us directly: Liz Seagraves (telephone 0141 950 3185; email: liz.seagraves@strath.ac.uk) or Elaine Kirkland (telephone 0141 950 3186; email: elaine.kirkland@strath.ac.uk). If you have any problems linking to the online questionnaire please also contact Liz or Elaine.

We look forward to receiving your reply.

Yours sincerely

A handwritten signature in black ink that reads "Rae Condie". The signature is written in a cursive style with a large, flowing 'R' and 'C'.

Professor Rae Condie
Director, Quality in Education Centre

ENCS

**Continuing Professional Development of Early Years Practitioners
working with children under three years of age**

Questionnaire for Local Authorities*

The Faculty of Education of the University of Strathclyde is undertaking research into Continuing Professional Development (CPD) for those working with children under 3 years of age on behalf of Learning and Teaching Scotland.

We very much appreciate your contribution to this important research.

You can complete this questionnaire in one of 2 ways:

- You can complete it electronically as a Word document and email it to:
liz.seagraves@strath.ac.uk
- You can print it out to complete it and post it to:

Quality in Education Centre
FREEPOST SCO6925
Faculty of Education
University of Strathclyde
76 Southbrae Drive
GLASGOW G13 1BR.

We are happy to receive it in whichever format is convenient to you.

Please let us have your return as soon as possible, but no later than **18 June 2008**.

Please be assured that all the information you provide will be treated in confidence. Individual respondents will not be identified in reports, either internal or for publication.

Name*:

Local authority:

Job title:

* *This should be the key contact for the local authority. If other people have provided information to complete the questionnaire, their details can be given at the end.*

<i>Please tick</i>	I have read the information supplied about this research and consent to participate in the research.
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Part 1: Provision of care for children under 3 years of age in your authority (local authority and partner providers only)

We would like to know how many local authority and partner provider centres there are within your local authority that provide day-care for children **under 3 years of age** (excluding crèches that provide short term care as in leisure centres, shopping centres and supermarkets).

1. In this question we are interested in centres that provide for the full age range from birth up to a child's third birthday. In other words, this question **does** include centres which provide for 0-5 years but **does not** include centres which provide for 2-5 years only. (These centres are included in question 2).

Please provide the number of centres and children as requested. If you **do not** have the information requested please enter **NA** for **not available**.

- 1a. Local authority day nurseries, family centres or children's centres *Number*
- 1b. How many children who have not yet reached their 3rd birthday attend these centres? *Number*

- 1c. Local authority partner providers (if none, enter 0) *Number*
- | | Private | Voluntary/not for profit |
|--|---------|--------------------------|
| | | |
- 1d. How many children who have not yet reached their 3rd birthday attend these centres? (if none, enter 0) *Number*
- | | Private | Voluntary/not for profit |
|--|---------|--------------------------|
| | | |

2. In this question, we are interested in centres that cater for children **between the ages of 2 and 5**.

Please provide the number of centres in each of the following categories (if none, enter 0):

- 2a. Local authority day nurseries, family centres or children's centres *Number*
- 2b. How many children who have not yet reached their 3rd birthday attend these centres? *Number*

- 2c. Local authority partner providers (if none, enter 0) *Number*
- | | Private | Voluntary/not for profit |
|--|---------|--------------------------|
| | | |
- 2d. How many children who have not yet reached their 3rd birthday attend these centres? (if none, enter 0) *Number*
- | | Private | Voluntary/not for profit |
|--|---------|--------------------------|
| | | |

Part 2: CPD provision in your local authority for those working with children under 3 years of age (in local authority and partner provider centres)

3. Do any of the following local authority plans make explicit reference to CPD for those working with children under 3 years of age?

	Yes	No	Don't know
Education Improvement Plan			
Children's Services Plan			
Community Plan			
Other plans			

If you have other relevant local authority plans, please specify what they are.

4. Budgets for CPD for staff working with children under 3 years of age.

4a. Does your local authority have a defined budget in 2008-2009 for CPD for staff working with children under 3 years of age? Yes No

4b. Did your local authority have a defined CPD budget for staff working with children under 3 years of age in 2007-2008? Yes No

4c. If you had a CPD budget in both years for staff working with children under 3 years, is the budget for 2008-2009 the same, more or less than the budget for 2007-2008? Same More Less

4d. If you have a CPD budget for 2008-2009 will this be devolved to centres? Yes No

Please add any comments you have on the budget for CPD specifically focused on staff working with children under 3 years of age.

5. Do you use any of the following guidance materials to support the CPD needs of those working with children under the age of 3?

	Yes	No	Don't know
Birth to Three (Learning and Teaching Scotland)			
Your own local authority guidance materials			
Another local authority's guidance materials			
Birth to Three Matters (Department for Children, Schools and Families)			
Other guidance materials			

Question 5 continued:

If you have selected other guidance materials that support the CPD needs of those working with children under 3 years, please tell us what they are.

If you use CPD guidance materials related to meeting the needs of those working with children under 3 years of age from another local authority, which local authority do these come from?

6. Please indicate which types of CPD opportunity, that specifically address issues of working with children under 3 years of age, are supported in your local authority. Please indicate for local authority centres and for partner provider centres.

Please tick as appropriate

	LA centres	Partner providers
In-service day courses		
In-service twilight or evening courses		
College day release (non certificated)		
College day release (leading to qualifications)		
College evening classes (non certificated)		
College evening (leading to qualifications)		
University professional development (non certificated)		
University part-time attendance (leading to qualification)		
In-centre/in-house training		
Online learning		
Other distance learning		
Job shadowing		
Staff exchanges		
Conferences/seminars		
Other		

If you have selected other, please tell us about other opportunities for CPD supported by your local authority that addresses the issues of working with children under 3 years for staff in:

local authority centres:

partner provider centres:

7. Within your local authority, who delivers the CPD opportunities that specifically focus on issues of working with children under 3 year of age?

Please tick all that apply

Higher Education (university) staff	<input type="checkbox"/>
Further Education (college) staff	<input type="checkbox"/>
Independent training providers	<input type="checkbox"/>
Your own local authority staff	<input type="checkbox"/>
Staff from other local authorities	<input type="checkbox"/>
Heads of early years centres/centre managers	<input type="checkbox"/>
Birth to three practitioners	<input type="checkbox"/>
Health Board staff	<input type="checkbox"/>
Voluntary organisation staff	<input type="checkbox"/>
other	<input type="checkbox"/>

Please add any other organisation(s) that you use to deliver CPD that specifically addresses issues of working with children under 3.

8. During 2007-2008, what were the main CPD topic areas in relation to under 3 year olds that were supported by your local authority? (For example, legal issues; working with parents; learning needs of under 3 year olds; equity issues.)

9. What specific CPD topic areas related to working with under 3 year olds do you plan to support in 2008-2009?

10. Within your local authority, how do you identify CPD needs that are specifically related to working with children under 3 years of age? Please tick the 3 most used sources of information in identifying these needs.

Please tick 3 items

Local authority led needs analysis exercise	<input type="checkbox"/>
Review of each centre's development/improvement plan	<input type="checkbox"/>
Integrated inspection (HMIE and Care Commission)	<input type="checkbox"/>
Care Commission inspection	<input type="checkbox"/>
Child care partnership	<input type="checkbox"/>
Local authority visits to centres	<input type="checkbox"/>
Local authority priorities	<input type="checkbox"/>
National initiative priorities	<input type="checkbox"/>
Other	<input type="checkbox"/>

If you have selected other, please tell us what other sources of information you use to identify CPD needs for those working with under 3 year olds.

11. Please indicate what you think are the most significant barriers in your local authority to the provision of CPD relating specifically to working with children under 3 years of age? (Please note you can list more than one; we suggest no more than 3.)

12. In the second phase of the research we are proposing to carry out in-depth studies within four local authorities of examples of good practice in the provision of CPD for those working in this sector. If you think there are examples of practice in your local authority where quality CPD has impacted on practice relating specifically to children under 3 years of age, we would appreciate it if you would provide one or 2 examples. These could relate to specific centres, or could be about collaborative arrangements or networking. At this stage we only need very brief details, e.g. name of centre and topic or approach, or name of initiative.

Part 3: Non-partner and other providers of care for children under 3 years of age

This section refers only to those centres that have **not yet** been included in the questionnaire because they are **not** local authority or partner provider centres.

If you do not have any of the information requested please enter **NA** for **not available**.

13. How many non-partner provider centres are there in your local authority that provide for the **full age range from birth up to a child's third birthday**?

<i>Number</i>	
Private	Voluntary/not for profit
(if none, enter 0)	

14. How many non-partner provider centres are there in your local authority that cater for children **between the ages of 2 and 5**?

