



Early years: Safe and sound

Better
education
and care



Age group
0-8

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Contents

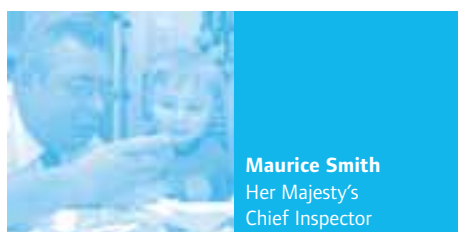
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Early years: Safe and sound

A report on how registered childcare providers are helping children to stay safe and be healthy

Introduction

Maurice Smith, Her Majesty's Chief Inspector



Children in registered settings are safe and well cared for

When parents entrust their children to the paid care of registered providers, above all else the children ought to be kept safe and healthy. In the overwhelming majority of cases children placed in the paid care of registered providers continue to be safe and well cared for. This is very reassuring for parents, and for all of us who have a keen interest in the care and education of children in their early years. It also shows how dedicated the large majority of providers are to promoting the well-being of the children they look after.

Safe and sound shows how registered childcare settings help children in staying safe and being healthy, two of the five outcomes which Every Child Matters identified as vital for every child, and which were given legal basis in the Children Act 2004 (see vi on p.26).¹ The Every Child Matters outcomes have been embedded in Ofsted's early years inspection framework since April 2005.

From April 2005 Ofsted has raised the bar, in recognition of the fact that the National Standards should now be fully embedded in settings. This means that providers must offer even better provision to be graded as satisfactory. Ofsted is now in its third cycle of inspections to the National Standards, and guidance has been in place for five years. Ofsted should no longer be judging as satisfactory settings where providers fail to meet any of the standards or regulations. Therefore Ofsted judges as inadequate any setting that does not meet one or more of the National Standards and fails to promote satisfactory outcomes for children.²

As a result, the proportion of settings below the bar has risen, from 1% in the previous inspection cycle to 4% this year. It is heartening that almost nine out of 10 settings judged earlier in the inspection year as

inadequate have since improved and were graded satisfactory or better at their next inspection, which took place within 12 months. I am pleased that these settings have made changes leading to improved outcomes for children and that inspection can be useful in spurring providers on to do better.

Safe and sound as a tool for use in improving practice

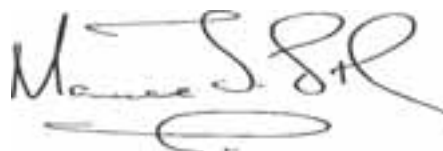
I very much hope that this report will be read and discussed widely, by parents as well as childcare providers and those who support them. Even more important, I hope that it will inspire readers to improve still further the childcare they provide or influence, and that children will be involved in these improvements. I see *Safe and sound* as a self-evaluation tool for providers to use, alongside other resources, including *Firm foundations*, when regularly reviewing childcare practice and updating self-evaluation forms (see x and xi, p. 26).

I will be delighted if over the coming months *Safe and sound* stimulates and supports conversations among staff groups and between providers up and down the country about how they can play their part in ensuring that our children are looked after even better.

While this report brings very good news about the quality of registered childcare overall, we must not be complacent. There is still some way to go to ensure that every child in every setting is safe and sound, all day and every day.

Let Ofsted know

I am grateful for the feedback I have received about last year's report, *Firm foundations*. It shows how widely providers have used it during the last year to improve their practice. Please let us know, using the feedback form on the *Safe and sound* website, how you have used *Safe and sound*, what you have found valuable, and what you would find useful from Ofsted in future years.



¹ The inquiry into the death of Victoria Climbié showed weaknesses in the systems in place to ensure all children are safe. The Green Paper *Every child matters* set out planned reforms and identified five outcomes to which all children are entitled (see vi on p.26). The outcomes are for every child to be healthy, stay safe, enjoy and achieve, make a positive contribution and thrive economically. The Children Act 2004 highlights the important role that registered childminders and day-care providers have in safeguarding and promoting the health and well-being of the large numbers of children in their care.

² In the previous inspection cycle to March 2005, Ofsted judged as satisfactory provision where there were likely to be strengths in several areas but improvements were needed in others. Some weaknesses required actions to ensure a particular Standard was met.



Key findings

- In the vast majority of settings, children looked after by registered childcare providers are kept safe and are well cared for (Figure 1).
- Many childcarers have improved their provision for children since their previous inspection, particularly in response to points raised at the inspection.
- Where childcare was inadequate, Ofsted identified action the provider needed to take, and then checked to see that the required improvement had been made. Ofsted also took enforcement action when necessary to ensure that children are safe and well looked after.

The evidence for Safe and sound

There are nearly 108,000 childcare settings registered in England, providing over 1.5 million places for children aged under eight years. *Safe and sound* is based mainly on results from inspections of 25,000 providers during the year April 2005–March 2006.³ It also includes evidence from Ofsted's compliance and enforcement activities, and from small sample surveys which looked in more detail at nutrition, physical activity, accident prevention, child protection, early morning care, and the Foundation Stage (see iv, xiii, xiv and xv on p.26).

Good and outstanding provision

The vast majority (96%) of settings inspected provide care of at least satisfactory quality overall for children (see Figure 1). Nearly two thirds (61%) provide care of good or outstanding quality; a similar proportion of settings are good or outstanding in helping children to stay safe (59%) and to be healthy (63%) (see Figure 2).

Inspection judgements

Outstanding = exceptional settings that have excellent outcomes for children.

Good = strong settings that are effective for children.

Satisfactory = settings that have acceptable outcomes for children but which have scope for improvement.

Inadequate = weak settings that have unacceptable outcomes for children.

For more information on how inspectors make judgements, see xii on p.26.

Ofsted registers the following types of childcare:

Childminding is on domestic premises for a total of more than two hours a day, excluding the hours between 6pm and 2am.

Full day care, including nurseries and children's centres, provides care for a continuous period of four hours or more.

Out of school care provides for children aged three and over and operates before or after school or during the school holidays.

Sessional care is for children attending part-time for no more than five sessions a week, each session being less than a continuous period of four hours in any day.

Multiple care provides more than one type of day care at the premises.

Crèches provide occasional care on particular premises for more than two hours a day on more than five days a year.

³ This figure refers to the most recent inspection during the year for providers still registered on 31 March 2006. In total 27,000 inspections were completed, including reinspection of inadequate providers and inspection of providers who by the end of March 2006 were no longer registered.

⁴ Ofsted makes recommendations to further improve practice when providers are judged satisfactory or good overall. Ofsted sets actions for providers to take when they are judged inadequate.

