INSTITUTE OF EARLY CHILDHOOD DEVELOPMENT

MONITORING CHILDMINDING STANDARDS

Main Study

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Contents

Tables

Abbreviations and Acronyms

Baby Gym	Baby Gymnastic Programme
CEO	Chief Executive Officer
DA	District Administration
ECCE	Early Childhood Care and Education
ECD	Early Childhood Development
IECD	Institute of Early Childhood Development
MOE	Ministry of Education
MOH	Ministry of Health
MOU	Memorandum of Understanding
NAP	National Action Plan 2018-2019
NCCOM	National Coordinating Committee Meeting
NGO	Non-Government Organisation
NSC	National Sports Council
OECD	Organization for Economic Co-operation and Development
PO	Project Officer
SELF	Seychelles Early Learning Framework
SABER	Systems Approach for Better Education Results
SF-ECCE	Seychelles Framework for Early Childhood Education
SFRSA	Seychelles Fire Rescue Services Agency
UNESCO	United Nations Educational, Scientific Organisation
UNDP	United Nations Development Programme

INTRODUCTION

The quest for quality remains an ever growing concern in the provision of Early Childhood Care and Education (ECCE). From the Dakar Declaration (2000) which includes the improvement of Early Childhood Care and Education to the pledges made at the Moscow Conference (2010) for holistic development, to the exhortation from the World Education Forum in 2015 for an inclusive and equitable ECCE, there has been a deliberate effort in ECCE organisations to increase the quality of ECCE provisions.

With the world's emphasis on early stimulation, high quality learning environment is considered as critical to the child's development. In *The Seychelles Framework for Early Childhood Care and Education* (2011) the 0-3 age group is given special attention and the need to regulate childminding provision which was covering almost 50 percent of that population was mentioned as a major challenge. Amongst the recommendations of the SABER (Systems Approach for Better Education Results) Report (2013) the establishment of standards for the childminding services and the implementation of mechanism to ensure compliance with those standards were deliberately included. The Institute of Early Childhood Development (IECD) conducted its first national study on childminding in 2013 and identified pertinent issues relating to health and safety, infrastructural facilities, parental concerns, management processes for policy dialogue. This led the development of *The National Standards for Childminding Services* (2015) in consultative partnership with the World Bank and national quality standards for home-based childminding was legally enacted (2016) to register, regulate childminding services, inspect childminding facilities and monitor childminding provisions.

IECD developed an elaborate comprehensive action-based training programme to sensitise all stakeholders to the standards and to operate planned training sessions for the childminders. Training in those standards has been conducted for over 100 childminders and of those over 50 of them have been registered.

A Pilot Study was implemented to test out the tools which had been developed for observation and to try out the questionnaires intended to gather the views of the parents and the childminders themselves on the nature and applicability of the standards. It was found that childminders, on the whole, were complying with the standards. However, some segments of behaviour or practice were not readily observed and some items of the observation instrument were modified and refined to capture those subtle elements of the components of the standards. It was also noted that childminder knowledge of the standard was reasonable although knowledge gaps were identified. As for the parents, although their ratings, generally reinforced the observational findings it was recommended that there should be a review of some questionnaire items for specificity and to introduce additional items for comprehensiveness.

In order to maintain and improve the level of compliance to the standards a rigourous monitoring system need to be established and regular inspection carried out. This study is intended to set up such a system.

Aim of the Main Study

The main aim of the project is to evaluate the implementation by Registered Childminders of the ten core national standards for Childminding Services. Specifically, the objectives are to:

- monitor the level of implementation of the four mandatory standards - Health, Child Rights and Protection, Safety and Staffing - to assure maintenance of those defined standards
- measure the level of implementation of the national standards on Early Learning, Interaction, Administration, Nutrition, Family and Community Engagement and Physical Environment
- determine the challenges in the implementation of the ten national standards
- gauge the knowledge and understanding of the registered childminders on the ten national quality standards
- gain the views of parents on the application of the standards

METHODS

Observational and questionnaire data was used to conducted the study, It was designed to provide valid and reliable information on the implementation of the childminding standards. The Observation Schedule was developed in accordance with the Quality Standards Regulations and the policy document as the blue print. Questionnaires were also designed to provide additional information on the implementation of the standards and to embellish the observational data.

Observation Schedule

The construction of the Observation Schedule employed systematic procedures to derive the components of each standard and transform them into observable items which would attract a "Yes" or "No" response. Clarifying comments for each item were also made. The components of the four mandatory and the six desirable standards have been presented in Tables 1 and 2.

Table 1a): Mandatory standards

Standard	Theme	Key Area
Health	Sanitation and Hygiene	Kitchen
		Bathroom
		Indoor area
		Sleeping area
		Personal hygiene
		Oral hygiene
		Diapering
	First Aid and medicine	First Aid Kit
		Certification
		Emergency
		Medicine
Child Rights and Protection		Supervision
		Accidents and incidents
		Inclusion
		Abuse and neglect
Safety	Environmental Safety	On and around premises
		Pest control
		Safe practices
	Fire safety &emergency	Emergency, evacuation, equipment

Table 1a): Mandatory standards (cont.')

Standard	Theme	Key Area
Staffing	Suitability of childminder	Medical fitness
		Food handling
		Criminal record
	Suitability of assistant	Medical fitness
		Food handling
		Criminal record
	Quota	Staff child quota
		No of babies
		Age group

Table 1b): Desirable standards

Standard	Theme	Key Area
Early Learning	Learning activities	plan
		Gross fine motor
	Learning through play	Engagement different types of play
	Use of Resources	Variety early learning resources
		Cater for different age groups
		Storage
Interaction	Response	Positive
	Communication	Encouraging
	Behaviour	Modeling
Administration	Information	Records
		Profile
		Documentation
	Finance	Receipts
		Contract
Nutrition	Breast and formula milk	Storage
		Preparation
		Feeding
	Meal preparation	Variety
		Quantity
		Water
		Storage
	Meal and drink provision	Supervision
		Sitting arrangement
		Health aspects
Community and parental engagement	Accessibility	Welcome
		Visit
	Communication	Contact
		Activities
		behaviour
Physical environment	Basic facilities	lighting
		ventilation
		water
		Movement between floors
		telephone
	Indoor space and furnishings	Adequate space
		Play areas
		Children's furniture
	Outdoor space	Adequate for play
		No hazards
		Fenced
		Grounds soft

Use of Questionnaire

The questionnaires were also constructed to provide additional information on the implementation of the standards and to extend the observational data. They were intended to solicit the views of the two main stakeholders, that is, the childminder and the parent. Two questionnaires were developed: Childminder Questionnaire and Parent Questionnaire.