<i>Number</i>	
Private	Voluntary/not for profit
(if none, enter 0)	

15. How many non-partner providers are working towards partnership status? (If you entered 0 in questions 13 and 14, leave blank)

<i>Number</i>	
Private	Voluntary/not for profit

16. Does your local authority fund the provision of day care for children under 3 years of age by day carers?

Please tick

Yes No

If yes, how many day carers are registered for this work in your local authority? (If no, leave blank)

Number

17. Does your local authority support CPD relating specifically to children under 3 years of age for either of the following groups?

Please tick as appropriate

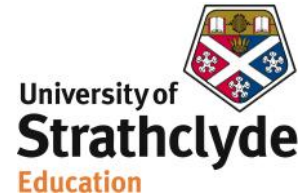
Centres that do not have partner-provider status yes no not relevant

Registered day-carers working for the authority yes no not relevant

Finally ...

18. If more than one person has been involved in collating the information for this questionnaire, please give us their name and job title. (Optional)

Thank you very much for completing this questionnaire. If you want to add any further comments about CPD related to working with children under 3 years of age, please do so below.



**Continuing Professional Development of Early Years Practitioners
working with children under three years of age**

**Questionnaire for Centre Managers
working in Local Authority or Partner Provider Centres**

The Faculty of Education of the University of Strathclyde is undertaking research into **continuing professional development (CPD)** for those working with children under three years of age, on behalf of Learning and Teaching Scotland.

We very much appreciate your contribution to this important research.

This questionnaire is provided in two formats: as a paper questionnaire and as an online questionnaire. We would prefer you to complete it online, but are happy to receive it in whichever format is most convenient to you.

You can complete it online by going to the following webpage
<http://www.strath.ac.uk/qie/earlyyears/>. Select the 'Questionnaire for Managers' link.

If doing it online is not suitable, please complete this paper copy and post it back to us using the FREEPOST envelope provided. If the envelope is not to hand then send it to this address (NO STAMP IS NEEDED):

*Quality in Education Centre
FREEPOST SCO6925
Faculty of Education
University of Strathclyde
76 Southbrae Drive
GLASGOW G13 1BR*

Please let us have your return as soon as possible, but no later than **8 August 2008**.

Please be assured that all the information you provide will be treated in confidence. Individual respondents will not be identified in reports, either internal or for publication.

Name: Job Title:

Centre name:

Local authority:

I have read the information supplied about this research and consent to participate in the research.	<i>Please tick</i>
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Part 1: About your centre and your staff

This section is about your centre, the provision that you make for children **under 3 years old**, and your staff.

Please tick

LA	Partner Provider	
	Private	Voluntary/not for profit
1. What is the status of your centre?		

2. How many children are currently on your roll in each of the following age groups?

Please enter number

From birth but not yet reached first birthday	
From one but not yet reached second birthday	
From two but not yet reached third birthday	
From three to five	

3. How many members of staff do you have that work directly with children (i.e. do not include administrative or janitorial staff)?

3.1 How many staff do you have **in total**, working either part-time or full-time?

Please enter number

Full-time	
Part-time	

3.2 How many staff do you have that work **with children under 3 years of age**, working either part-time or full-time?

Please enter number

Full-time	
Part-time	

4. How many men and women are on your staff (working directly with children)?

Please enter number of staff

	Male	Female
In total		
Working specifically with children under 3 years of age		

Part 2: About CPD opportunities for your staff

5. Does your Centre's improvement/development plan include planning for staff CPD which specifically addresses issues of working with **children under 3 years old**? yes no
6. Do all staff working with children under 3 years of age have personal development plans? yes no
7. Does your centre have a budget for CPD activities which address staff needs specifically in relation to working with **children under 3 years old**? yes no

8. Do you use guidance materials that focus specifically on care of **children under 3 years old**?

Please indicate if you use any of the following by ticking in the first column. For those you use, please indicate how often you use them.

- 1 = at least once a week**
2 = less than once a week but at least once a month
3 = once or twice a term
4 = once or twice a year

Please tick as appropriate

	We use these	1	2	3	4
Birth to Three (Learning and Teaching Scotland)					
Our own local authority guidance materials					
Another local authority's guidance materials (please indicate below) ¹					
Birth to Three Matters (Department for Children Schools and Families)					

¹ If you use CPD guidance materials related to meeting the needs of those working with children under 3 years of age from **another local authority**, which local authority do these come from?

If you use **other guidance materials** that support the CPD needs of those working with children under 3 years, please tell us what they are, and indicate how often you use them.

9. Please indicate how effective you think the guidance materials that you use are in equipping staff to work with **children under 3 years of age**.

Please rate them on a scale of 1 to 5 where:

- 1 = very poor**
- 2 = poor**
- 3 = average**
- 4 = good**
- 5 = excellent**

Please tick as appropriate

	We use these	1	2	3	4	5
Birth to Three (Learning and Teaching Scotland)						
Our own local authority guidance materials						
Another local authority's guidance materials						
Birth to Three Matters (Department for Children Schools and Families)						

If you told us about **other guidance materials** that you use in question 8, please indicate how effective you think they are in equipping staff to work with **children under 3 years of age**.

Questions 10 to 13 are about CPD that members of staff in your centre have undertaken during the past year

10. This question is about the types of CPD that staff in your centre may have taken part in **during the past year**, and how **convenient** you think these opportunities were in relation to **the work requirements of the centre**.

Please indicate, by ticking in the first column, the type of CPD related to **working with children under 3 years of age** that your staff have taken part in during the past year. For those opportunities staff have participated in, please indicate how convenient you found them.

For the types of CPD tick in the first box, please rate:

1 = not convenient

2 = OK

3 = convenient

	Staff did this	1	2	3
In-service day courses				
In-service twilight or evening courses				
College day release (non certificated)				
College day release (leading to qualifications)				
College evening classes (non certificated)				
College evening classes (leading to qualifications)				
University professional development (non certificated)				
University part-time attendance (leading to qualification)				
Online learning				
Other distance learning				
In-centre/in-house training				
Job shadowing				
Staff exchanges				
Conferences/seminars				

Please tell us about **other opportunities** for CPD related to working with children under 3 that your staff have taken part in and how convenient you found them in relation to the work of your centre.

11. Here is a list of providers of CPD. Please indicate, by ticking in the first box, if any of your staff have taken part in CPD **specifically related to working with children under 3**, delivered by any of these providers during **the past year**.

For those that provided the CPD that your staff have undertaken, please tell us how effective you think they were in relation to the **quality** of the provision, in terms of delivery, materials and learning experience.

Please rate them on a scale of 1 to 5 where:

- 1 = very poor**
- 2 = poor**
- 3 = average**
- 4 = good**
- 5 = excellent**

If you feel you cannot comment, tick DK = don't know

	These providers were used	1	2	3	4	5	DK
Higher Education (university) staff							
Further Education (college) staff							
Independent training providers							
Your own local authority staff							
Staff from other local authorities							
Heads of early years centres/centre managers							
Birth to three practitioners							
Other professionals (e.g. medical and health staff; psychological services; specialist therapists)							
Voluntary organisation staff							

Please indicate what **other providers** have been used to deliver CPD to your staff in relation to working with children under 3 years old and your views on the quality of their provision.

12. Please now indicate how **relevant** you think the CPD these providers offered was in relation to helping your staff in their day-to-day work with **children under 3 years of age**.

Please rate them on a scale of 1 to 5 where:

- 1 = all irrelevant
- 2 = mostly irrelevant
- 3 = about half relevant/half irrelevant
- 4 = mostly relevant
- 5 = all relevant

If you feel you cannot comment, tick DK = don't know

	These providers were used	1	2	3	4	5	DK
Higher Education (university) staff							
Further Education (college) staff							
Independent training providers							
Your own local authority staff							
Staff from other local authorities							
Heads of early years centres/centre managers							
Birth to three practitioners							
Other professionals (e.g. medical and health staff; psychological services; specialist therapists)							
Voluntary organisation staff							

If you told us about **other providers** in question 11, please indicate how relevant the provision was in helping your staff in their day-to-day work.

13. Here are examples of topics that are relevant to CPD for people working with children under 3 years of age. Please indicate, by ticking in the first box, if any of your staff have undertaken CPD in any of these areas **during the past year**.

For those that you tick in the first column, please indicate how **effective** you think each one was in **helping** your staff in their day-to-day work with **children under 3 years of age**?