Figure 1. Overall quality of childcare, April 2005–March 2006, by type of provider.

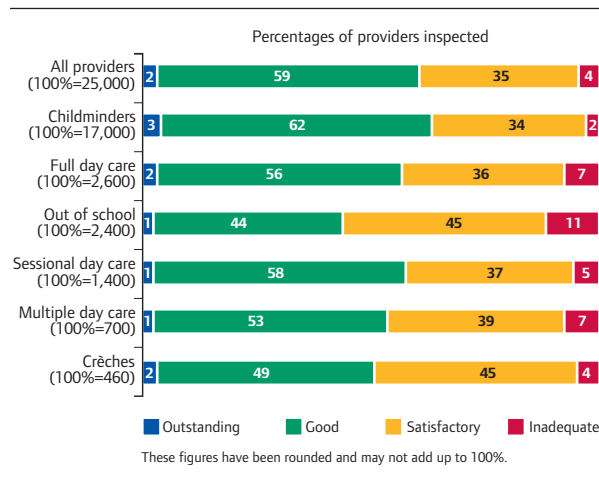
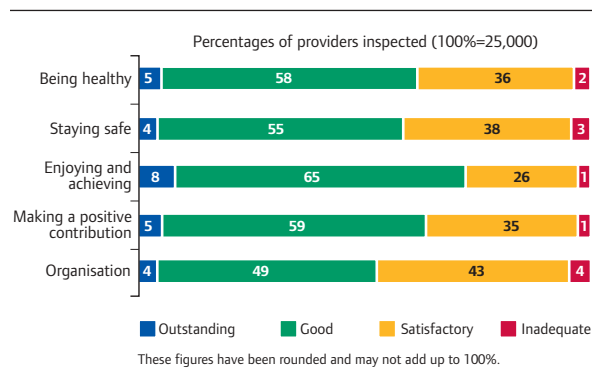


Figure 2. Effectiveness of the provision for children, April 2005–March 2006.



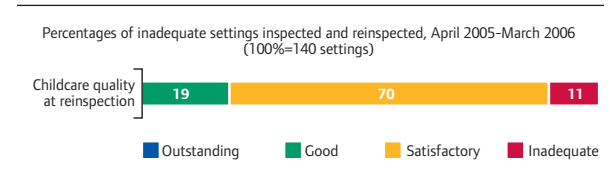
Ofsted’s role in the drive to improve childcare

All settings, including the very best, can improve. In every setting judged as providing good or satisfactory childcare – 94% of those inspected – Ofsted made recommendations for further improvement.⁴

Many providers have continued to improve the way they care for children. For example, Ofsted set actions for 22% of all providers inspected during the last inspection cycle from April 2003 to March 2005, because they were not meeting one or more of the National Standards (see i, p.26). This year it was necessary to set actions for only 4% of providers inspected. In each of these settings the childcare was inadequate: it did not meet one or more of the National Standards, so Ofsted told the provider what action to take to improve, and by when.⁵

Ofsted reinspects inadequate settings within a year. Of the 140 inadequate settings reinspected by March 2006, the large majority had improved and some are now providing good care for children. Only 15 settings remained inadequate; Ofsted is continuing to monitor these even more closely, taking enforcement action where necessary to ensure children are not left in a dangerous environment (see Figure 3).

Figure 3. Settings providing inadequate childcare: reinspection results.



Ofsted continues to receive complaints with concerns about the quality of care for children; the numbers of concerns are significant, though small in relation to the number of providers. During the year Ofsted received around 1,500 complaints with concerns about children staying safe, representing 1.4% of all providers, and 400 concerns about children being healthy, representing 0.4% of providers.⁶ Concerns were raised about the suitability of adults involved with the children, the children’s safety and security, and the attention given to children’s health needs. Annex D shows the main areas of concern and Ofsted’s responses (see also ix, p.26).

⁵ Ofsted has slightly altered the threshold for actions from April 2005. Occasionally the inspector considers that the quality of care is satisfactory overall, but the provider is failing to comply fully with a regulation or meet a Standard at the time of inspection. In such cases, before making a judgement, the inspector will consider the provider’s attitude, how well the provider has assessed any risk, and the impact on children. If the inspector judges these aspects of the provision satisfactory, a recommendation for improvement is made instead of an action. This change in the threshold is likely to reduce slightly the proportion of inspections resulting in actions, but the change is not likely to explain the overall difference in the proportion receiving actions since the last inspection cycle.

⁶ The actual percentages of providers affected were lower because some were the subject of more than one complaint. Ofsted currently keeps data on numbers of complaints, rather than numbers of providers who are the subject of complaints, although plans are in place also to monitor the number of providers affected.

02 Staying safe



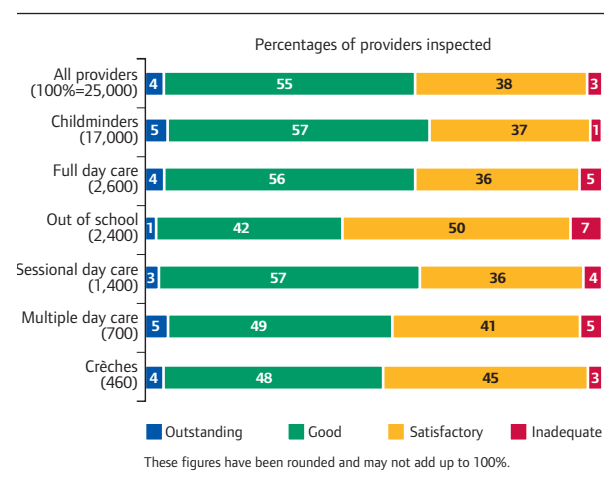
Key findings

- The vast majority of childcare settings keep children safe and protect them from harm. Almost all (97%) of those inspected are satisfactory or better in delivering this outcome for children (see Figure 4).
- In almost half (47%) of the inspections in April 2005–March 2006 Ofsted recommended ways the provider can further improve aspects of safety for children.⁷
- Very few settings (3%) are inadequate. In these settings, children’s safety is not sufficiently assured. The childcare fails to meet one or more of the National Standards relating to safety. In each case Ofsted has identified actions, monitored the outcome, and when necessary taken further steps to ensure children stay safe. Annex B shows the main improvements identified.
- A small number of children have serious accidents, on rare occasions fatal ones, while in the care of registered providers.⁸

In assessing how well providers help children to stay safe, inspectors refer to:

- the *National Standards for under 8s day care and childminding*, particularly Standard 4: environment; Standard 5: equipment; Standard 6: safety; and Standard 13: child protection (see i, ii, iii and xii, p.26)
- the *Curriculum guidance for the foundation stage*, particularly the area of learning covering personal, social and emotional development (see iv, p.26)
- *Birth to three matters*, particularly the aspect ‘A healthy child’ (see v, p.26).