The Childminder Questionnaire was divided into two parts. The first part was intended to gain information on selected background of the childminder and to gauge their attitudes to service provision and standards implementation. In the second part, knowledge associated with the implementation of the standards has also been assessed. This consisted of two main dimensions of the standards: the Health and Safety aspect, and issues related to Learning, Development and Interaction. The structural layout of the questionnaire was modeled on the Advocacy Survey carried out by IECD in 2018.

The Parent Questionnaire consisted of three sections. Similarly to the Childminder Questionnaire, the first section elicited responses linked to selected background characteristics of the parent. Section 2 dealt with the childminding operation whilst in Section 3, a cluster of attitudinal items was employed to gauge the quality of the service from the point of view of the parent.

The Sample

The target population for the study was all childminders who had registered with IECD at the time of the data collection. Fifty-nine childminders were identified and the sample consisted of 51 childminders who consented to participate and over 369 parents whose children were enrolled in the childminding establishment.

Data was collected for over four weeks. Data collectors spent a day in the childminding establishment initially with follow-up actions. The childminders responded to the questionnaire individually, usually with the support of the data collector whilst the Parent Questionnaire was distributed to the parents through the childminder and collected at convenient times during the observation period.

Data collection

The data was collected by Monitoring Officers in recognition of their inspectorate role. Moreover, the instruments used and the observation schedule in particular were developed and validated with their inputs. Nevertheless, it was necessary to ensure that the childminders they observed did not form part of those on their assigned inspection list.

Prior to data collection a Manual for Data Collectors was prepared and a half-day workshop was run to train the data collectors. The manual was designed to ensure that data collection was conducted according to explicit and fully-scripted steps, so preparation before data collection,

verbal instructions used in all sampled childminding establishment, and the observational procedures were carried out in a similar way as much as humanly possible. Towards the end of the data collection period, the data collectors checked all completed instruments and, where necessary, obtained any missing or incomplete information. The materials were submitted to IECD in a debriefing meeting.

Data entry and cleaning

Once the data-collection instruments were returned to IECD, they were checked to account for each childminder and to compile the Parent Questionnaire. It was also necessary to ensure that there was no missing information. Where there were missing data the childminder or parents were contacted to supply the appropriate information.

Three data typists were recruited: two from the pool of early childhood coordinators who have become quite experienced in entering data for research studies and one from IECD. A database was designed in EXCEL and a one-day workshop session was operated. Data entry for the three instruments was carried out. At the end of the two-week period, the data were returned to IECD and the data was checked for consistency. There were numerous messages between IECD and the data-entry team but after a further period of a week the wild codes had been corrected and analyses began.

Data analysis

The SPSS Software was used to analyse the data. New variables were constructed and existing variables were re-coded. Descriptive analysis of the data with some inferential techniques was carried out. Data tables were produced which directed the writing-up. Also, important qualitative information was collected which were thematically analysed to amplify or clarify some of the results from the quantitative data.

CHARACTERISTICS OF CHILDMINDERS

Pertinent characteristics of childminders were examined as contextual background to the study. In the questionnaire childminders were requested to provide information on their personal attributes and some aspects of their professional orientation generally and in response to the implementation of quality standards specifically. It was also possible to assess their knowledge of the standards and child development issues.

Personal attributes of childminders

The personal attributes of the childminders were examined by asking them to state their age, education, and years of experience as a childminder.

They had to indicate the highest level of education which they had achieved through the following options:

- Completed some primary education
- Completed primary education
- Completed some secondary education
- Completed some education after secondary
- Completed a post-secondary education
- Completed some university education
- Completed a first university degree
- Completed a master degree

The options for years of experience were:

- Less than one year
- Between 1 and 2 years
- More than 2 and less than six years
- Between six and ten years
- Longer than ten years

These options were re-coded. Primary education was coded as 6 years, secondary education as 11 years, post-secondary as 13 years and university as 16 years. To calculate the number of years of experience the first three and last two options were collapsed. In Table 2 the mean age and level of education of childminders along with the percentage of those with at least six years of experience have been presented by region.

Table 2: Mean age, qualification, and experience of day care operators

REGION	Age	Education level	Six or more years
	Mean	Mean	%
CEN	48.4	11.1	100.0
EAS	49.6	10.3	87.5
ISL	46.1	9.3	57.1
NOR	48.4	9.8	66.7
WES	48.1	10.4	80.0
Seychelles	48.2	10.4	82.4

Age

The age of childminders ranged from 26 to 65. However, there were less than twelve childminders aged 40 or below and this is reflected in the mean age (column 2). On the whole it can be seen that the average age of childminders was about 48 years (mean=48.2). The youngest childminders were in the Island Region (mean=46.1) and the oldest was in South Region (mean=49.6), respectively. These figures would confirm that childminders are mature individuals.

Years of academic education

In the second column of figures in Table 2, the mean number of years of academic education for childminders has been presented. It can be noted that childminders have an average of 10 years of education with very little variation amongst regions. These figures would indicate that many childminders had not completed secondary education. In fact, none of the childminders had a university degree, however, about one-third had completed secondary education (37%) and about one-quarter (27%) had completed post-secondary education. These results may have implication for the training and professional development of childminders.

Years as childminders

The mean number of years as childminders can be seen in the third column of figures of Table 2. The figures revealed that the majority of childminders had at least six years of experience (82.4%) with considerable regional variations. Childminders with the least experience (57%) were found in Island Region while all childminders in the North Region had six or more years of experience. These results would suggest that on the whole childminders have had long experiences, however, in all the regions except North Region, there are those with less experience and this also may need to be taken into consideration in the implementation of training programmes.

Professional outlook

As the childminding service became formalized and regulated it is useful to know if this would be affecting their outlook in relation to the service that they were delivering. Three indicators were selected to gain the views of the childminders on continuity of service, level of satisfaction with the work that they are doing, and their professional perspective on the childminding service.

Continuation of service

Childminders were invited to rate the likely of their continuing as a childminder in the foreseeable future and the reasons why they would stop working as a childminder. The percentage ratings for the four categories of responses and the percentage of childminders endorsing specific reasons for discontinuing the service are contained in Table 3.

The majority of childminders admitted that they are 'Very likely' or 'Fairly Likely' to remain in the profession in the foreseeable future (over 70%). However what is more noticeable is the substantial minority, just under one-third of childminders who felt that it was 'Fairly unlikely' or 'Very unlikely' that they would continue. The reasons given can also be quite instructive. About

half of them (46%) gave the impression that they would continue until retirement, about one-quarter (22%) were candid enough to admit that the exigencies of the standards would be the reason why they would stop providing the service, and the other four percent would prefer another job. Moreover, about sixteen percent of childminders gave other reasons for leaving the service such as health, the high cost to operate a childminding service, and "too much pressure" which might be related to reaching the standards as one childminder expressed: "Those standards are very demanding". One can safely assume from these figures that about half of the childminders had no intention of giving up the service in the near future and that meeting the required standards is a factor in service continuity.