Please rate them on a scale of 1 to 3 where:

- 1 = it did not help**
2 = it helped a little
3 = it helped a lot

	Topics covered in CPD	1	2	3
	Babies and young children as learners			
	Learning environments for children under 3 years			
	Social development of children under 3 years			
	Physical development of children under 3 years			
	Development of communication and language in children under 3 years			
	Promoting positive behaviour in children under 3 years			
	Working creatively (e.g. art, music) with children under 3 years			
	Health and safety in the environment for children under 3 years			
	The rights of the child and encouraging participation			
	Working with parents and developing home links			
	Working with children with additional support needs			
	Legal issues of working with children under 3 years			
	Gender equality			
	Planning and evaluating			
	Observing and recording			
	Being and becoming a reflective practitioner			

Please indicate what **other topics** your staff have covered as part of CPD during the past year, and how effective you thought they were in helping them with their day-to-day work.

Questions 14 to 18 are about CPD provision in general for practitioners working with children under 3 years of age.

14. How **important** do you consider each of the following topics to be in relation to the CPD needs of your staff for working with **children under 3 years of age**? Please rate **all** items, even if no one has participated in CPD in relation to these during the past year.

Please rate each item on a scale of 1 to 4 where:

1 = not important

2 = slightly important

3 = important

4 = extremely important

	1	2	3	4
Babies and young children as learners				
Learning environments for children under 3 years				
Social development of children under 3 years				
Physical development of children under 3 years				
Development of communication and language in children under 3 years				
Promoting positive behaviour in children under 3 years				
Working creatively (e.g. art, music) with children under 3 years				
Health and safety in the environment for children under 3 years				
The rights of the child and encouraging participation				
Working with parents and developing home links				
Working with children with additional support needs				
Legal issues of working with children under 3 years				
Gender equality				
Planning and evaluating				
Observing and recording				
Being and becoming a reflective practitioner				

If you think that there are any other topics that are **extremely important** for helping your staff in their day-to-day work with children under 3 years of age, please tell us what they are.

15. To what extent do you think these topics are **adequately** supported by current CPD provision for your staff? Please rate **all** items.

Please rate each item on a scale of 1 to 3, where:

- 1 = not well supported**
2 = support is adequate
3 = support is very good

If you feel you cannot comment, tick DK = don't know

	1	2	3	DK
Babies and young children as learners				
Learning environments for children under 3 years				
Social development of children under 3 years				
Physical development of children under 3 years				
Development of communication and language in children under 3 years				
Promoting positive behaviour in children under 3 years				
Working creatively (e.g. art, music) with children under 3 years				
Health and safety in the environment for children under 3 years				
The rights of the child and encouraging participation				
Working with parents and developing home links				
Working with children with additional support needs				
Legal issues of working with children under 3 years				
Gender equality				
Planning and evaluating				
Observing and recording				
Being and becoming a reflective practitioner				

Please add any comments you have about CPD support related to areas relevant to the needs of practitioners working with children under 3 years of age.

16. What types of CPD provision would you **prefer** that your staff participated in?

Please select **UP TO 5** of the following and rank them by inserting the numbers 1 to 5 in the box, where:

- 1 = your first choice**
- 2 = your second choice**
- 3 = your third choice**
- 4 = your fourth choice**
- 5 = your fifth choice.**

Please leave the other boxes blank

In-service day courses	
In-service twilight or evening courses	
College day release (non certificated)	
College day release (leading to qualifications)	
College evening classes (non certificated)	
College evening classes (leading to qualifications)	
University professional development (non certificated)	
University part-time attendance (leading to qualification)	
Online learning	
Other distance learning	
In-centre/in-house training	
Job shadowing	
Staff exchanges	
Conferences/seminars	

If you think there are **other types of CPD** opportunities that you would prefer for your staff, please tell us what they are.

17. Which of the following **providers** do you prefer to deliver the CPD that your staff take part in?

Please select **UP TO 5** of the following and rank them by inserting the numbers 1 to 5 in the box, where

- 1 = your first choice**
- 2 = your second choice**
- 3 = your third choice**
- 4 = your fourth choice**
- 5 = your fifth choice.**

Please leave the other boxes blank

Higher Education (university) staff	
Further Education (college) staff	
Independent training providers	
Your own local authority staff	
Staff from other local authorities	
Heads of early years centres/centre managers	
Birth to three practitioners	
Other professionals (e.g. medical and health staff; psychological services; specialist therapists)	
Voluntary organisation staff	

If you think there are **other providers** of CPD that you would like to deliver the CPD that your staff take part in, please tell us who they are.

18. What do you think are the most significant **barriers** to meeting the CPD needs of your staff in relation to working with **children under 3 years of age**?

Please select **UP TO 5** of the following and rank them by inserting the numbers 1 to 5 in the box, where

- 1 = greatest barrier**
- 2 = second greatest barrier**
- 3 = third greatest barrier**
- 4 = fourth greatest barrier**
- 5 = fifth greatest barrier.**

Please leave the other boxes blank

There is lack of funding for CPD	
There is lack of time to release staff	
There is a lack of funding to pay for cover for staff to go on courses	
There is a lack of suitable temporary supply staff to bring in when staff go on courses	
There is a lack of resources to implement ideas gained from CPD	
There are not enough suitable CPD opportunities for those working with children under 3 years	
There is a lack of information about CPD opportunities	
Staff turnover is too frequent	
Some staff are unwilling to do CPD	
Staff lack confidence when participating in CPD outwith the centre	
CPD for those working with under 3 year olds is not a priority of the local authority	
Incentives (e.g. job progression, salary increases) for doing CPD are limited	

If you think there are **other barriers** in to meeting the CPD needs of your staff in relation to working with children under 3 years of age, please indicate what they are.

19. Many of your staff will have **early education and/or childcare qualifications**. Please tick in the first column against all the **complete** qualifications that you are aware of your staff having. Question 20 asks about qualifications they are working towards at present. For each one that you tick, please indicate **how well you feel it prepared your staff** for working with **children under 3 years of age**.

Please rate them on a scale of 1 to 3 where:

- 1 = it did not prepare them well**
2 = it prepared them adequately
3 = it prepared them well

	Qual. held by staff	1	2	3
	National Certificate			
	Scottish Vocational Qualification (SVQ) level 2			
	SVQ level 3			
	SVQ level 4			
	Higher National Certificate (HNC)			
	Professional Development Award (PDA)			
	Degree (e.g. B A Childhood Studies, B Ed or other degree directly relevant to child care)			
	Post-graduate (e.g. Cert/Dip/MSc in Early Childhood; PGCE/PGDE; other PG diploma)			

If your staff have **other qualification(s)** in education and childcare, please tell us what they are and how well you think it prepared them to work with children under 3 years.

20. Please indicate if any of your staff are currently working towards qualifications in **early education and/or childcare**.

Please tick as appropriate

National Certificate	<input type="checkbox"/>
Scottish Vocational Qualification (SVQ) level 2	<input type="checkbox"/>
SVQ level 3	<input type="checkbox"/>
SVQ level 4	<input type="checkbox"/>
Higher National Certificate (HNC)	<input type="checkbox"/>
Professional Development Award (PDA)	<input type="checkbox"/>
Degree (e.g. B A Childhood Studies, B Ed or other degree directly relevant to child care)	<input type="checkbox"/>
Post-graduate (e.g. Cert/Dip/MSc in Early Childhood; PGCE/PGDE; other PG diploma)	<input type="checkbox"/>

If any of your staff are working towards **other qualifications** in early education and childcare please tell us what they are.

--

Please add any other comments you have about the suitability of the early education and child care qualifications in relation to equipping practitioners to work with children under the age of 3.

--

Part 3: About you and your CPD opportunities

21. How long have you been a manager in an early years centre?

Please tick one

Less than a year	<input type="checkbox"/>
One to 2 years	<input type="checkbox"/>
2 to 5 years	<input type="checkbox"/>
5 to 10 years	<input type="checkbox"/>
More than 10 years	<input type="checkbox"/>

22. How long have you managed the centre you are currently in?

Please tick one

Less than a year	<input type="checkbox"/>
One to 2 years	<input type="checkbox"/>
2 to 5 years	<input type="checkbox"/>
5 to 10 years	<input type="checkbox"/>
More than 10 years	<input type="checkbox"/>

23. How long have you worked with **children under 3 years of age**?

Please tick one

Less than a year	<input type="checkbox"/>
One to 2 years	<input type="checkbox"/>
2 to 5 years	<input type="checkbox"/>
5 to 10 years	<input type="checkbox"/>
More than 10 years	<input type="checkbox"/>

24. What is the **highest** level of **general** qualification (i.e. non early education or childcare related qualification) that you have?