Figure 4. Staying safe, April 2005–March 2006: judgements by type of provider.



Overview

Children’s safety is paramount. The Every Child Matters outcome ‘staying safe’ covers children’s security, stability and care protecting them from mistreatment and accidental injury. Children should have the freedom to make discoveries and enjoy experiences within safe limits, while learning how to protect themselves from harm. Childcare providers enable children to stay safe by offering a secure and welcoming environment, taking proper precautions to prevent accidents, and complying with the Local Safeguarding Children Board (LSCB) procedures to safeguard and promote the welfare of children.⁹

⁷ See note 4.

⁸ On average 80 incidents a year involving serious injury to a child were reported to the Health and Safety Executive under RIDDOR, the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, over the four years April 2001–March 2005 (excluding children in out-of-school settings). This represents the equivalent of one serious incident in every 14,000 childcare places during a year.

⁹ LSCBs replaced Area Child Protection Committees in local authority areas from April 2006. The new boards follow revised guidance (see vii on p.26).

Outstanding settings

One in 25 settings (4%) are outstanding in keeping children safe. These exceptional settings are highly effective at making sure that children are safe. Their childcare practice is exemplary.

During the year, inspectors found that in outstanding settings children:

- learn how to keep themselves safe
- have their concerns taken seriously
- are kept safe by adults who
 - operate clear child safety procedures and share them with parents
 - are suitable, well qualified and fully understand their role
 - assess and manage risks effectively.

Children stay safe by learning how to keep themselves safe

In outstanding settings, children understand how to keep themselves and others safe because adults use activities to help them learn about safety and talk with them about how accidents can happen. Older children learn how to keep themselves safe from adults they do not know. Adults routinely give children gentle reminders on how to be careful and how to avoid an accident. Adults plan activities for children to learn safety awareness. Special visits, for example by police and road safety officers, maintain children's interest and participation in learning how to keep safe.

'Children take increasing responsibility for their own safety, through clear support and positive encouragement from the childminder. For example, during play children spontaneously move a doll's swing away from the baby, recognising the possible risk.'

Children are involved in fire drills and adults explain why these are important. From an early age, children learn to keep their play space free from hazards by routinely tidying away toys and mopping up their own spills. They learn how to use small equipment, like scissors, safely.

Children learn how to prevent accidents when trying new things within a controlled and supportive environment.

'Staff allow children to use a variety of tools but supervise their use well. A child using a rake was given help to use it safely without his fun being spoiled. Children enjoying sliding down a fire fighter's pole had staff nearby to catch them if necessary, but were not over-protected.'

Children stay safe because their concerns are taken seriously

In the best settings, adults help children to learn about the boundaries of acceptable language and behaviour. They build trusting relationships so children feel comfortable to talk to an adult for advice or to express concerns. Adults treat children with respect; they value children's views and feelings and take them seriously. Adults listen attentively and respond positively to every child.

Children stay safe because adults operate clear child safety procedures and share them with parents

Outstanding providers fully understand the issues involved in safeguarding children. They take all reasonable steps to minimise the risks of harm, and they are fully prepared to identify any concerns about a child's welfare and to respond and report them appropriately. Adults view the protection of children as of supreme importance. They would not hesitate to take the difficult step of acting on a concern; they know when and how to seek advice, and they report concerns competently to the appropriate people and authorities.

Adults ensure parents are clearly informed of the setting's responsibilities and policies in safeguarding children. Policies are closely based on the booklet *What to do if you are worried a child is being abused*, and follow the Local Safeguarding Children Board (LSCB) procedures (see vii and viii, p.26).¹⁰ These include detailed steps to follow should an allegation be made against adults at the setting. Policies are regularly reviewed.

In group day care, all staff have ready access to the child protection policy of the setting. They know who the named person with lead responsibility for child protection is and what to do if the named person is unavailable.

Children stay safe because they are well supervised by suitable and well qualified adults who fully understand their role

Outstanding providers ensure staff are enthusiastic, experienced and highly skilled to promote children's safety. They operate efficient recruitment and vetting procedures to ensure all adults are suitable to work with or to be in regular contact with children. Their procedures include carrying out the extra checks introduced as a result of legislation in October 2005.¹¹

Adults are well qualified and knowledgeable. Effective induction and ongoing training, plus regular monitoring and support, ensure that staff understand and follow procedures to keep children safe. Adults have current training in child protection and in paediatric first aid. Children receive excellent supervision from attentive adults, ensuring they are always very well protected.

In settings with the best practice, adults attend an ongoing programme of detailed internal and external training, to extend and update their knowledge. They read, discuss, and gain support by working alongside experienced colleagues.

Children stay safe because adults assess and manage risks effectively

In outstanding settings, adults achieve an appropriate balance in promoting freedom for children to be adventurous, to explore and to make mistakes within safe limits. They make sufficient space available for children to enjoy more boisterous play and to learn new physical skills safely. Children have opportunities to take risks, so they grow more alert to potential danger and learn how to keep themselves safe.

'Quad bikes give children an exciting opportunity to extend their concentration skills in a safe environment. A specially trained adult is in charge of the bikes, and full safety precautions are taken. This activity is open to all children aged four years and over, with their parents' written permission.'

Outstanding providers use effective risk assessment to highlight potential hazards. Adults continually assess the risks to children during their activities. They recognise the needs and behaviours of each child in their care and use their understanding effectively to anticipate and prevent accidents.

'Risk assessments are made of all areas within the setting and reviewed by a member of staff who has training and expertise in this area. All staff are made aware of possible risks and informed of the positive action they must take to prevent accidents. All outings are well planned. Staff make visits before they take children to the venues and liaise with the owners to make a full risk assessment. Children are informed in advance of outings. This gives them an understanding of how they must behave to stay safe, for example holding hands when walking along the road.'

¹⁰ See note 9.

¹¹ Under the Children Act 2004, regulations were introduced in October 2005 whereby Ofsted no longer assesses whether adults who care for children or have unsupervised access to them are suitable to do so. The Act clarified that providers are responsible for ensuring the suitability of day-care staff (see ii and iii on p.26). The provider must undertake any necessary checks, one of which must be with the Criminal Records Bureau (CRB). Ofsted inspections include assessment of how well the provider makes decisions on suitability. Inspectors may ask for evidence of checks carried out, including CRB, references, full employment history, qualifications, interviews, medical suitability and any other checks completed.