Table 3: Percentage of childminders and their professional engagement

	%
Likelihood of continuation in the foreseeable future	
Very likely	37.3
Fairly likely	33.3
Fairly unlikely	11.8
Very unlikely	17.6
Reasons to stop working as a childminder	
Retirement	46.0
Demands of the standards	22.0
Other reasons	16.0
Needs of my family	12.0
Another job related to childcare	2.0
Another job not related to childcare	2.0

Work satisfaction

In order to explore childminders work satisfaction, Pearson's correlation analysis was carried out. The correlation coefficients have been ranked by the strength of their association with the overall satisfaction of childminders with their work, and have been listed in Table 4.

Table 4: Correlation of childminders overall
satisfaction with aspects of their work

Recognition you get for your work	.659**
Opportunity to work with children	.466**
Helping children develop	.389**
Helping children learn	.312*
Working from home	.308*
Income you get from your work	.283*

Four distinct areas of satisfaction can be noted. In the first place the strongest relationship was with recognition of childminders for the work that they are doing: it would appear that childminders attached great value to their being appreciated for the service that they were providing to parents and the community. Secondly childminders gained personal satisfaction through having the opportunity to work with children. The third area related to early childhood care and education - helping in the development of children and their learning. Finally, the convenience of working at home and the income generated recorded only moderate correlation coefficients. These findings can be used as guides to strengthen training programmes and sensitisation campaigns.

Knowledge of the standards

Knowledge associated with the implementation of the standards has also been assessed in the Childminder Questionnaire. Two main dimensions of the standards, Health and Safety, and Early

Learning, Development and Interaction, have been included. Childminders responded to 41 statements and a rating scale similarly to the Advocacy Survey (2018) was used. The first two categories were collapsed to represent agreement with a particular statement.

Health and Safety

As it can be viewed from Table 5, the Health and Safety aspect consisted of 28 items and the percentage of childminders agreeing with the statement has been listed. It can be seen that more than 90 percent of the respondents agreed with the first 11 statements. These would be indicating very good responses except for item 10 where one would have expected disagreement.

Table 5: Percentage of childminders agreeing with the statements on Health and Safety

	%
1.Close supervision is one of the steps the Childminder would take as a precaution against possible abuse within the establishment	100.0
2.Regular hand washing is a practice to control infection	98.0
3.A child less than 4 years old should not be allowed to play with items smaller than his or her fist or toys with sharp edges	96.1
4.Childcare safety includes removing or securing potential hazards	96.1
5.Food safety practices are important to prevent food poisoning	96.1
6.In the event of an emergency or evacuation I will gather the children together and we will make our exit via the designated exit route and make a head count	96.0
7.Tooth decay in children can be prevented through proper dietary practices	94.1
8.Abuse and neglect can affect the healthy development of the child	92.2
9.It is necessary to use a covered transport when taking children on outings	92.2
10.When bathing children it is alright to test how hot the water is with your hand	92.0
11.A First Aid Kit is a priority when taking children on outings	90.2
12.When a child has diarrhea, he/she should be given liquids more than he/she normally drinks	88.2
13. In the event of an emergency the children are not to collect their belongings	88.2
14.In the event of an emergency or evacuation I will make a head count first	86.3
15.Outings are an essential part of the child's learning experiences	84.3
16.Diarrhea is an acute health condition in young children	84.1
17.Physically punishing a child is considered as child abuse	82.4
18.In general, children are eating less nutritious and balanced diets which lead to overweight and obesity later in life	76.5
19.If you suspect that a child was experiencing abuse outside your establishment you would not think it is your responsibility to report the case	70.6
20.It is in the child's best interest to be breastfed into the second year of his or her life	62.7
21.Children under the age of three years are at high risk of choking on toys because they are hungrier than older children	51.5
22.Giving the child cool water to drink does not help to relieve teething symptoms	47.1
23.Fried food is healthier than baked food	39.2
24.Authorization from parents for their children to go on outing is not necessary	29.4
25.Vomiting is a chronic health condition	28.6
26.Physical activity is not necessarily important for a child's health	27.5
28.It is OK to give a child milk belonging to another child	05.9

Early Learning, Development and Interaction

Amongst the thirteen statements the items childminders most agreed with relate to play and some element of interaction (94.1% - 78.4 %); this also includes negative statements (the last three) with the least agreement and statement 9 about developing children's listening skills. However, there were some uncertainties about learning by doing and questioning techniques where only half of the respondents were in agreement (52.9%). However, there may be some concern regarding knowledge about child development (statements 7 and 8) to which a very small minority of childminders agreed. Concerning children's activities whilst there was very little agreement about the use of TV to keep children quiet (15.7%), about one-quarter of the childminders (23.5%) agreed that generally there is a tendency for children to spend more time

indoors. These results point to possible limitation in childminders' knowledge about early development and learning and aspects of communication and interaction.

Table 6: Percentage of childminders agreeing with the statements on Early Learning, Development and Interaction

1. For young children, playing with others; going to picnics; parties; new places, and exploring new toys are part of their development	94.1
2. Play contributes positively towards children's cognitive development	90.2
3. It is OK for the Childminder to encourage children to take the lead or share the lead in early learning activities	86.3
4. It is better to distract a child rather than shout at a child to stop unwanted behaviour	78.4
5. Children learn best by doing things themselves rather than listening to others	52.9
6. During play it is best to comment on what the child is doing rather than ask a lot of questions	52.9
7. All children reach developmental milestones at roughly the same time, and the process is smooth and continuous	28.0
8. Most of a child's brain development occurs after the age of 7 years	28.0
9. Young children should not be encouraged and taught how to listen to the opinions of others because it is too early for them.	23.5
10. In general children today spend more time indoors and get less physical exercise both at home and in childcare facilities	23.5
11. It is okay for children under care to watch TV so that they stay quiet and do not disturb	15.7
12. Early learning activities are not essential for successful child development outcomes	14.0
13. It is not necessary to gain a child's attention before giving instruction to the child	13.7

Level of knowledge

In order to establish a measure of the level of knowledge of childminders the statements were coded so that a score of one was assigned to "Totally agree" and "Agree" as the correct response and an incorrect score of zero which took into consideration the other ratings. The scores were aggregated for each childminder, the mean percentage was calculated and the results of a regional analysis have been displayed in Table 7.