Please tick one

School leaving qualifications (Standard Grades or equivalent)	<input type="checkbox"/>
School leaving qualifications (Highers)	<input type="checkbox"/>
National Certificate	<input type="checkbox"/>
Higher National Certificate	<input type="checkbox"/>
Higher National Diploma	<input type="checkbox"/>
Degree	<input type="checkbox"/>
Post-graduate qualification	<input type="checkbox"/>

25. What **early education and/or childcare qualifications** do you have? Please tick in the first column against all the **complete** qualifications that you have. Question 26 asks about qualifications you are working towards at present. For each one that you tick, please indicate **how well you feel it prepared you** for working with **children under 3 years of age**.

*Please rate them on a scale of 1 to 3 where:
 1 = it did not prepare me well
 2 = it prepared me adequately
 3 = it prepared me well*

	I have	1	2	3
No qualifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scottish Vocational Qualification (SVQ) level 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SVQ level 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SVQ level 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Higher National Certificate (HNC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Development Award (PDA) Early Education and Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Degree (e.g. B A Childhood Studies, B Ed or other degree directly relevant to child care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-graduate (e.g. Cert/Dip/MSc in Early Childhood; PGCE/PGDE; other PG diploma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Masters or PhD level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. What **early education and/or childcare qualifications** are you **working towards**?

Please tick as appropriate

Not working towards a qualification	<input type="checkbox"/>
SVQ level 3	<input type="checkbox"/>
SVQ level 4	<input type="checkbox"/>
Higher National Certificate (HNC)	<input type="checkbox"/>
Professional Development Award (PDA) (Early Education and Childcare)	<input type="checkbox"/>
Degree (e.g. B A Childhood Studies, B Ed or other degree directly relevant to child care)	<input type="checkbox"/>
Post-graduate (e.g. Cert/Dip/MSc in Early Childhood; PGCE/PGDE; other PG diploma)	<input type="checkbox"/>
Masters/PhD level	<input type="checkbox"/>

27. You may have other qualifications relevant to your role, for example, administration or management. If this is the case, please tell us what they are and how well they prepared you for your role.

28. If you are working towards other qualifications relevant to your role, for example, administration or management, please tell us what they are.

29. Have you participated in CPD **specifically in relation to managing and working with children under 3 years old** during the past year?

yes

no

**If you answered 'yes' to question 29, please answer questions 30 to 33.
If you answered 'no' to question 29, please go to question 34.**

30. This question is about the types of CPD you have taken part in and how **convenient** you found these opportunities in relation to fitting them into your work and lifestyle.

Please indicate, by ticking in the first column, the types of CPD you have experienced **during the past year**, in relation to **managing and working with children under 3 years**. For those you have experienced, please indicate how convenient you found them.

For the types of CPD you have ticked in the first box, please rate:

1 = not convenient

2 = OK

3 = convenient

	I did this	1	2	3
In-service day courses				
In-service twilight or evening courses				
College day release (non certificated)				
College day release (leading to qualifications)				
College evening classes (non certificated)				
College evening classes (leading to qualifications)				
University professional development (non certificated)				
University part-time attendance (leading to qualification)				
Online learning				
Other distance learning				
In-centre/in-house training				
Job shadowing				
Staff exchanges				
Conferences/seminars				

Please tell us about **other opportunities** for CPD in relation to managing and working with children under 3 that you have taken part in, and how convenient you found them.

31. Here is a list of **providers of CPD**. Please indicate, by ticking in the first column, if any of these provided the CPD that you have undertaken **in the past year**, in relation to **managing and working with children under 3 years**.

For those that provided the CPD that you have undertaken, please tell us how effective you think they were in relation to the **quality** of the provision, in terms of delivery, materials and learning experience.

Please rate them on a scale of 1 to 5 where:

1 = very poor; 2 = poor; 3 = average; 4 = good; 5 = excellent

	I had this provider	1	2	3	4	5
Higher Education (university) staff						
Further Education (college) staff						
Independent training providers						
Your own local authority staff						
Staff from other local authorities						
Heads of early years centres/centre managers						
Birth to three practitioners						
Other professionals (e.g. medical and health staff; psychological services; specialist therapists)						
Voluntary organisation staff						

Please tell us what **other providers** have been used to deliver CPD that you have taken part in related to managing and working with under 3 year olds. What are your views on the quality of their provision?

32. Please now indicate how **relevant** you think the CPD these providers offered was in relation to helping you in your role of managing and working with **children under 3 years** of age.

Please rate them on a scale of 1 to 5 where:

1 = all irrelevant; 2 = mostly irrelevant; 3 = about half relevant/half irrelevant; 4 = mostly relevant; 5 = all relevant

	I had this provider	1	2	3	4	5
Higher Education (university) staff						
Further Education (college) staff						
Independent training providers						
Your own local authority staff						
Staff from other local authorities						
Heads of early years centres/centre managers						
Birth to three practitioners						
Other professionals (e.g. medical and health staff; psychological services; specialist therapists)						
Voluntary organisation staff						

If you told us about **other providers** in question 31, please indicate how relevant their provision was in relation to managing and working with children under 3 years.

33. Here are examples of topics that are relevant to CPD for people working with children under 3 years of age. Please indicate if you have covered any of these topics through CPD in the past year, by ticking in the first column.

For those that you tick in the first column, please indicate how **effective** you think each one was in **helping** you in relation to managing and working with **children under 3 years of age**.

Please rate them on a scale of 1 to 3 where:
1 = it did not help
2 = it helped a little
3 = it helped a lot

	I covered this in CPD	1	2	3
Babies and young children as learners				
Learning environments for children under 3 years				
Social development of children under 3 years				
Physical development of children under 3 years				
Development of communication and language in children under 3 years				
Promoting positive behaviour in children under 3 years				
Working creatively (e.g. art, music) with children under 3 years				
Health and safety in the environment for children under 3 years				
The rights of the child and encouraging participation				
Working with parents and developing home links				
Working with children with additional support needs				
Legal issues of working with children under 3 years				
Gender equality				
Planning and evaluating				
Observing and recording				
Being and becoming a reflective practitioner				
Managing resources				
Managing staff				
Staff needs analysis				

Please indicate what **other topics** you have covered as part of CPD during the past year and how effective you found them.

Please answer these questions regardless of whether you took part in CPD activities during the past year or not.

34. How **important** do you consider each of the following topics to be in relation to managing and working with **children under 3 years of age**? Please rate **all** items.

Please rate each item on a scale of 1 to 4 where:

1 = not important

2 = slightly important

3 = important

4 = extremely important

	1	2	3	4
Babies and young children as learners				
Learning environments for children under 3 years				
Social development of children under 3 years				
Physical development of children under 3 years				
Development of communication and language in children under 3 years				
Promoting positive behaviour in children under 3 years				
Working creatively (e.g. art, music) with children under 3 years				
Health and safety in the environment for children under 3 years				
The rights of the child and encouraging participation				
Working with parents and developing home links				
Working with children with additional support needs				
Legal issues of working with children under 3 years				
Gender equality				
Planning and evaluating				
Observing and recording				
Being and becoming a reflective practitioner				
Managing resources				
Managing staff				
Staff needs analysis				

If you think that there are any other topics that are **extremely important** for helping you in your role of managing and working with children under 3 years of age, please tell us what they are.

35. Which of the following topics would you **most like** to engage with as part of CPD in relation to your role of managing and working with children under 3 years old?

Please select **UP TO 5** of the topics and rank them by inserting the numbers 1 to 5 in the box, where

- 1 = your first choice**
2 = your second choice
3 = your third choice
4 = your fourth choice
5 = fifth choice.

Please leave the other boxes blank.

Babies and young children as learners	
Learning environments for children under 3 years	
Social development of children under 3 years	
Physical development of children under 3 years	
Development of communication and language in children under 3 years	
Promoting positive behaviour with children under 3 years	
Working creatively (e.g. art, music) with children under 3 years	
Health and safety in the environment for children under 3 years	
The rights of the child and encouraging participation	
Working with parents and developing home links	
Working with children with additional support needs	
Legal issues of working with children under 3 years	
Gender equality	
Planning and evaluating	
Observing and recording	
Being and becoming a reflective practitioner	
Managing resources	
Managing staff	
Staff needs analysis	

If there are any other topics that are **you would like** to engage with as part of CPD in relation to managing and working with children under 3 years of age, please tell us what they are.

36. This question is about the **types of CPD** that you would **like** to take part in. Please indicate which of these you **prefer**.

Please select **UP TO 5** of the following and rank them by inserting the numbers 1 to 5 in the box, where

- 1 = your first choice**
- 2 = your second choice**
- 3 = your third choice**
- 4 = your fourth choice**
- 5 = your fifth choice.**

Please leave the other boxes blank

In-service day courses	
In-service twilight or evening courses	
College day release (non certificated)	
College day release (leading to qualifications)	
College evening classes (non certificated)	
College evening (leading to qualifications)	
University professional development (non certificated)	
University part-time attendance (leading to qualification)	
Online learning	
Other distance learning	
In-centre/in-house training	
Job shadowing	
Staff exchanges	
Conferences/seminars	

If you think there are **other types of CPD** opportunities that you would prefer, please tell us about them.