In outstanding settings, adults are extremely vigilant in identifying hazards and take meticulous care to minimise them to reduce risk of accident and injury to children. They assess thoroughly the risks to children when inside, outdoors and on outings. They check all resources are safe so children do not play with damaged or broken equipment.

Outstanding providers investigate any accidents; they notice any emerging patterns, look for the causes and deal with them to prevent similar accidents in future. They keep full records of accidents which include details of the child involved and the treatment provided. Parents are contacted at the earliest opportunity, and they sign a record to confirm that they have been told about the accident.

Very effective measures are in place to ensure the premises are secure and that children are collected only by authorised adults. Adults rehearse emergency evacuation procedures and regularly review them to ensure children's safety is maintained. They have an excellent understanding of health and safety regulations and what children need to keep them safe, and they follow effective procedures both at the setting and when on outings.

'A new biometric system on entrances and exits ensures that only parents and staff whose fingerprints are registered on the system can gain access to the nursery. Parents registered with the nursery can enter and leave while staff continue to concentrate on caring for the children.'

Improvement following Ofsted's visits

Key findings

Actions to meet the National Standards

- Many providers have improved the way they ensure children stay safe in response to actions raised at inspection. For example, in the inspection cycle April 2003–March 2005, Ofsted set actions for 10% of providers who were not meeting one or more of the National Standards on safety. This year it was necessary to set actions on issues of safety for only 3% of providers inspected.¹² Annex B gives examples. Ofsted is monitoring the outcome in each case, and taking further steps when necessary to ensure improvement and standards are met.

Recommendations for further improvement

- In almost half (47%) of the inspections during April 2005–March 2006, Ofsted identified ways the provider can further improve aspects of safety for children. Ofsted made over 14,000 recommendations to improve the way providers help children to stay safe.

Enforcement to protect children

- During the inspection year 2005–06, Ofsted received around 1,500 complaints relating to concerns about children's safety. Annex D shows the main areas of concern and how Ofsted responded to ensure standards are met.

¹² During the year Ofsted issued 800 actions to providers judged inadequate on staying safe, requiring them to meet the National Standards.

Improvements to meet the National Standards on safety

Inspectors noted a wide range of improvements in children's safety and security because providers have responded to the requirements set at their previous Ofsted inspection. For example, where actions had been set at the last inspection, children are now more safe and secure because adults:

- take more care in supervising entrances and exits to prevent children getting out unnoticed, with serious implications for their safety
- are more painstaking in ensuring all staff and volunteers have been vetted for suitability to work with young children
- are more thorough in checking the identity of visitors and keeping accurate records of them
- are more diligent in supervising areas where there are others using the premises
- keep a fire blanket in the kitchen, so children are safer in the event of fire
- have removed children's access to sharp knives
- have minimised outdoor hazards, to enable children to play in the fresh air safely
- have improved the way they supervise children playing outside, for example when the play area cannot be made secure because it is not fenced off from public areas.

Ofsted has also further tightened its arrangements to prevent the registration of applicants who are unsuitable because they have a problem with alcohol or drug dependency.

During the year, whenever Ofsted found providers' support for children's safety was inadequate it required providers to take action to meet the relevant standards. Annex B lists examples.

Action taken following complaints has also improved children's safety. This is an example of how one setting made real improvements after Ofsted investigated a concern raised:

Case study

'A parent rang Ofsted with a concern that when she had gone to collect her three-year-old daughter from the nursery she had found her on the path outside. The child had managed to leave the nursery without anyone noticing. The parent said that she had spoken to the person in charge, but she was unhappy with the response and believed that the nursery was blaming her child rather than taking full responsibility for the incident.

An Ofsted inspector made an unannounced visit. The provider said she believed the incident had occurred because of a temporary change in the nursery's arrangements. However, the inspector also found that the adult-child ratios had been inadequate that day, and that not all the new staff had been appropriately vetted. As a result, in addition to setting an action to ensure security of the premises, the inspector also set actions to ensure the maintenance of the adult-child ratio and the full vetting of all new staff.

At a follow-up unannounced visit the inspector found that security, staffing levels and the vetting of staff were all now satisfactory, and confirmed that the provider would remain qualified for registration.'

Annex D illustrates the range of complaints made about children's safety, and Ofsted's responses.

Annex E includes ten questions to help providers examine their own practice in the light of this chapter on ensuring children stay safe.

03 Being healthy



Key findings

- The vast majority of childcare settings help children to be healthy. Almost all (98%) of those inspected are satisfactory or better in delivering this outcome for children (see Figure 5).
- In about a third (35%) of the inspections in April 2005–March 2006, Ofsted has made recommendations about how the provider can further improve the way they help children to be healthy.¹³
- Very few settings (2%) are inadequate. In these, children’s health has not been sufficiently promoted. The childcare fails to meet one or both of the National Standards relating to health and food and drink. In each case Ofsted has identified actions, monitored the outcome, and when necessary taken further steps to ensure improvement. Annex C shows the main improvements identified.

Overview

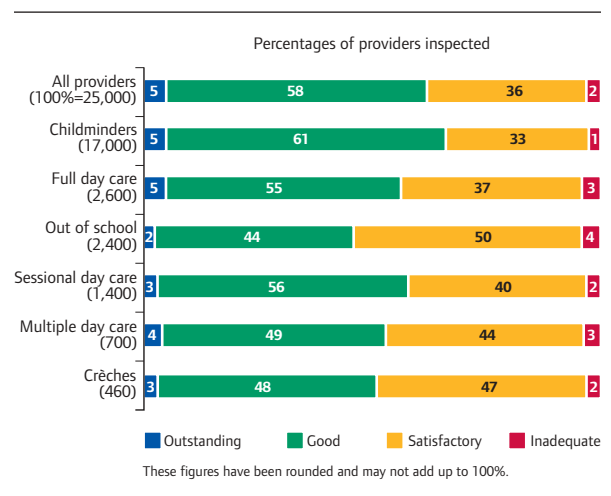
Good health is vital for children’s successful all-round development. The Every Child Matters outcome for children being healthy includes children feeling the positive benefits of being healthy and active, enjoying a balanced and nutritious diet, and gaining confidence in themselves and what they can do. Providers promoting children’s health take positive steps to prevent infection and appropriate actions when children are ill.

In assessing how well providers help children to be healthy, inspectors refer to:

- *the National Standards for under 8s day care and childminding*, particularly Standard 7: health, and Standard 8: food and drink (see i, ii, iii and xii, p.26)
- *the Curriculum guidance for the foundation stage*, particularly the areas of learning covering physical development and personal social and emotional development (see iv, p.26)

- *Birth to three matters*, particularly the aspect ‘A healthy child’ (see v, p.26).