Table 7: Percentage score of childminders with knowledge

REGION	Mean	N	SD
CEN	76.0	17	7.0
EAS	73.8	8	11.1
ISL	71.4	7	10.8
NOR	75.8	9	8.8
WES	77.3	10	8.6
Total	75.2	51	8.7

It can be seen that the average was about seventy-five percent (75.2) with very little variation amongst regions. The lowest scores were registered in the Islands Region and the highest scores were in the West Region. However, rather large standard deviations can be noted and there is at least two standard difference between the overall figure and the figures for Islands and East Region. These are indications of wide variations in the individual scores. From a frequency count it was calculated that that the lowest score was 50 percent and the highest was 95 percent. Since knowledge about health and safety issues and the early learning needs of children are directly related to the everyday work of the childminder one would have expected a score of 100 percent but at least 85 percent – this would be consistent with the knowledge level set in the Advocacy Survey (2016). In fact there were only 6 childminders with scores of 85 percent or

above. More attention may need to be given to the general knowledge level of childminders in relation to health, nutrition, safety and early learning.

Relationship with parents

The relationship between childminders and parents were examined in two ways. First, childminders were asked about their meeting with parents and sharing observation and information about the children. Second an attempt was made to assess the level of tension in the relationship between the childminder and the parent.

Engaging with parents

Childminders were asked if parents spent time in the childminding establishment, if they discuss with parents about their children at drop off or pick up time, and if the parents share with the childminder their observation of children's behaviour at home. Also, childminders were asked if they use information about children from parents to meet children's needs in organising activities, if they give support to parents, and discuss children's progress and behaviour. For the first set of responses childminders had to choose between the following options "Most parents", "Some parents", "Few parents", and "Very few parents". For the second set of responses the options were "Most of the time", "Some of the time", "Not very often", "Rarely". Those responses were re-coded and the first two options were collapsed and the associated percentages have been presented in Table 8.

Table 8: Percentage of childminders engaged with parents

	% "Most or some parents"
1.Spend time in your childminding establishment with their children	23.5
2. Meet with you at mornings and going home times to discuss about their children	72.5
3. Share their observations of what their children say and do in their own home	67.5
	% "Most or some of the times"
4. You use parents' observations to determine how you plan activities for children	56.9
5. You give parents support and tips on activities to do at home with their children	80.4
6. You discuss the child's progress	98.0
7. You discuss about the child's behaviour	100.0

The results were rather mixed. On the one hand, high values were associated with childminders giving support and tips to parents (80%), discussing about the child's progress (98) and behaviour (100%). On the other hand, moderate values were registered for statements relating to meetings in the morning and going home time (72%) sharing observation from home (67%) using parents' observation for planning (59%). However, it is clear that less than one-quarter of childminders (23%) acknowledged that parents spent time in their establishments. These results would seem to suggest that childminders are more concerned with how they relate to parents but may not be valuing enough parents input in that relationship.

In order to establish the strength of the parent-childminder relationship an index was computed by aggregating the positive recoded responses. Thus an index with values from 1 to 7 was calculated where 1 would indicate poor relationship and 7 very good relationship. The analysis

was carried out by regions (Table 9). It became clear from the overall mean that the parent-childminder relationship was quite strong with a score of 5 on a 7-point index. The relationship seemed to be better in childminding establishments in the Central Region and seemed to be weaker in Islands Region. Perhaps making time for parents to spend time in the childminding establishment and relating to parents as partners in promoting early care and learning would enhance childminder-parent relationship.

Table 9: Mean score on Relationship Index

REGION	Mean	N
CEN	5.5	17.0
EAS	5.1	8.0
ISL	4.1	7.0
NOR	4.6	9.0
WES	4.9	10.0
Total	5.0	51.0

Relationship Problems

The childminders were asked to describe 17 types of incidences that could cause tension in the relationship between the child minder and the parents. These incidences were selected because each of them represented a problem if they were prevalent in childminding establishments. They were selected from informal reports on incidences that would have a potential to impact upon the smooth operation of the childminding establishment and the capacity to task the interpersonal skills of the childminder.

Table10: Percentage of childminders responding to incidences or occurrences

	Indicating "Yes" %
Late payment by parents	54.9
Parents bringing sick children to the Childminder	45.1
Parent's timekeeping	41.2
Parents providing unhealthy snacks	41.2
Children being taken sick	39.2
Having difficulty in contacting parents	29.4
Not providing hand towel	27.5
Not combing hair	27.5
Not providing toiletries	25.5
Not providing extra clothes	23.5
Not providing bath towel	21.6
Not bathing the child	19.6
Not providing diapers	17.6
Not providing milk,	17.6
Not providing tooth brush	17.6
Not providing snacks	13.7
Not providing drinks	9.9

The childminders were invited to answer "yes" or "no" to the occurrences of those incidents in their establishments. It must be conceded here that this was not a precise measure of the incidence rate. However, when these data were aggregated to regional level it was expected that they would provide some general trends for selective intervention. The seventeen incidences or occurrences have been listed in Table 10 along with the percentages of childminders who acknowledged these occurrences in their establishment.

The results in Table 10 showed that there appeared to be very few neglectful behaviour on the part of the parent concerning aspects of their child' personal hygiene and the provision of personal items such as toothbrush and diapers, and drinks and snacks – the percentage figure ranged from

about 10 to about 20. However, there seemed to be more problems relating to provision of toiletries and accessories such as bath and hand towels. Also providing extra clothes and ensuring that the child's hair is combed fell in that moderate category (just over 40%). In contrast, issues relating to sick children, parents timekeeping, and the provision of unhealthy snacks may have more serious consequences in compromising the childminder-parent relationship. The outstanding problem revolves around late payment of fees which is a concern for more than one-half of the childminders (55%).

The responses to each question related to incidences or occurrences were combined to form a scale that reflected the total number for each childminder. This was achieved by (a) assigning a school a score of "0" if the childminder said "no" and 1 if the childminder acknowledged with a "yes" and (b) summing these to give each childminder a score on a 17-point scale. The mean score for each region and for Seychelles overall have been presented in Table 11.

The results showed that incidences and occurrences that may cause problems in the parent-childminder relationship was fairly low at the national level – with a mean of 4.7 being registered on the 17-point scale. Similar values of 4.9 and 5.4 were registered for Central and East Region respectively. Pleasingly enough very few of these problems occurred in the North and West Region with very low values of 3.2 and 3.0. However Islands Region registered a somewhat higher mean value of 7.9. This value is sufficiently different from those of other

Table11: Mean score on tension index

REGION	Mean	N
CEN	4.9	17
EAS	5.4	8
ISL	7.9	7
NOR	3.2	9
WES	3.0	10
Seychelles	4.7	51

regions to suggest that further exploration of the matter should to be undertaken. In fact when a frequency analysis was carried out it was found that there was a large variation from zero that is no problems recorded from one childminder and 14 areas of problems from another. That level of problem is quite likely to place extra stress on the childminder and this would have an impact on the childminder-parent relationship.