37. Which of the following **providers** would you prefer to deliver the CPD that you take part in?

Please select **UP TO 5** of the following and rank them by inserting the numbers 1 to 5 in the box, where

- 1 = your first choice**
- 2 = your second choice**
- 3 = your third choice**
- 4 = your fourth choice**
- 5 = your fifth choice.**

Please leave the other boxes blank

Higher Education (university) staff	<input type="text"/>
Further Education (college) staff	<input type="text"/>
Independent training providers	<input type="text"/>
Your own local authority staff	<input type="text"/>
Staff from other local authorities	<input type="text"/>
Heads of early years centres/centre managers	<input type="text"/>
Birth to three practitioners	<input type="text"/>
Other professionals (e.g. medical and health staff; psychological services; specialist therapists)	<input type="text"/>
Voluntary organisation staff	<input type="text"/>

If you think there are **other providers** of CPD that you would like to deliver the CPD you take part in, please tell us who they are.

38. What do you think are the most **significant barriers** to meeting your CPD needs in relation to managing and working with **children under 3 years of age**?

Please select **UP TO 5** of the following and rank them by inserting the numbers 1 to 5 in the box, where

- 1 = the greatest barrier**
- 2 = second greatest barrier**
- 3 = third greatest barrier**
- 4 = fourth greatest barrier**
- 5 = fifth greatest barrier**

Please leave the other boxes blank

There is a lack of funding for CPD activities	<input type="text"/>
I don't have time to go on courses during the day	<input type="text"/>
I don't have time outside of work to complete CPD requirements	<input type="text"/>
There is insufficient information about CPD opportunities for those working with children under 3 years	<input type="text"/>
There are not enough CPD opportunities in relation to managing and working with children under 3 years	<input type="text"/>
CPD for working with older children is given a higher priority by the local authority	<input type="text"/>
There is a lack of resources to implement ideas gained from CPD	<input type="text"/>
Incentives (e.g. job progression, salary increases) for doing CPD are limited	<input type="text"/>

If you think there are **other barriers** in relation to meeting your CPD needs for managing and working with children under 3 years of age, please indicate what they are.

Questions 39 to 41 ask for some personal details.

39. Are you female or male? female male

40. Please indicate your age category. *Please tick one*

16 to 19	<input type="text"/>
20 to 25	<input type="text"/>
26 to 35	<input type="text"/>
36 to 45	<input type="text"/>
46 to 55	<input type="text"/>
Over 55	<input type="text"/>

41. Do you work full-time or part-time? full-time part-time

42. Are you registered with the Scottish Social Services Council? yes no

If yes, which category of registration do you hold?

Please tick one

Support worker	<input type="checkbox"/>
Practitioner	<input type="checkbox"/>
Lead practitioner	<input type="checkbox"/>
Manager	<input type="checkbox"/>

Please add any other comments you would like to make about registration.

Finally

43. If you feel that you or your staff have experience of quality CPD that has led to improved practice relating specifically to children under 3 years of age, we would appreciate it if you would provide an example. Only brief details are required at this stage, for example, how many staff were involved, the topic dealt with, the type of provision.

Thank you very much for completing this questionnaire.

**Continuing Professional Development of Early Years Practitioners
working with children under three years of age**

**Questionnaire for Practitioners
working in Local Authority or Partner Provider Centres**

The Faculty of Education of the University of Strathclyde is undertaking research into **continuing professional development (CPD)** for those working with children under three years of age, on behalf of Learning and Teaching Scotland.

This questionnaire should be completed by practitioners who are **currently** working with children under three years of age, or who have done so **during the past year**. We very much appreciate your contribution to this important research.

This questionnaire is provided in two formats: as a paper questionnaire and as an online questionnaire. We would prefer you to complete it online, but are happy to receive it in whichever format is most convenient to you.

You can complete it online by going to the following webpage <http://www.strath.ac.uk/qie/earlyyears/>. Select the 'Questionnaire for practitioners working with children under 3 years of age' link.

If doing it online is not suitable, please complete this paper copy and post it back to us using the FREEPOST envelope provided. If the envelope is not to hand then send it to this address (NO STAMP IS NEEDED):

*Quality in Education Centre
FREEPOST SCO6925
Faculty of Education
University of Strathclyde
76 Southbrae Drive
GLASGOW G13 1BR*

Please let us have your return as soon as possible, but no later than **8 August 2008**.

Please be assured that all the information you provide will be treated in confidence. Individual respondents will not be identified in reports, either internal or for publication.

Job title:

Centre name:

Local authority:

I have read the information supplied about this research and consent to participate in the research.

Please tick

Part 1: This section is about the centre where you work and the children you work with.

Please tick

LA	Partner Provider	
	Private	Voluntary/not for profit
1. What type of centre do you work in?		

2. What ages of children do you work with?

Please tick all that apply

From birth but not yet reached first birthday	<input type="checkbox"/>
From one but not yet reached second birthday	<input type="checkbox"/>
From two but not yet reached third birthday	<input type="checkbox"/>
From three to five	<input type="checkbox"/>

3. How has your time been split in relation to working with children under 3 in the past year?

Please tick one

100% of the time	<input type="checkbox"/>
between 75% and 100% of the time	<input type="checkbox"/>
between 50% and 75% of the time	<input type="checkbox"/>
less than 50% of the time	<input type="checkbox"/>

Part 2: This section is about opportunities for CPD

We are interested in the opportunities you have had to take part in CPD in relation to working with **children under 3 years of age** and what you think of that CPD.

4. Does your employer require you to have a personal development plan in relation to your own professional learning and development? *Please tick*
- yes no

5. Here is a list of guidance material for working with **children under 3 years of age** that you may have in the centre where you work. Please indicate if you use any of these by ticking in the first column. For the guidance materials you use, please indicate how often you use them.

1 = at least once a week
2 = less than once a week but at least once a month
3 = once or twice a term
4 = once or twice a year

Please tick as appropriate

	I use these	1	2	3	4
Birth to Three (Learning and Teaching Scotland)					
Our own local authority guidance materials					
Another local authority's guidance materials (please indicate below) ¹					
Birth to Three Matters (Department for Children Schools and Families)					

¹ If you use CPD guidance materials related to meeting the needs of those working with children under 3 years of age from **another local authority**, which local authority do these come from?

If you use any **other guidance materials** that support the CPD needs of those working with children under 3 years, please tell us what they are and how often you use them.

6. Please indicate how **useful** you have found the materials that you use in helping you in your **day-to-day work** with **children under 3 years** of age.

Please rate them on a scale of 1 to 5 where:

- 1 = very poor
- 2 = poor
- 3 = average
- 4 = good
- 5 = excellent

Please tick as appropriate

	I use these	1	2	3	4	5
Birth to Three (Learning and Teaching Scotland)						
Our own local authority guidance materials						
Another local authority's guidance materials						
Birth to Three Matters (Department for Children Schools and Families)						

If you told us about **other guidance materials** that you use in question 5, please indicate how useful you think they are in helping you in your day-to-day work.

7. Have you taken part in CPD activities **specifically in relation to working with children under 3** during **the past year**?

yes

no

If you answered 'yes' to question 7, please answer questions 8 to 11
If you answered 'no' to question 7, please go to question 12.

8. This question is about the types of CPD you have taken part in and how **convenient** you found these opportunities in relation to fitting them into your work and lifestyle.

Please indicate the type of CPD you have experienced **during the past year**, in relation to **working with children under 3 years**, by ticking in the first column. For those you have experienced, please indicate how convenient you found them.

For the types of CPD you tick in the first box, please rate:

1 = not convenient

2 = OK

3 = convenient

	I did this	1	2	3
In-service day courses				
In-service twilight or evening courses				
College day release (non certificated)				
College day release (leading to qualifications)				
College evening classes (non certificated)				
College evening classes (leading to qualifications)				
University professional development (non certificated)				
University part-time attendance (leading to qualification)				
Online learning				
Other distance learning				
In-centre/in-house training				
Job shadowing				
Staff exchanges				
Conferences/seminars				

Please tell us about any **other opportunities** for CPD related to working with children aged under 3 years, that you have taken part in, and how convenient you found them.

9. Here is a list of **providers of CPD**. Please indicate if any of these provided the CPD that you have undertaken **in the past year** by ticking in the first column.

For those that provided the CPD that you have undertaken related to working with **children under 3 years**, please tell us how effective you think they were in relation to the **quality** of the provision, in terms of delivery, materials and learning experience.