Figure 5. Being healthy, April 2005–March 2006: judgements by type of provider.



Outstanding settings

One in 20 settings (5%) are outstanding in helping children to be healthy. These exceptional settings are highly effective at promoting children’s health. The childcare practice is exemplary.

During the year, inspectors found that in outstanding settings:

- children develop an excellent understanding of healthy eating
- providers work closely with parents to ensure children eat healthily
- children enjoy exceptional opportunities for physical exercise
- children benefit and learn from environments that promote their health exceptionally well
- children from birth to three are supported very well in being healthy.

¹³ See note 4.

Being healthy

Children understand about healthy eating

In outstanding settings, children develop an excellent understanding of the links between healthy eating and healthy living. They eat fresh, nutritious food and learn to understand why it is good for them.

‘Children share the snack and chat about apples and cheese being good for you with staff, who point out that cheese contains calcium which makes bones grow strong.’

Children are well nourished and enjoy home-cooked food. This is often organic, freshly prepared and sometimes grown on the premises. They are encouraged to try foods from other countries and cultures. This exposes them to different tastes and textures, broadening their knowledge of different foods.

‘Children are very well nourished and relish snack and lunch times because they are such positive experiences. In addition, staff put careful thought into meeting children’s individual dietary needs. Children chat together as they eat, they enjoy serving each other and pouring their own drinks. At snack time younger children choose from a wide selection of fruits cut into pieces just right for smaller hands and appetites. Older children have one whole fruit each.

Great care is taken to ensure that children with allergies do not eat food that would be harmful to them, but all children are fully included in meal times, and in celebrations and activities that include food. Tasty alternatives are offered when, for example, a birthday cake cannot be guaranteed nut-free.’

Children help themselves to fresh drinking water as they wish throughout the day. Adults help them understand why they should drink more when they’re hot and after exercise.

Children contribute ideas to the menus, and sometimes they help to select their own fruit and vegetables at local shops. Adults encourage children to help prepare snacks, so children become more familiar with the food they eat. Adults talk with children and use bright and colourful posters to reaffirm the benefits of healthy eating.

‘Weekly cookery activities add to children’s awareness of healthy foods and encourage a healthy lifestyle. The activities are fun, stimulating and drive home the importance of healthy foods such as fresh fruit and vegetables. For example, children chop up vegetables for a pizza topping and make a caterpillar out of celery and cucumber slices. They benefit from being able to taste a wide range of fresh fruit and vegetables which they may not experience at home. Adults encourage children to talk about what they like and dislike, and explain that eating five portions of fruit and vegetables a day is good for our bodies and helps us to keep fit and healthy.’

Providers work closely with parents and others to ensure children eat healthily

In outstanding settings, adults regularly discuss children’s dietary requirements with parents, including likes and dislikes and any religious needs. These details are recorded on children’s registration forms. Adults and parents work closely when planning weaning programmes for babies.

‘The provider gathers details from parents about individual children’s dietary needs. These are displayed in the kitchen and dining room to ensure that all staff are fully aware of them. The list includes special diets such as no dairy products, as well as parental preferences for what children eat. The details are updated through daily discussions with parents and through home/nursery diaries. Also every term the provider asks parents to review all records on their child to ensure that they are up to date.’

Providers discuss and agree menu plans with parents. Some full day-care settings employ nutritionists to assist in menu-planning. Providers take part in healthy eating initiatives, for example the Heartbeat Award, which promotes good hygiene standards and healthier food choices.¹⁴ Providers share leaflets and brochures on healthy eating and on dental care with parents, and they encourage parents to provide healthy lunches.

¹⁴ The Heartbeat Award was set up by the Department of Health and the Health Education Authority with support from the Chartered Institute for Environmental Health. For details see www.cieh.org.

‘All children enjoy healthy meals and snacks prepared freshly each day with plenty of fruit and vegetables. For example, carrot sticks and freshly cut apples promote strong and healthy teeth. All children, including babies, are encouraged and assisted to clean their teeth after their main lunchtime meal and tea. The setting is also part of the healthy eating and dental hygiene schemes.’

Children enjoy exceptional opportunities for physical exercise

In outstanding settings, children thoroughly enjoy a wide range of activities and make excellent progress in their physical development. They develop coordination and control over their bodies as they throw and catch a ball, dance, enact a story, take part in parachute games and action rhymes, go swimming and roll around in ball pools. Children move, climb, jump and balance very competently. They benefit from the use of an excellent range of indoor and outdoor play equipment, including pedal bikes, ropes, climbing frames, slides, trampolines and bouncy castles, which provide them with fun and exciting physical challenges. In some settings children also have regular use of indoor sports facilities to develop and strengthen their growing bodies.

‘Children competently demonstrate their physical abilities and show a healthy range of emotions when they kick a ball, chase with a lacrosse stick and cheer at their success, hit a flying tennis ball, crawl up a climbing wall, bounce on a trampoline and fence with a foam sword. Children hop and jive to music, and slither and slide in drama. They manoeuvre well around obstacles in the mini-Olympics, whooping with excitement when they complete the course.’

Children have appropriate time and space both to rest and to be active. They learn how exercise affects their bodies. For example, they are able to discuss how the heart rate speeds up after jumping on the trampoline.

‘The childminder explains to two-year-old children how physical exercise helps make them strong and healthy. She helps them learn about a healthy heart by showing them how the heartbeat changes with exercise, and about how exercise makes you hot.’

Children have opportunities to enjoy the fresh air in most weather conditions, and appropriate clothing is available for them.

‘Children greatly enjoy the highly challenging adventure and woodland facilities that foster many aspects of their development. All the year round, they eagerly respond to stimulating outdoor resources and set their own tests to extend their physical control and strength. For example, they successfully negotiate suspended logs and ropes, and wheel their barrows up slippery, muddy slopes to collect natural materials for their play. Young children have excellent opportunities to develop their coordination and strength. They confidently handle difficult materials and unwieldy resources that include clay, hosepipes and buckets of water. They enthusiastically develop their small muscle skills in activities such as weaving lengths of materials between fence posts and in and out of the spokes of wheels.’

Children also enjoy regular outings which widen their opportunities for activities that promote their physical development.

‘Children have opportunities to develop their physical skills during regular outings to the common, where they are able to use park equipment to develop their climbing and balancing skills. They show very good coordination when running. Staff talk to them about the way activity affects their bodies, for example, how running can make you out of breath. Children benefit from indoor sports sessions each week when they play a very wide variety of games such as rugby, tennis and cricket. They use balancing equipment and throw and catch balls and bean bags, which helps to develop very good coordination and balance. Children enthusiastically join in ballet sessions, where they develop skills to skip, hop and move their bodies slowly to music.’