Links with the community

In an attempt to explore the links between childminding establishments and other professional organisations in the community, childminders were asked to rate the extent to which community organisations, facilities, programmes, and professionals have been helpful to them. They had to choose between four options: "Very helpful", "Helpful", "Not helpful", and "Had no contact". For ease of analysis the "Very Helpful" and "Helpful" categories were collapsed, and the "Not Helpful" and "Had No Contact" were treated in a similar way. The results can be viewed in Table 12.

The percentage figures suggested three levels of linkage with community organisations, services and structures. First there was a "high level" of linkage with the childminding community and

this includes IECD and other childminders. All childminders (98.8%) except for one rated IECD as helpful. This is understandable as IECD has the legal mandate of regulating the childminding service. Interestingly enough more than two-thirds of childminders (66.7%) found networking with other childminders helpful. This is a healthy sign of solidarity amongst childminders and positive contacts between them. Second, about half of the childminders claimed that they had helpful linkages with four community services or facilities, the Public Health (52.9%),

Table 12: Percentage of childminders who found community facilities helpful

	"Very helpful" or "Quite helpful" %
IECD	98.2
Other Childminders	66.7
Public Health Officer	52.9
Seychelles Fire and Rescue Services Agency (SFRSA)	52.9
Social Workers	41.2
Community playing field	41.2
Police Officer	39.2
The District Administration	33.3
Nurse	31.4
Baby Gym	27.5
Children's Playground	23.5
Community Centers	22.0

Seychelles Fire and Rescue (also 52.9%) and Social Services (41.2%). The use of community playground (41%) is a practice that could be recommended especially for childminders who may lack the necessary outside area for gross motor activities and having good relationship with the police (39.2%) reinforces community engagement and support. Third, it is also encouraging to note that a fair number of childminders from about one-third to one-quarter were beginning to make use of communal structures, facilities and services such as the District Administration (33.3%), community nursing service (31.4%), Baby Gymnastic Programme (27.5%), and community centres (22%).

These results would suggest that childminders on the whole have or are forging useful linkages with a range of community organisation, services and facilities. In the first group the childminding community is reinforced. The second contains supportive organisations and facilities whilst in the third the contacts are formed when required and facilities are used when available.

Finance
In 2013 a Childminding Study was carried out and the financial circumstances of childminders were assessed. It was found that in general childminders were not making a profit from the service they were providing and in some cases they were experiencing a financial loss. As a result many childminders engaged in other supplementary income generated activities to increase their earnings. In this study to monitor the implementation of standards, the registered childminders were benefitting from government subsidies and assistance with the acquisition of resources. The financial affairs of childminders are examined within this supportive environment.

Income and Expenses

Childminders recorded their gross income per month for the year 2018. It is assumed that income for childminders is generated mainly from the fees they charge for the service; they also had to reveal if they were being assisted by Social Protection Agency. Expenses consisted of the operating cost of the service for utilities, food, rent, insurance, loan repayment, buying of provisions (such as diapers, milk, juice etc.), and purchase of consumables and educational materials. Salary for assistants was also taken into consideration.

Table 13: Mean monthly income and expenses of childminders

REGION	Monthly Income (SCR)	Revenue SPA (SCR)	Total Income (SCR)	Operational Cost (SCR)	Payment Assistant (SCR)	Total Expenditure (SCR)	Profit (C4 - 6)	N
	Mean	Mean	Mean	Mean	Mean	Mean	Mean	
CEN	11,076.47	4,752.94	15,829.41	8,692.35	4,058.82	12,751.18	3,078.24	17
EAS	11,187.50	4,418.75	15,606.25	6,743.75	3,775.00	10,518.75	5,087.50	8
ISL	9,942.86	5,050.00	14,992.86	8,243.29	5,168.57	13,411.86	1,581.00	7
NOR	8,661.11	4,208.33	12,869.44	8,670.00	3,577.78	12,247.78	621.67	9
WES	10,405.00	4,295.00	14,700.00	7,687.30	3,420.00	11,107.30	3,592.70	10
SEY	10,380.39	4,555.39	14,935.78	8,124.04	3,956.47	12,080.51	2,855.27	51

Table 13 contains summarised information on the earnings and expenses of childminders. Three sets of figures have been presented: a) average monthly income of childminders b)average expenditure and c) Profit calculated from a) and b).

Revenue

The results in the first row of figures show that the average monthly income for childminders was SCR 10,380 with little variation amongst regions except for the North Region where the income was about SCR 1,500 below the national average. However from further analysis it was found that individual childminders fees varied considerably and also the monthly income would depend on the number of children enrolled. The lowest amount was SCR4, 500 and the highest was SCR 20,000 and about fifty percent of childminders had a monthly income of less than SCR 10,000. As expected the amount (second column of figures) from Social Protection Agency is fairly consistent with SCR 5,050 if the childminder has an assistant and half that amount if the childminder do not require an assistant. This elevated the average monthly earning to 14,935 (third column of figures) with similar low earnings in the North Region. Only two childminders admitted to generating other incomes amounting to SCR5, 300 altogether.

Expenses

In examining the expenses of childminders in Table 13, it was considered that this would include operating cost (4th column of figures) and subsidies (5th column of figures) from Social Protection Services. The sixth column of figures contains the average monthly cost; it can be seen that this is estimated at SCR 12,080 for Seychelles as a whole. Variations between regions were minimal which would seem to indicate that those figures were reflecting actual national costs. However the expenditure was somewhat higher in Islands Region and lower in the East Region compared to the average mean.

Profit and Loss

In the column before last an attempt is made to calculate profit and loss for childminders. Although the operating cost also includes other costs not fully associated with childminding, it is the practice to treat all operating cost as business expenses (Neville S., 2012). Thus when the 'Total Expenditure' (3rd column before last) is subtracted from the 'Total Income' (3rd column of figures), it is estimated that, on average, in Seychelles, childminders were making a profit of about SCR3, 000 (SCR 2855.27). However the profit margin varies considerable from a low of SCR 600 (SCR 621.67) in the North to a high of SCR 5,000 in the East. The low figures would be reflecting losses for some childminders. In effect further analysis identified 11 childminders with losses ranging from -305 rupees to -8,156 rupees.

The high cost of ECCE particularly for the 0-3 is well-documented and the above figures reflect this situation. The message prompted by these findings could be that running a childminding establishment is fairly costly although that there has an increase in the profit margin overall. These results are quite different from those in the Childminding Study (2013) where the average profit was SCR 300 at the national level and most childminders were either breaking even or running at a lost. The subsidies and other supporting efforts have helped. However, there may be a need to review sponsorship arrangements for childminders and to give individual attention to the financial plan of those childminders who are running their establishment at a loss.