Please rate them on a scale of 1 to 5 where:

1 = very poor
2 = poor
3 = average
4 = good
5 = excellent

	I had this provider	1	2	3	4	5
Higher Education (university) staff						
Further Education (college) staff						
Independent training providers						
Your own local authority staff						
Staff from other local authorities						
Heads of early years centres/centre managers						
Birth to three practitioners						
Other professionals (e.g. medical and health staff; psychological services; specialist therapists)						
Voluntary organisation staff						

Please indicate what **other providers**, if any, have been used to deliver CPD that you have had in relation to working with children under 3 years old, and tell us your views on the quality of the provision.

10. Please now indicate how **relevant** you think the CPD these providers offered was in relation to helping you in your day-to-day work with **children under 3 years** of age.

Please rate them on a scale of 1 to 5 where:

- 1 = all irrelevant**
2 = mostly irrelevant
3 = about half relevant/half irrelevant
4 = mostly relevant
5 = all relevant

	I had this provider	1	2	3	4	5
Higher Education (university) staff						
Further Education (college) staff						
Independent training providers						
Your own local authority staff						
Staff from other local authorities						
Heads of early years centres/centre managers						
Birth to three practitioners						
Other professionals (e.g. medical and health staff; psychological services; specialist therapists)						
Voluntary organisation staff						

If you told us about **other providers** in question 9, please indicate how relevant the provision was in helping you in your day-to-day work.

11. Here are examples of CPD topics that are relevant for people working with children under 3 years of age. Please indicate if you have covered any of these topics through CPD **in the past year**, by ticking in the first column.

For those that you ticked in the first column, please indicate how **effective** you think each one was in **helping** you in your day-to-day work with **children under 3 years of age**?

Please rate them on a scale of 1 to 3 where:

- 1 = it did not help**
2 = it helped a little
3 = it helped a lot

	I covered this in CPD	1	2	3
Babies and young children as learners				
Learning environments for children under 3 years				
Social development of children under 3 years				
Physical development of children under 3 years				
Development of communication and language in children under 3 years				
Promoting positive behaviour in children under 3 years				
Working creatively (e.g. art, music) with children under 3 years				
Health and safety in the environment for children under 3 years				
The rights of the child and encouraging participation				
Working with parents and developing home links				
Working with children with additional support needs				
Legal issues of working with children under 3 years				
Gender equality				
Planning and evaluating				
Observing and recording				
Being and becoming a reflective practitioner				

Please indicate what **other topics**, if any, you have covered as part of CPD related to working with children under 3 years during the past year and comment on how effective they were in helping you with your day-to-day work.

Please answer all the following questions regardless of whether you took part in CPD activities during the past year or not.

12. How **important** do you consider each of the following topics to be in relation to working with children under 3 years of age? Please rate **all** items.

Please rate each item on a scale of 1 to 4 where:

- 1 = *not important*
- 2 = *slightly important*
- 3 = *important*
- 4 = *extremely important*

	1	2	3	4
Babies and young children as learners				
Learning environments for children under 3 years				
Social development of children under 3 years				
Physical development of children under 3 years				
Development of communication and language in children under 3 years				
Promoting positive behaviour in children under 3 years				
Working creatively (e.g. art, music) with children under 3 years				
Health and safety in the environment for children under 3 years				
The rights of the child and encouraging participation				
Working with parents and developing home links				
Working with children with additional support needs				
Legal issues of working with children under 3 years				
Gender equality				
Planning and evaluating				
Observing and recording				
Being and becoming a reflective practitioner				

If you think that there are any other topics that are **extremely important** for helping you in your day-to-day work with children under 3 years of age, please tell us what they are.

13. Which of the following topics would you **most like** to engage with as part of CPD?

Please select **UP TO 5** of the topics and rank them by inserting the numbers 1 to 5 in the box, where

- 1 = your first choice**
- 2 = your second choice**
- 3 = your third choice**
- 4 = your fourth choice**
- 5 = fifth choice.**

Please leave the other boxes blank.

Babies and young children as learners	
Learning environments for children under 3 years	
Social development of children under 3 years	
Physical development of children under 3 years	
Development of communication and language in children under 3 years	
Promoting positive behaviour in children under 3 years	
Working creatively (e.g. art, music) with children under 3 years	
Health and safety in the environment for children under 3 years	
The rights of the child and encouraging participation	
Working with parents and developing home links	
Working with children with additional support needs	
Legal issues of working with children under 3 years	
Gender equality	
Planning and evaluating	
Observing and recording	
Being and becoming a reflective practitioner	

If there are any other topics that **you would like** to engage with as part of CPD in relation to your day-to-day work with children under 3 years of age, please tell us what they are.

14. This question is about the **types of CPD** that you would **like** to take part in. Please indicate which of these you **prefer**.

Please select **UP TO 5** of the following and rank them by inserting the numbers 1 to 5 in the box, where

- 1 = your first choice**
- 2 = your second choice**
- 3 = your third choice**
- 4 = your fourth choice**
- 5 = your fifth choice.**

Please leave the other boxes blank

In-service day courses	
In-service twilight or evening courses	
College day release (non certificated)	
College day release (leading to qualifications)	
College evening classes (non certificated)	
College evening classes (leading to qualifications)	
University professional development (non certificated)	
University part-time attendance (leading to qualification)	
Online learning	
Other distance learning	
In-centre/in-house training	
Job shadowing	
Staff exchanges	
Conferences/seminars	

If you think there are **other types of CPD** opportunities that you would prefer, please tell us about them.

15. Which of the following **providers** would you prefer to deliver the CPD that you take part in?

Please select **UP TO 5** of the following and rank them by inserting the numbers 1 to 5 in the box, where

- 1 = your first choice**
- 2 = your second choice**
- 3 = your third choice**
- 4 = your fourth choice**
- 5 = your fifth choice.**

Please leave the other boxes blank

Higher Education (university) staff	
Further Education (college) staff	
Independent training providers	
Your own local authority staff	
Staff from other local authorities	
Heads of early years centres/centre managers	
Birth to three practitioners	
Other professionals (e.g. medical and health staff; psychological services; specialist therapists)	
Voluntary organisation staff	

If you think there are **other providers** of CPD that you would like to deliver the CPD you take part in, please tell us who they are.

16. What do you think are the most **significant barriers** to meeting your CPD needs in relation to working with **children under 3 years of age**?

Please select **UP TO 5** of the following and rank them by inserting the numbers 1 to 5 in the box, where

- 1 = the greatest barrier**
- 2 = second greatest barrier**
- 3 = third greatest barrier**
- 4 = fourth greatest barrier**
- 5 = fifth greatest barrier.**

Please leave the other boxes blank

There is not enough money to pay for CPD	
There is lack of time for day-release classes/courses	
I don't have time outside of work to do CPD	
There is insufficient information about CPD opportunities for those working with children under 3 years	
There are not enough CPD opportunities in relation to working with children under 3 years	
In-house CPD opportunities are limited	
There is a lack of resources to implement ideas gained from CPD	
Incentives (e.g. job progression, salary increases) for doing CPD are limited	

If you think there are **other barriers** to meeting your CPD needs for working with children under 3 years of age, please indicate what they are.

Part 3: Finally some questions about you

17. How long have you worked in the Centre where you are employed at the moment?

Please tick one

Less than a year	<input type="checkbox"/>
One to 2 years	<input type="checkbox"/>
2 to 5 years	<input type="checkbox"/>
5 to 10 years	<input type="checkbox"/>
More than 10 years	<input type="checkbox"/>

18. How long have you worked with **children under 3 years of age**?

Please tick one

Less than a year	<input type="checkbox"/>
One to 2 years	<input type="checkbox"/>
2 to 5 years	<input type="checkbox"/>
5 to 10 years	<input type="checkbox"/>
More than 10 years	<input type="checkbox"/>

19. What is the **highest** level of **general qualification** that you have? Please do **not** include qualifications in early education and childcare in this question. Question 20 asks about these.

Please tick one

No qualifications	<input type="checkbox"/>
School leaving qualifications (standard grade or equivalent)	<input type="checkbox"/>
School leaving qualifications (highers and/or advanced highers)	<input type="checkbox"/>
National Certificate	<input type="checkbox"/>
Higher National Certificate	<input type="checkbox"/>
Higher National Diploma	<input type="checkbox"/>
Degree	<input type="checkbox"/>
Post-graduate qualification	<input type="checkbox"/>

20. What **early education and/or childcare qualifications** do you have? Please tick in the first column against all the **complete** qualifications that you have. Question 21 asks about qualifications you are at present working towards. For each one that you tick, please indicate **how well you feel it prepared you** for working with **children under 3 years of age**.