Children learn from environments that promote their health

Children in outstanding settings thrive and stay healthy, supported by adults who follow stringent health procedures and talk with children about why these are important. Toys, equipment and changing areas are maintained and cleaned meticulously to minimise the risk of cross-infection.

Adults get to know the children exceptionally well and as a result are quick to spot any changes in their well-being as well as any potential health risks. Adults attend ongoing training on health matters, for example in meningitis awareness.

Children have a very secure understanding of the reasons for good hygiene practices.

‘Children know that it is important to wash their hands before eating and after using the toilet because “germs might make our tummies poorly”.’

‘Four children volunteer to help prepare the snack. One child goes spontaneously to wash her hands, while the others go straight to the table. A staff member asks them to wash their hands. Another child asks, “Do we have to wash our hands?” The staff member replies, “Why do we wash our hands?” The child replies, “So that the crackers will be clean, and the children won’t get ill.”’

Children from birth to three are supported in being healthy

In outstanding settings, young children’s health and growing independence are supported very well by adults who understand and follow the principles of Birth to three matters effectively, including planning and assessing children’s progress. Babies are held tenderly and adults speak or sing to them during bottle feeding, helping them to relax. Adults follow the babies’ home routines for feeding, changing and sleeping. Adults provide babies with plenty of safe, obstacle-free space for crawling and exploring, so their coordination and strength develop well.

Improvement following Ofsted’s visits

Key findings

Actions to meet the National Standards

■ Many providers have improved the way they help children to be healthy, as a result of actions raised at inspection. For example, in the previous inspection cycle from April 2003 – March 2005, Ofsted set actions for over 5% of providers who were not meeting one of the National Standards on health or food and drink. This year it was necessary to set actions for less than 2% of providers inspected to ensure children’s health is sufficiently protected.¹⁵ Annex C gives examples. Ofsted is monitoring the outcome in each case, and taking further steps when necessary to ensure improvement and that National Standards are met.

Recommendations for further improvement

■ In over a third (35%) of the inspections during the year April 2005–March 2006, Ofsted identified ways providers can further improve how they support children in being healthy. Ofsted made over 10,000 recommendations to improve the way providers promote children’s health.

Enforcement to protect children

■ During the year Ofsted received around 400 complaints relating to concerns about children’s health. Annex D shows the main areas of concern and how Ofsted responded to ensure standards are met.

¹⁵ During the year Ofsted issued 400 actions to providers judged inadequate on being healthy, requiring them to meet the National Standards.

Improvements to meet the National Standards on health

Inspectors noted a wide range of improvements in the way providers support children to be healthy because they have responded to requirements set at their previous Ofsted inspection. Improvements were seen particularly where the last inspection had identified actions required on first aid, hygiene and record-keeping. Examples of improvements include:

In first aid:

- childminders who had not completed an appropriate first aid course have now done so, which means they can now manage children's accidents effectively
- childminders who had no first aid equipment now have an appropriate kit, which they update as required so they are prepared in case of accidents
- in day-care settings where there was not always a first-aider present, there now is, including when children are on outings;

In hygiene:

- better routines for nappy-changing
- children now use dedicated hand towels or paper towels to minimise the risk of cross-infection;

In medication and accident records:

- records of children's accidents are completed more consistently, ensuring that parents are well informed and a good continuity of health care
- adults have made sure that medication is administered correctly and adequately recorded, protecting children's health
- written consent from parents is now obtained for giving medication and for seeking emergency medical advice or treatment; this means that children will receive appropriate treatment and their health is maintained as a priority.

During the year, whenever Ofsted found providers' support for children to be healthy was inadequate, it required providers to take action to meet the relevant standards. Annex C lists examples.

Action taken following complaints has also improved support for children's health. This is an example of how one setting improved the way it administered medication to children following a concern:

Case study

'A parent rang Ofsted with a concern that a staff member at the nursery had administered another child's medication to her child. The member of staff had been suspended but the parent was unhappy that this could have happened at all.

An inspector visited to check relevant records and interview the manager. The inspector found that since the incident the provider had made some improvements to the way medication was managed, but that records and systems were still not sufficiently clear. Ofsted asked the provider to ensure that there were clear records of both parental permission and the administration of medication, and that parents were always asked to sign the record. The inspector later checked and was satisfied that sufficient action had been taken to protect children and to meet the standard required.'

Annex D illustrates the range of complaints made about supporting children's health, and Ofsted's responses.

Annex E includes ten questions to help providers examine their own practice in the light of this chapter on supporting children to be healthy.

Conclusion Towards a first class childcare service



Dorian Bradley
Director
Early Years

Overwhelmingly, children in registered provision are getting a good deal

I am thrilled to see the many different ways childcare providers do an outstanding job by focusing on the individual needs of children in the context of their own particular setting. Outstanding care is not a matter of following checklists but of excellence in supporting every child individually to meet the outcomes and helping them to have fun while doing so.

In the face of the well documented national decline in children's physical activity levels and the accompanying rise in childhood obesity, I am pleased to see how well registered childcare providers help children take part in physical activities safely and develop healthy lifestyles.

Impact of inspection

Though rare, any poor practice is unacceptable. In the small minority of settings where Ofsted found it, we wrote to the provider telling them what they were required to do and by when. We monitored progress closely and followed up when further regulatory action was required to prevent unacceptable practice continuing.

I am not the first to say, 'the largest room in the world is the room for improvement'. I am pleased therefore to see how providers have improved in the areas of practice Ofsted identified as needing attention at their previous inspection, and how the results from their most recent inspections are pointing the way forward for providers to improve still further. This shows the impact of Ofsted in contributing positively to outcomes for children.

The improvement journey continues

Overall, providers can be proud of the very real differences they are making to the lives of children and their families. Ofsted's challenge, through effective and proportionate regulation, is to help providers maintain improvement and to achieve even more.

All of us want to see more outstanding practice. We want the few inadequate settings to become satisfactory and better, the many which are satisfactory and good improving further, and the best even better. *Safe and sound* is not intended to provide guidance on how good practice should look; this is already available elsewhere (see Further reading). Rather, it has given an overview of good practice inspectors have found.

I hope you will use the 20 questions in Annex E to help you assess your own practice in the light of what you have read in *Safe and sound*. There's a lot still to do to achieve a first class service for our children. But with everyone playing their part it can be done and children will be cared for in a way we can all be proud of.