IMPLEMENTATION OF THE STANDARDS

In a perfect situation it would be expected that childminders would be able to comply fully to those standards and children in registered childminding establishments will have the required level of hygiene, childminders will have the necessary first aid equipment and have been trained in giving first aid, children will enjoy a safe environment without hazards to their health, children will benefit from child protection conditions and the childminding establishment will have trained staff and assistants who have passed the suitability check, and have no criminal records. However, the realities of childminding establishment may require regulators to make decisions on the important elements in the components of the standards and how to be able to gather appropriate data to enforce the standards.

For this study, four levels of compliance have been determined depending on the percentage of items which have been observed for a particular component of the standard which will also be calculated for all the components of that particular standard. The examination of those standards has been undertaken by adding up the observation elements in the components of the standard and recording the average percentage. This allows the average percentage for the standards as a whole to be recorded. The expectation is that childminders will comply 100 percent. However, realistic levels were established in order to monitor compliance.

After intensive discussion with the technical team four levels of compliance have been established. If none of the elements of the component of the standard is met, this was recorded as "Not comply at all". With less than 75 percent of the elements in that component being met the recording was "Comply to a limited extent" However, with 75 percent or more (but less than 100) percent of the item of that component being met, it was recorded as "Comply mostly". When every element of that particular component was being met, this was recorded as "Comply fully".

Health

One of the prerequisites for optimal learning and development is that children should be healthy, and free from illness. In the implementation of this standard, childminders provide facilities and demonstrate practices to promote children's health and protect them from illness, comply with sanitary and hygienic practices to reduce the spread of germs, and have the necessary skills and equipment in the case of medical emergency. Moreover, childminders should take precautions to protect the safety of children and to ensure that the staff has the training and experience to provide quality care and early stimulation. The Health Standards have four main quality components: Sanitation and Hygiene, First Aid and Medicine, Safety, Child Rights and Protection, and Staffing.

Table 14: Percentage levels of compliance of childminders with standards for sanitation and hygiene

REGION	Kitchen	Bathroom	Indoor	Sleep Area	Personal H	OralH	Diapering
	%	%	%	%	%	%	%
CEN	83.84	56.67	97.22	85.19	73.33	35.56	79.63
EAS	85.71	70.00	100.00	100.00	88.57	51.43	76.19
ISL	80.52	48.57	85.71	71.43	68.57	45.71	57.14
NOR	77.27	48.75	68.75	91.67	60.00	57.50	79.17
WES	81.82	46.36	95.45	84.85	76.36	27.27	69.70
Seychelles	82.17	53.92	91.18	86.27	73.33	40.78	73.86

The percentages presented in Table 14 reflect the level of compliance for the different components of the Sanitation and Hygiene Standards. Overall, none of the components of the standard was in full compliance, with indoor play area (91%), sleep area (86%), sanitation in the kitchen (82%) registered as mostly compliant. Limited compliance can be attributed to the personal hygiene and diapering component (73%). For bathroom sanitation and safe practices (53%) and oral health (40%) very low percentage figures were recorded bordering on non-compliance.

*C*loser examination of individual items was carried out through a frequency count, and the following results supplemented by quality observational information have been summarised for each of the components of the standard.

*Kitchen -*Two areas of problems can be identified: quality conditions and sanitary practices. Sanitizing food surfaces was not carried out by more than one-third of childminders (35%), and there were problems with food surfaces such as "cracked tiles", not using sanitizer, covering surfaces with "cloth and kitchen towels". Also, children's utensils for eating and drinking were not appropriately stored in a hygienic manner in the kitchen by about one-quarter of childminders (26%). Some of the observations made were that the utensils were kept "with other accessories", and they were not covered. Secondly, certain safety conditions concerning the barrier between the kitchen and day room area were not respected by about one-third of childminders (31%). In some instances there was no barrier, or the barriers were not secure. Generally, for one-quarter of childminders (27.5%) the kitchen was described as cluttered and "small". However, it must be emphasised that just under one-quarter of childminders (24%) were fully compliant with the standards for the kitchen.

Bathroom - Compliance to the standards in the bathroom was disappointedly low with hygienic and safety issues. Regular cleaning of toilets, and bathrooms or showers with detergents was not carried out by about eighty percent (80.4%) and seventy percent (70.1%) of childminders, respectively, and toilet cleaning fluids were not used regularly by over two-thirds of childminders (68.6%). There might also have been a lack of supervision when children were using the toilet - about forty percent of childminders (41.2%) did not accompany the children to the toilet. Also it was observed that some toilet facilities, for about forty percent of childminders (39.2%) were not adapted for children, either they were "adult size" or the adaptive structure was not appropriate. None of the childminders were fully compliant with the set of criteria relating to practices in and conditions of the bathroom.

Indoor space- The childminding spaces were cleaned and disinfected daily. About ninety percent of childminders (88.8%) were fully compliant.

Sleeping area – The sleeping area was reported as clean and clean bed sheets and covers were used. However, it was found that for almost one-third of childminders (29.4%) the area was not judged as comfortable - children slept "on sofas or in chairs", "no pillows" were provided. Nevertheless, about seventy percent of childminders (68.6%) were fully compliant.

Personal Hygiene – All children were bathed at least once a day in the majority of childminding establishments. However, hand washing practices were being fully followed by two-thirds of childminders washing their own hands (64.7%) and children washing their hands (60.8%). It would appear that childminders were making an effort to adapt to the hand washing routines. About forty percent (41.2%) of childminders were fully compliant with the standard. Regrettably in some childminding institutions not only were the guidelines not adhered to but hand washing practices was minimal and it is not clear how childminders tried to promote good hand washing routines . Just the same, since the guidelines are very detailed and given that hand washing is necessary as one of the efficient ways of preventing the spread of germs further reinforcement and monitoring will be necessary for full compliance by a larger proportion of childminders.

Oral Hygiene – Similarly to personal hygiene standards, the oral health guidelines which have been lately reviewed by the Health Sector are quite precise and can be exacting. It is evident that many childminders were encountering difficulties to adopt tooth brushing practices as prescribed. One of the initial problems was concerned with the storage of toothbrushes. About seventy percent (70.6%) of childminders did not wash, air dry and store the toothbrushes appropriately. More than eighty percent (82.4%) did not label children's toothbrushes. Significantly, two-thirds of the children (64.7) did not brush their teeth and or were not helped to brush their teeth. Exceptionally, five childminders were fully compliant. As the Ministry of Health increases attention to oral health especially in early childhood, added efforts need to be invested in encouraging childminders to help in promoting the oral health of children in their care.

Diapering – The results for the implementation of this standard were rather mixed. Whilst over ninety percent (90.2%) of childminders had a designated area, and all the necessary supplies prescribed in the guidelines were available for over three-quarters of childminders (76.5%), only half of the childminders (54.6%) were following proper procedures as per guidelines. Fifty-one percent of childminders were recorded as being fully compliant. More emphasis and perhaps training may need to be considered for childminders who were not fully compliant with the diapering protocol.