Please rate them on a scale of 1 to 3 where:

1 = it did not prepare me well
2 = it prepared me adequately
3 = it prepared me well

	I have	1	2	3
No early education or childcare qualifications				
National Certificate				
Scottish Vocational Qualification (SVQ) level 2				
SVQ level 3				
SVQ level 4				
Higher National Certificate (HNC)				
Professional Development Award (PDA) Early Education and Childcare				
Degree (e.g. B A Childhood Studies, B Ed or other degree directly relevant to child care)				
Post-graduate (e.g. Cert/Dip/MSc in Early Childhood, PGCE/PGDE; other PG diploma)				

If you have any other qualification(s) in education and childcare please tell us about them and how well you feel they prepared you for working with children under 3 years?

21. What qualifications **early education and/or childcare qualifications** are you **working towards**?

Please tick as appropriate

Not working towards a qualification	
National Certificate	
Scottish Vocational Qualification (SVQ) level 2	
SVQ level 3	
SVQ level 4	
Higher National Certificate (HNC)	
Professional Development Award (PDA) (Early Education and Childcare)	
Degree (e.g. B A Childhood Studies, B Ed or other degree directly relevant to child care)	
Post-graduate (e.g. Cert/Dip/MSc in Early Childhood, PGCE/PGDE; other PG diploma)	

If you are working towards any **other early education and/or childcare qualification**, please tell us what it is.

22. Are you female or male? female male

23. Please indicate your age category. *Please tick one*

16 to 19	<input type="checkbox"/>
20 to 25	<input type="checkbox"/>
26 to 35	<input type="checkbox"/>
36 to 45	<input type="checkbox"/>
46 to 55	<input type="checkbox"/>
Over 55	<input type="checkbox"/>

24. Do you work full-time or part-time? full-time part-time

25. Are you registered with the Scottish Social Services Council? yes no

If yes, which category of registration do you hold?

Please tick one

Support worker	<input type="checkbox"/>
Practitioner	<input type="checkbox"/>
Lead practitioner	<input type="checkbox"/>
Manager	<input type="checkbox"/>

Please add any other comments you would like to make about registration.

Thank you very much for completing this questionnaire.

Research into the Continuing Professional Development of Early Years Practitioners working with children under three years of age

Interview information and consent form

The Quality in Education Centre (QIE) of the University of Strathclyde is undertaking research for Learning and Teaching Scotland into continuing professional development (CPD) provision for early years practitioners and managers in order to identify priorities for development and also to identify examples of good practice, with a particular focus on those working with children under 3 years of age.

Why is this research being carried out?

Recent reviews¹ of early years provision and the early years workforce emphasised the importance of quality care for young children and the need for appropriately skilled and qualified practitioners. The research is important in the context of current policy priorities on provision for those under 3 years of age and will contribute to the development of professional development opportunities for those working with this age group.

Who is doing the research?

The research is being carried out by a team from the Faculty of Education. The principal investigator is Professor Rae Condie. The key researchers are Jacqu e Fee, Assistant Director within the Childhood and Families Research and Development Centre, Jackie Henry, lecturer and member of the Early Years team in the Department of Childhood and Primary Studies; and Liz Seagraves, Senior Researcher in QIE. The team is supported by Elaine Kirkland, Project Administrator.

What are the aims of the research?

The aims of the research are to:

- Review existing information regarding the CPD needs of staff working with very young children (birth to three)
- Seek the views of early years practitioners, early years centre managers and local authority officers and to compare and contrast their views on a range of issues related to CPD
- To identify the extent to which the national Birth to Three Guidance and Support Pack are used and to explore ways in which they are used.

What has already happened?

So far, local authority representatives, centre managers and staff working with children under 3 years of age have completed questionnaires and an initial analysis of the responses has been completed.

¹ Scottish Executive (2006) *National review of the Early Years and Childcare Workforce*, Edinburgh: Scottish Executive
Scottish Parliament Education Committee (2006) *Education Report, 7th Report*, Edinburgh: Scottish Parliament

What happens next?

We would like you to agree to be interviewed by one of the research team. This may mean being interviewed in a one-to-one situation or taking part in a group interview with the researcher and other early years centre staff.

The interview will be recorded with your consent. The recording will be transcribed and the digital sound file on the machine will be wiped. The typed 'transcript' will have a code rather than your name for privacy. We store records for four years after the end of a project and then destroy them. Your views will be included in our report but no individual or centre will be identified directly except with consent to report on examples of good practice.

If you are happy to take part you will be asked to sign the attached form giving your permission when we meet with you.

Contact information

If you wish to discuss any aspect of the research, please contact:

Liz Seagraves
Senior Researcher
Quality in Education Centre
Faculty of Education
University of Strathclyde
Southbrae Drive
GLASGOW
G13 1PP

Phone: 0141 950 3185
Fax: 0141 950 3178
Email: liz.seagraves@strath.ac.uk

If you have any concerns about the way the research is carried out and would like to speak to someone who is not on the research team, please contact:

David Wallace,
Chair of the Department of Education and Professional Studies Ethics Committee
Faculty of Education
University of Strathclyde
Southbrae Drive
GLASGOW
G13 1PP

Phone 0141 950 3146
Email: david.wallace@strath.ac.uk.

**Research into the Continuing Professional Development of Early Years Practitioners
working with children under three years of age**

Interview consent form

I have read and I understand the information sheet and I have been offered the opportunity to ask questions.

I understand that the research will involve speaking to one of the research team about continuing professional development for staff working with children under three years of age.

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.

I agree to the [interview / group discussion] being recorded.

I understand that my identity will be protected and that what I say will be confidential.

I agree to take part in the research.

Name

Date

Signature

Quality in Education Centre, University of Strathclyde, Jordanhill Campus,
76 Southbrae Drive, Glasgow G13 1PP
Phone: 0141 950 3186 Fax: 0141 950 3178

CPD for practitioners working with children under 3 years of age

Local authority interview topic list/prompts

Introduction: We are undertaking research into the CPD needs of practitioners working with children under 3 years of age on behalf of Learning and Teaching Scotland. The purpose of the research is to contribute to the development of relevant and appropriate CPD opportunities for those practitioners.

Thank you very much for agreeing to be interviewed as part of the research.

Consent form: We sent you an information sheet which gives more details about the research and the way the data is managed and reported. Have you read it? Do you have any questions about the research?

Recording; issues of confidentiality and anonymity: I would like to record the interview. The interview may be transcribed but in reporting no individuals will be identified. Interviews will be analysed for themes in relation to the questions asked and while quotes may be used, the contributors will be anonymous. Only the research team will have access to the recordings. Are you quite happy for us to record the interview?

Ask interviewee(s), to sign consent form.

Do you have any other questions before we start the interview?

Local authority

1. Impact of **national policy** relating to 0-3s – general question to probe contextual knowledge.
 - Examples of policies
 - Sure Start Scotland
 - Early Years and Childcare Workforce Review
 - Scottish Standard for Childhood Practice
 - Early Years Framework
 - Is CPD related to national policy initiatives?
 - Is there a distinct focus on 0-3 apart from other early years CPD or is it combined with 3-5 or a wider age range?
 - Do policies impact on CPD?
2. **Local Authority CPD policy**
 - Do you have a local authority policy on CPD for staff generally and specifically for those working with 0-3?
 - Do you include other providers of 0-3 services – private/voluntary?
3. **Local authority resources/framework**
 - Is there a centrally planned programme of CPD? (Generally and specifically for those working with 0-3?)
 - Is there a dedicated budget for 0-3?
 - Who decides on expenditure?
 - LA or centre
 - Its implementation
 - What,/ how? Other providers of 0-3 CPD e.g. private/voluntary /HE / FE?
 - Who? LA/ private/voluntary sector 0-3 staff/ staff working with other age ranges
Volunteers / parents / other stakeholders
 - How evaluated?
4. Use of LTS Birth to Three Guidance
 - Views on its value

- How has it been used in authority developments
- Usefulness to practitioners
- Any difference to use with different sectors?

Effective Provision

5. What have they (the authority) done that has been effective in terms of 0-3 CPD?
 - Strategy, dissemination, communication to different centres (authority, private, voluntary)
 - Types of delivery
 - Providers
 - Topics
 - Evaluation
 - Limitations
6. Examples of good practice in 0-3 CPD
 - Are there centres where CPD has been particularly beneficial?
 - What did they do?
 - How did they go about it?
 - What evidence that it has been effective?
 - Centres for us to visit for case study?