Annex A. Quality of childcare and early education outcomes and recommendations for improvement by type of setting

	Total number of inspections	Percentages graded as:				Percentages with recommendations for further improvement on this outcome
		Outstanding	Good	Satisfactory	Inadequate	
All settings	24,838					
Overall care		2	59	35	4	
Being healthy		5	58	36	2	35
Staying safe		4	55	38	3	47
Childminding	17,296					
Overall care		3	62	34	2	
Being healthy		5	61	33	1	31
Staying safe		5	57	37	1	48
Full day care	2,562					
Overall care		2	56	36	7	
Being healthy		5	55	37	3	42
Staying safe		4	56	36	5	41
Out of school care	2,383					
Overall care		1	44	45	11	
Being healthy		2	44	50	4	42
Staying safe		1	42	50	7	49
Sessional day care	1,442					
Overall care		1	58	37	5	
Being healthy		3	56	40	2	42
Staying safe		3	57	36	4	38
Multiple day care	695					
Overall care		1	53	39	7	
Being healthy		4	49	44	3	44
Staying safe		5	49	41	5	44
Crèches	460					
Overall care		2	49	45	4	
Being healthy		3	48	47	2	41
Staying safe		4	48	45	3	49

These figures have been rounded and may not add up to 100%.

Annex B. Examples of actions required to help children stay safe

Examples of inadequate care

Action was required when:

- children were not supervised by checked adults, for example when away from the premises for an activity

- there was evidence that a concern might not be reported. Reasons included: staff were uncertain how their manager would respond; adults were untrained; adults felt their concern might be unjustified; or they were wary of parents' reactions, particularly when the parent was a person in authority

- no staff were trained in protecting children or in following the local safeguarding procedures; adults' knowledge of possible signs of abuse was poor; adults were not helping children to learn how to protect themselves from harm; or adults did not recognise that their methods of managing children's behaviour could raise child protection concerns

- policies lacked sufficient detail or staff were unaware of the setting's procedures for child protection or of the current local guidelines; staff did not know what to do if a child got lost; the attendance records of children and staff were not accurate; children's medical information or parents' contact details were absent; or parents' written permission was not obtained to take children on public transport or outings

- managers would not contact the registered provider for advice; or childminders and day-care providers failed to advise the complainant to inform Ofsted of their concern

- there were inadequate numbers of adults present to ensure children's safety and welfare at all times

- entrances were insufficiently secure or supervised, putting children at potential risk from unauthorised entry or exit

- risk assessments lacked sufficient detail, were carried out infrequently or did not take into account individual children's behaviour; children could access hazards such as toxic materials, unprotected glass, dangerous equipment or very hot water; adults relied on close supervision of children in place of, rather than in addition to, minimising safety hazards; or supervision was insufficient in sleep areas or in areas shared with the general public

- there were no evacuation plans or practices, or staff were not deployed well enough to ensure evacuation was efficient.

Action inspectors required¹⁶

Help children stay safe by ensuring that:

- children are looked after only by adults whose suitability has been properly checked

- the provider reports a concern about a child in their care to the appropriate statutory agency that can take action to safeguard the child

- induction and training are sufficient to ensure staff are properly aware of and able to carry out their role in child protection

- the provider keeps accessible documents and procedures needed to meet regulations, to keep children safe and to use in the event of an emergency

- the childminder is clear what to do if allegations are made against them or members of their household, and day-care managers know what to do if a member of staff or volunteer is suspected of abuse

- the setting has sufficient numbers of adults present at all times, including at the start of the day, when staff are setting out equipment and when children move between rooms or buildings

- premises are secure, to prevent children leaving the building unsupervised and adults entering unchallenged

- children are adequately supervised and risks are minimised to prevent injury or harm

- the emergency evacuation plans in place are adequate and practised regularly so children are not placed at risk.

¹⁶ See note 12.

Annex C. Examples of actions required to ensure children were supported in being healthy

Examples of inadequate care

Action was required when:

- failure to plan appropriate varied menus put at risk the well-being of children, especially those with food allergies

- providers were not providing a balanced diet or helping children to understand how the food they eat affects their bodies and how healthy eating contributes to their overall health and well-being

- there was insufficient space indoors for children to move freely; or providers did not give children sufficient opportunities for outdoor play

- adults did not help children sufficiently to understand the importance of exercise in staying healthy

- children were not learning how to stay healthy because they were not encouraged to follow good hygiene practices, for example when toileting, eating, or caring for pets; or food was not hygienically stored, prepared, cooked or served

- policies and procedures necessary to safeguard children's welfare were not available; there was no first-aid-qualified adult present, or no first-aid box, putting children's health at risk in case of accident; adults were not recording accidents and parents were not kept fully informed; or adults were not recording the medication given to children or the dosage, endangering children's health by increasing the risk of their receiving too much or too little

- areas where adults had been smoking were not properly ventilated before children arrived, causing risk to children's health.

Action inspectors required¹⁷

Support children to be healthy by ensuring that:

- menus are varied and planned in advance, available to parents and take account of children's individual dietary needs

- children are not eating too much processed food such as biscuits or crisps, which have poor nutritional value

- there are sufficient opportunities for children to be active and to experience playing outdoors

- children are encouraged to take part in energetic play and do not spend long periods in passive activities such as watching television

- children are not at risk from cross-infection because of low standards of hygiene

- there are sufficient qualified adults and sufficient records to protect and promote children's health

- children are protected effectively from tobacco smoke.

¹⁷ See note 15.

Annex D. Complaints and responses relating to concerns about children being healthy and staying safe

Examples of the range of complaints received:

Staying safe

1,500 complaints

Concerns alleged that:

- a person living in a childminder's household or living or working on day-care premises was not suitable to have unsupervised access to children
- a child had been smacked, or mistreated in some other way
- poor behaviour management had been used, leading to mistreatment of a child
- concerns/allegations about mistreatment had not been reported to Social Services or Ofsted
- the provider was not assessing and dealing with risks on the premises
- the setting was untidy, leading to hazards
- the premises were insecure
- the childminder or day-care staff had not provided adequate supervision, resulting in risks or accidents
- poor supervision had allowed bullying to take place
- a child had been left unattended in a car
- a child had been transported in a car without appropriate restraints.

Being healthy

400 complaints

Concerns alleged that:

- poor maintenance or temperature of premises was causing a health hazard
- poor cleanliness or hygiene practice posed a risk to children
- children's individual toileting/nappy-changing needs had been ignored
- inappropriate or poorly maintained equipment had caused accidents
- children had been exposed to harmful or allergenic substances (including smoke)
- adequate first aid had not been given
- accidents had not been properly recorded or parents informed
- appropriate agreements had not been reached, or records kept, in relation to medication
- pets were presenting a safety or health hazard to children
- children had not been protected from the sun
- inappropriate or allergenic food or drink had been given to a child.