First Aid and Medicine
Childminders should have the knowledge and the skills to render first aid service, have readily available a list of emergency contacts in case of accidents and injury and handle medication appropriately. Table 15 contains the monitoring information of those standards. Two sets of

figures have been presented: the first three columns of figures relating to First Aid and the last column of figures concerning the administration and storage of medicine.

The results are somewhat contentious. For Seychelles as a whole there was limited compliance with regard to the required First Aid equipment (65%). Although childminders were mostly compliant to certification (96%) and having the required emergency list (92%), there was limited compliance to the recommended practice in the administration and storage of medicine (74%).

Table 15: Percentage levels of compliance of childminders to associated standards

REGION	First Aid	First Aid Certificate	Emergency List	Medicine
	%	%	%	%
CEN	66.67	88.89	88.89	75.00
EAS	85.71	100.00	92.86	92.86
ISL	61.90	100.00	92.86	64.29
NOR	60.42	100.00	93.75	81.25
WES	57.58	100.00	95.45	63.64
Seychelles	65.69	96.08	92.16	74.51

First Aid - Results concerning the first aid aspect of the standards were disappointing. In order to deal efficiently in an emergency, childminders need to have a fully equipped First Aid Kit which should consist of bandages, pressure pack, non-expired antiseptic wipes, functional non-mercury thermometer, triangular bandage, and gloves. The wide regional variations indicate considerable differences between the situation of childminders in the West Region not complying and those who were mostly compliant to the standards in the East Region. Equipment which was mostly missing were antiseptic wipes (68%), triangular bandage (41%) and pressure packs (39%). It was expected that all childminders would have A First Aid Certificate and would display emergency contact list. Further information would be needed to explain why the two childminders in Central Region did not possess a First Aid Certificate and one or two childminders in all the regions did not have a list of emergency contacts. In several instances it was reported that the contacts were "on file", "not in a visible area" or "not on display". This needs to be rectified.

Medicine – Childminders need to ensure storage and labeling of medication and maintain proper record. From the last column of Table 15, it can be seen from the low figures in Islands and West Region that many childminders in those regions were not complying with the standards. Conversely, there was a high level of compliance in the East Region. With further analysis it was found that problems were encountered with storing, labeling and the documentation of medication. This would need further attention.

Child Rights and Protection

Childminders need to uphold the rights of children and need to take the necessary measures to protect the child from neglect and abuse inside and outside the establishment. Also childminders has to ensure that their services are inclusive for all children. In Table 16 the percentage level of compliance to standards on 'Protection' and 'Inclusion' have been analysed by region. Observational information for protection referred to whether children were being supervised by a

suitable adult all the time, if there was a log book of incidents and accidents, and if records were kept for signs of abuse and neglect.

The results were not favourable. Nationally, the level of protection in childminding establishments was very low and the figures denote very limited compliance (54%) with little regional variation. On the other hand, although the overall figures for inclusion fell into the "limited compliance" category there was substantial variation where childminders in Central Region were mostly compliant (87%) whilst childminders in West Region were bordering on "non-compliance" (48%).

Table 16: Percentage levels of compliance associated with child protection standard

REGION	Protection	Inclusion
	%	%
CEN	53.70	87.04
EAS	61.90	85.71
ISL	47.62	66.67
NOR	66.67	66.67
WES	48.48	48.48
Seychelles	54.90	72.55

These results seem to suggest that childminders have not adapted to the requirements within the Child Protection Standards. Whilst it was observed that supervisory practice was well respected and recorded in ninety-eight percent (98%) of childminding establishments, it was not the usual practice of childminders to keep records of incidents or accidents – this was observed only in the practice of half of the childminders (51%) and more significantly childminders were not recording signs of abuses or neglect from outside the establishment – over three quarters of childminders were reported not to collect such crucial information.

On the contrary childminders (90%) have been reported to ensure that the individual needs of the child are met and encourage all children to participate. Again the practice of not keeping records arose. One-third of childminders (62.7%) did not maintain a logbook to record behaviour changes in children.

Safety
Children should have the opportunity to learn and play in safe environments, free from hazards. Childminders should take preventative measures to minimize the risk of accidents caused by unsafe environments. In addition, they should have plans in place should an emergency arise. Special fire prevention precautions and preparedness in the case of a fire are especially important to protect the basic safety of children. Observational items have been designed to measure the level of compliance to the Safety Standard in general and to its two components fire: environment and fire safety, in particular. The results have been presented in Table 17.

A high level of compliance to the safety standards related to the environment can be observed – eighty-seven percent overall (87%). Regional variation was minimal although the West Region registered a slightly higher figure (about 90%) and East Region a lower figure (about 86%). Frequency analysis identified eleven childminders with full compliance. One element of this component of the standard which may need further comments and which in effect was a barrier

to achieve full compliance status was the stipulated conditions of fumigating the establishment About three-quarters of childminders had not had their establishment fumigated "in the past six months" or they did not have the required evidence. Another concern is the storage of hazardous materials. Although this was not properly attended to by fifteen percent (15.7%) of childminders, it is still worrying to receive reports of "hazardous solution in close proximity where children are being cared for". From these results it may be assumed that for most childminders efforts to have their establishment fumigated have not become an important practice in complying with safety standards and for a small number of childminders there may be carelessness in paying close attention to elements in the environment that could be a hazard to the children.

Table 17: Percentage levels of compliance
of childminders associated with Environment
and Fire Safety Standard

REGION	Environmental Safety	Fire Safety and Emergency
	%	%
CEN	87.50	90.97
EAS	85.71	92.86
ISL	87.50	94.64
NOR	87.50	96.88
WES	89.77	87.50
Seychelles	87.75	91.91

Compliance to the Fire Safety and Emergency Standard was at a much higher level (92%) nationally. Childminders in the North were reaching full compliance (97%) although childminders in the West lacked behind (86%). It was found from further analysis that twenty-four childminders were fully compliant with the standard. Just the same, it is not clear why about one-quarter of the childminders (24%) did not have a "valid fire extinguisher in an accessible area" in their establishment and about thirteen percent of childminders had their gas cylinders inside the kitchen. Reports of uninstalled or expired fire extinguishers and neglectful storage of gas cylinders are unsatisfactory.

Staffing

Staffing quality has a major impact on children's development and learning. For the Staffing Standard the suitability of childminders and their assistants were judged from documentation of medical fitness, Validation of Food Handler's Certificate, "no criminal record", and Child Protection Suitability Check. Also it is necessary to ensure that the service is operated in accordance with established regulations: there is no interference with other services in the establishment during operational hours, and the quota requirements are respected.