Future Developments

7. Are there gaps in current CPD provision that need to be addressed?
 - If so, what are they? *Local Authority level? National level?*
 - How can this be done?
 - What are the most urgent issues to be addressed?
8. What are most suitable approaches to delivering CPD to meet the needs of centres and staff within your authority? What makes them suitable?
9. What are the main barriers to be overcome in meeting CPD needs of workforce?
 - Thoughts on how they can be addressed

10. Personal

- Background and significant experience of interviewee i.e. of working with under 3s
 - Career path
 - Experience
 - Qualifications and training
- Current role and remit
 - How much of role is focused on under 3s and associated developments
 - How much is role focused on issues of training and development of staff

Other points

Anything you want to add that we've not covered

Thanks etc.

CPD for practitioners working with children under 3 years of age

Centre Manager Interview Topics/prompts

Introduction: We are undertaking research into the CPD needs of practitioners working with children under 3 years of age on behalf of Learning and Teaching Scotland. The purpose of the research is to contribute to the development of relevant and appropriate CPD opportunities for those practitioners.

Thank you very much for agreeing to be interviewed as part of the research.

Consent form: We sent you an information sheet which gives more details about the research and the way the data is managed and reported. Have you read it? Do you have any questions about the research?

Recording; issues of confidentiality and anonymity: I would like to record the interview. The interview may be transcribed but in reporting no individuals will be identified. Interviews will be analysed for themes in relation to the questions asked and while quotes may be used, the contributors will be anonymous. Only the research team will have access to the recordings. Are you quite happy for us to record the interview?

Ask interviewee(s), to sign consent form.

Do you have any other questions before we start the interview?

1. Personal

- Background and significant experience of interviewee i.e. of working with under 3s
 - Career path
 - Experience
 - Qualifications and training
- What do you understand by continuing professional development?
 - Formal
 - Informal

Centre policy and practice

2. Does the centre have specific policies for 0-3 CPD for staff?
 - Are they underpinned by any national, local or organisational policies?
Examples of national policies
 - Sure Start Scotland
 - Early Years and Childcare Workforce Review
 - Scottish Standard for Childhood Practice
 - Early Years Framework

Examples of organisational policies: SPPA, NCH, etc

3. What guidelines/resources are used to inform practice?
 - Specifically L&TS 'birth to 3 guidelines'
 - How are they used?
 - How valuable?
 - Other materials
 - How used?
 - How valuable?
4. 0-3 CPD opportunities for staff
 - What 0-3 CPD is provided in your centre?

- How is it decided what opportunities staff get for 0-3 CPD? E.g. through staff review?
- Who decides which staff participate in 0-3 CPD opportunities?

Effective provision

5. What 0-3 CPD have you taken part in that you consider effective?
 - What made 'it' effective?
 - What were the limitations?
6. What 0-3 CPD have your staff taken part in that you consider effective?
 - What made 'it' effective?
 - What were the limitations?
7. Measurement
 - How is the 0-3 CPD evaluated?
 - What is the impact on service users?

Future Developments

8. Are there gaps in current CPD provision that need to be addressed?
 - If so, what are they? *Centre level? Authority level? National level?*
 - How can this be done?
 - What are the most urgent issues to be addressed?
9. What are the suitable approaches to delivering 0-3 CPD to meet the needs of you and your staff?
 - What makes them suitable?
 - What is cost effective?
 - What approaches are preferred?
10. What are the main barriers to be overcome in meeting 0-3 CPD needs of you and your staff?
 - Thoughts on how they can be addressed

Other points

Anything you want to add that we've not covered

CPD for practitioners working with children under 3 years of age

Practitioner Interview/Group interview topics/prompts

Introduction: We are undertaking research into the CPD needs of practitioners working with children under 3 years of age on behalf of Learning and Teaching Scotland. The purpose of the research is to contribute to the development of relevant and appropriate CPD opportunities for those practitioners.

Thank you very much for agreeing to be interviewed as part of the research.

Consent form: We sent you an information sheet which gives more details about the research and the way the data is managed and reported. Have you read it? Do you have any questions about the research?

Recording; issues of confidentiality and anonymity: I would like to record the interview. The interview may be transcribed but in reporting no individuals will be identified. Interviews will be analysed for themes in relation to the questions asked and while quotes may be used, the contributors will be anonymous. Only the research team will have access to the recordings. Are you quite happy for us to record the interview?

Ask interviewee(s), to sign consent form.

Do you have any other questions before we start the interview?

1. Personal

- Background and significant experience of interviewee i.e. of working with under 3s
 - Career path
 - Experience
 - Qualifications and training
- What do you understand by continuing professional development?
 - Formal
 - Informal

Centre policy and practice

2. Do you know if your centre has specific policies for 0-3 CPD for staff?
 - Do you know whether these are related to any local, national or organisational policies and if so which.

Examples of national policies

- Sure Start Scotland
- Early Years and Childcare Workforce Review
- Scottish Standard for Childhood Practice
- Early Years Framework

Examples of organisational policies: SPPA, NCH, etc

3. What guidelines/resources are used to help you in your day-to-day work?
 - Specifically L&TS 'birth to 3 guidelines'
 - How are they used?
 - How valuable?
 - Other materials
 - How used?
 - How valuable?
4. CPD opportunities for staff
 - What 0-3 CPD is provided in your centre?
 - How is it decided what opportunities staff get for 0-3 CPD? E.g. through staff review?

- Who decides which staff participate in 0-3 CPD opportunities?
- How do you decide what 0-3 CPD you need?

Effective provision

5. What 0-3 CPD have you taken part in that you consider effective?
 - What made 'it' effective?
 - What were the limitations?
 - How was that measured? E.g. self evaluation
 - What has been the impact on service users?

Future Developments

6. Are there practice issues that a form of 0-3 CPD would help to address if it were available?
 - If so, what are these practice issues?
 - What form of 0-3 CPD would help ?
 - What are the most urgent issues to be addressed?
7. What types of 0-3 CPD do you think would suit you best? Why?
8. What are the main barriers to your taking part in CPD?
 - Thoughts on how they can be addressed

Other points

Anything they want to add that we've not covered

Demographic information about respondents

1. Number of staff in centres

120 of the 122 centre managers provided figures for the number of staff they employ.

The total number of staff across the 120 centres was:

- full-time 1334
- part-time 504
- total 1838

The number of staff that worked specifically with children under 3 years of age was:

- full-time 774
- part-time 330
- total 1104

Therefore 60% of the staff in the centres worked with children under 3 years of age.

Managers reported 29 men in total across the whole sample, with 9 working with children under 3 years of age.

2. Information about managers

The majority of the managers responding to the survey had long experience of working with children under 3, over half had managerial experience of over 5 years and around two-fifths had been in their current post for over 5 years.

Length of time they had worked with children under 3 years of age

- less than a year 2 (2%)
- one to 2 years 3 (3%)
- 2 to 5 years 13 (11%)
- 5 to 10 years 28 (23%)
- more than 10 years 74 (62%)

Length of time they had worked as a manager:

- less than a year 8 (7%)
- one to 2 years 13 (11%)
- 2 to 5 years 31 (25%)
- 5 to 10 years 36 (30%)
- more than 10 years 32 (26%)

Length of time as manager in their current post:

- less than a year 12 (10%)
- one to 2 years 18 (15%)
- 2 to 5 years 43 (36%)
- 5 to 10 years 30 (25%)
- more than 10 years 17 (14%)

Age of managers:

- 20-25 4 (3%)
- 26-35 28 (24%)
- 36-45 38 (33%)
- 46-55 35 (29%)
- over 55 12 (10%)

Gender of managers:

- male 4 (3%)
- female 114 (97%)

Mode of working:

- full-time 110 (95%)
- part-time 6 (5%)

3. Information about practitioners

Length of time they had worked with children under 3 years of age

- less than a year 27 (8%)
- one to 2 years 72 (21%)
- 2 to 5 years 116 (34%)
- 5 to 10 years 60 (18%)
- more than 10 years 61 (18%)

Length of time they had worked in their current centre:

- less than a year 58 (17%)
- one to 2 years 66 (20%)
- 2 to 5 years 100 (30%)
- 5 to 10 years 79 (23%)
- more than 10 years 34 (10%)

Gender of practitioners:

- male 4 (3%)
- female 114 (97%)

Mode of working:

- full-time 281 (83%)
- part-time 57 (17%)

Age of practitioners:

- 16-19 21 (6%)
- 20-25 98 (29%)
- 26-35 108 (32%)
- 36-45 46 (14%)
- 46-55 52 (15%)
- over 55 14 (4%)

More practitioners from both private and voluntary centres were in the younger age bands than those from local authority centres. No respondents from local authority centres were in the 16-19 age group while 10% of the private centre and 8% of the voluntary centre respondents were in this age group. There were also higher proportions in the 20 to 25 age group: local authority = 17%; private = 37% and voluntary = 23%.