Ofsted's responses

When Ofsted receives a complaint it investigates whether the relevant National Standards are met, and whether the provider remains suitable to be registered. This is the range of responses made to complaints during the year, in approximate order of seriousness.¹⁸ Often Ofsted took more than one of these steps. Ofsted:

- after investigation, took no further action because there was of no evidence or because the concern had been resolved or the registered person had already taken remedial action
- brought forward an inspection to investigate the concern
- suspended registration pending investigation
- set an action for the registered person to complete and confirm in writing to Ofsted by a set date¹⁹
- issued a notice of non-compliance with regulations (Compliance Notice) requiring the provider to take action by a set date
- issued a formal warning letter indicating that a further offence is likely to result in prosecution
- administered a Caution on Record as an alternative to prosecution
- brought a prosecution
- issued a notice of intention/notice of decision to remove, vary or impose conditions of registration
- applied to a magistrates' court for an emergency order to cancel, vary, remove or impose conditions
- issued a notice of intention/notice of decision to cancel registration.

¹⁸ Of the 6,000 investigation outcomes recorded during the year, Ofsted took no further action in 63% of cases, set an action in 29%, issued a formal warning letter in 2%, and carried out statutory enforcement in 6%. These outcomes refer to investigations of compliance with any of the 14 National Standards, not just those relating to children's safety and health.

¹⁹ Failure to complete such action without reasonable excuse would constitute an offence.

Annex E. Twenty questions to help you examine your own practice

Everyone involved with children in registered childcare has a responsibility to keep them safe and promote their health. You can use these questions to reflect on how well you are doing in keeping children safe and sound, and to help you identify how you might further improve the experience and outcomes for the children in your care. Further information and ideas are available in the publications listed in Annex F. Also your professional association and local authority can offer you advice.

Try discussing the questions with colleagues too: better practice is often shaped by sharing experiences and insights with others.

Safe...

1. How do you help children learn to be responsible for their own safety?
2. How alert are you to the concerns of each child?
3. How well do you balance risk with opportunity for children to develop and practise new skills?
4. What are the times or activities when children's safety is most at risk? How do you manage this?
5. How effectively do you assess and manage risk to children overall?
6. How well do you supervise children indoors, outdoors and on outings?
7. What do you do if a child arrives with an injury?
8. How confident are you in recording and responding to child protection concerns, following your Local Safeguarding Children Board procedures?
9. How well do your documents promote children's safety?
10. If you are a registered or nominated person or manager, how rigorous are your methods for checking to ensure that no unsuitable person is involved in your setting? (Including CRB, disqualification, physical and mental health, and personal reference checks.)

...and sound

11. How do you help children learn about healthy eating and a healthy lifestyle?
12. How do you involve parents and ensure children enjoy a balanced diet that meets their individual needs?
13. How much do you encourage children to be physically active?
14. What opportunities do you give children to enjoy fresh air and outdoor play in good and bad weather?
15. How do children have access to fresh drinking water throughout the day?
16. How do you prevent the risk of cross-infection?
17. How well prepared are you to respond to children's accidents and injuries?
18. How thorough is your documentation on children's individual health needs, allergies, accidents and medication?
19. How well do you meet the health needs of children from birth to three years?
20. If you are a registered or nominated person or manager, how do you ensure there is always an adult present who has appropriate first-aid qualifications?

And finally:

What three things will you do next to further improve the way you keep children safe and sound?

1. _____

2. _____

3. _____

Annex F. Further reading

- i. *National standards for under 8s day care and childminding*, Department for Education and Skills, 2003, available from www.surestart.gov.uk.
- ii. *Addendum to the national standards for under 8s day care and childminding*, Sure Start, October 2005, available from www.surestart.gov.uk.
- iii. *Day care and childminding: guidance to the national standards* (HMI 285 to 289), Ofsted, 2001; also *Revisions to certain criteria* (HMI 2573), October 2005; available from www.ofsted.gov.uk/publications.
- iv. *Curriculum guidance for the foundation stage* (QCA/00587), Qualifications and Curriculum Authority, 2000; available from www.qca.org.uk. The Foundation Stage is from when children reach the age of three to the end of the primary school reception year.
- v. *Birth to three matters: a framework to support children in their earliest years*, Sure Start, 2003; available from www.surestart.gov.uk.
- vi. *Every child matters* (CM 5860), Department for Education and Skills, 2003, available from www.everychildmatters.gov.uk.
- vii. *Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children*, Sure Start, 2006; available from www.everychildmatters.gov.uk.
- viii. *What to do if you are worried a child is being abused* (ref. 31553), Department of Health, 2003; available from www.surestart.gov.uk.
- ix. *Early years: protection through regulation* (HMI 2279), Ofsted, 2004: a report on how Ofsted uses its powers to enforce the law; available from www.ofsted.gov.uk/publications.
- x. *Early years: firm foundations* (HMI 2436), Ofsted, 2005: a report on best childcare practice inspected from 2003 to 2005; available from www.ofsted.gov.uk/publications.
- xi. *Are you ready for your inspection?: a guide to inspections of childcare and nursery education* (HMI 2447BBB), Ofsted, 2006: includes a self-evaluation form; available from www.ofsted.gov.uk/publications.
- xii. *Inspecting outcomes for children: guidance for inspectors* (HMI 2619), Ofsted, 2006; available from www.ofsted.gov.uk/publications.
- xiii. *Removing barriers: a 'can-do' attitude* (HMI 2449), Ofsted, September 2005: a report on developing good practice for children with special needs; available from www.ofsted.gov.uk/publications.
- xiv. *Early doors: experiences for children in day care during the first hour of the day*, Ofsted, December 2005; available from www.ofsted.gov.uk/publications.
- xv. *Food for thought* (HMI 2548), Ofsted, March 2006: a short report on healthy eating in childcare settings; available from www.ofsted.gov.uk/publications.
- xvi. *Safety in day care and play settings: guidelines for practitioners*, Child Accident Prevention Trust, 2004; to order from www.capt.org.uk.
- xvii. *Eating well for under-5s in child care: nutritional and practical guidelines*, Caroline Walker Trust, 2006; to order from www.cwt.org.uk. Training resources including a DVD are also available.
- xviii. *Nutritional guidance for early years: food choices for children aged 1–5 years in early education and childcare settings*, Scottish Executive, 2006; available from www.scotland.gov.uk.

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