Table 18: Percentage levels of compliance of childminders
 with Staffing Standards

REGION	Suitability Childminder	Suitability Assistant	Staff and Child Quota
	%	%	%
CEN	78.89	70.00	97.22
EAS	74.29	82.86	100.00
ISL	91.43	74.29	92.86
NOR	85.00	67.50	96.88
WES	60.00	69.09	100.00
Seychelles	76.86	71.76	97.55

Suitability
From the second column of figures in the Table 18, it was expected that the registered childminders would be fully compliant with the Staffing Standards. However, overall, childminders were "mostly compliant", with "limited compliance" from childminders in the West (60%) and East (74%) regions. Just the same, a high level of compliance can be noted from childminders in Islands Region (91%).

Unfortunately, the overall figures for assistant childminders was rather low (71%) which denote limited compliance. With little variations amongst regions it can be assumed that most regions have been affected: Central (70%), Islands (74%), North (67%). Only the East registered a figure (83%) indicating that childminders were "mostly compliant".

These results are rather disappointing since the credibility of some childminders may be in question. From further analysis it was found that almost half of the childminders did not have a valid Medical Fitness Certificate (45%) or a valid Validation of food Handlers Certificate. Similarly with assistant childminders about one-third (32%) were without a valid Medical Fitness Certificate and over one-half (52%) without a valid Validation of Food Handlers Certificate, and with no suitability check record (50%). Only 19 childminders and 13 assistants were fully compliant to the suitability staffing standards. This situation would need some attention: many certificates were either expired or not available; results from checks had not been issued, interview schedule had not been respected.

Staff Child Quota
For Seychelles as a whole the large majority of childminders were mostly compliant to the child adult quota requirements (98%) and there was minimal variation amongst the regions. Moreover, childminders in the East and North Region were fully compliant. In fact only three childminders were mostly compliant and there was a limited compliant record for one childminder. Children on school vacation being minded and having 3 babies instead of two as stipulated were some concerns reported.

Early Learning
Providing early stimulation and developmentally appropriate resources will promote optimal child development and learning. Routines need to be established for children to feel safe and secure. Activities should be carried indoors and outdoors and many of those learning activities should be based on play.

Table 19: Percentage levels of compliance of childminders with Early Learning Standards

REGION	Early Learning	Learning Resources
	%	%
CEN	79.63	75.56
EAS	71.43	60.00
ISL	57.14	65.71
NOR	71.88	77.50
WES	63.64	60.00
Seychelles	70.75	69.02

The results of the analysis of the two components in Table 19 showed that overall, there was limited compliance with the early learning conditions and activities (70.5%) and with the requirements for early learning resources (69%). Moreover, the level of compliance range from a low of 57 percent in Islands Region and a high of 80 percent in Central Region for the first column of figures, and 60 percent in the East and West Region and 76 percent in Central Region for the second column of figures.

These results are understandable considering that early stimulation has not been one of the priorities in many childminding establishments. However, it is evident that some childminders particularly in the Central Region are placing emphasis on early learning. From a frequency analysis it was found that about one-third of childminders (31.4%) were fully compliant with regard to the resources and only 10 childminders were fully compliant with practices in early learning activities. Some of the weak practices were: planning –about half of the childminders (about 45%) did not have a daily routine plan or an early learning plan, for one-quarter of childminders (24%), there was no clear transition between activities; half of childminders did not organise outdoor activities (53%).

Some of the conditions which were not conducive to the organisation of early learning activities were: lack of stimulating resources indoors – for more than one-third of childminders (35%) play areas were not appropriately arranged with stimulating resources indoors and for about two-thirds of them (65%) this condition existed outdoors. It would appear that there is a lack of suitable outdoor space for more than half of the childminders (54%). Obviously this limits engagement in gross motor activities reflected in the percentage of childminders (53%) not conducting outdoor play activities. The provision of facilities for gross motor movement is essential for child development and this should be featured in the daily routine. In order to improve the quality of the childminding service, decisions will have to be made concerning, training needs, the acquisition of resources, and use of outdoor facilities.

Interaction

In the standard on Interaction it is stated that childminders should have positive, warm, and responsive relationships with all children by encouraging and praising positive behaviours and appropriately managing challenging behaviours. This will certainly affect their socio-emotional development and their motivation to learn. The two components of this standard (columns 2 and 3 of Table 20) represent the responses to the total number of elements which constitute the components of the standards.

Table 20: Percentage levels of compliance of childminders with Interaction Standards

REGION	Positive relationship %	Guiding behaviour %
CEN	95.37	91.98
EAS	92.86	88.89
ISL	95.24	88.89
NOR	89.58	90.28
WES	90.91	81.82
Seychelles	93.14	88.67

It is obvious from the results in Table 20 that childminders were mostly compliant to the standards which constitute the development of positive relation with the children (93%) and guiding the behaviour of children (89%). There is minimal variation in both sets of figures. This is pleasing since the situation is widespread in the large majority of childminding establishments.

In fact from further analysis it was found that more than three-quarters of childminders (82%) were at the 100 percent compliance level and about two-thirds (62%) were operating at that level in guiding children's behaviour. The lower percentage relates mostly to the reticence of childminders in encouraging or providing opportunities for children to become more independent. Thus it was found that one-quarter of childminders (25%) did not encourage children to ask questions and did not provide opportunities for children to make choices (23%). However, the general picture is quite pleasing: Childminders are warm and positive in their relationship with children and have developed the skills of effectively guiding and managing the behaviour of children.

Administration

For the smooth operation of the service childminders must keep records and make pertinent information available for communication and accountability purposes. The Administration Standards consist of two parts: Information and Records, and Finance.

The level of compliance of those two components of the standard has been presented in Table 21. It can be seen that as a whole childminders were mostly compliant to the financial aspect of the standard (82%) which includes keeping receipts of fees collected, copies of receipts for monthly remuneration of the assistant, and copies of signed service agreement. On the other hand, there was limited compliance to administration aspect of the standard (69%) which includes gathering information and keeping records. Regional variation was small for the finance component and substantial for the administration component. In effect there was 18 percentage points difference between the lowest figures in North Region (61%) and the highest in East Region (79%). This would indicate that the majority of childminders in the East Region were complying mostly with the "Administration Standards"

Table 21: Percentage levels of compliance of childminders with Administration Standards

REGION	Information and Records	Finance
	%	%
CEN	74.07	83.33
EAS	78.57	85.71
ISL	67.86	80.95
NOR	61.46	79.17
WES	60.61	78.79
Seychelles	68.95	81.70

Some of the areas of weakness with meeting the requirements of the administration standards were: Childminders not keeping records on children's educational and play activities (61%); childminder not maintaining records on each child's behaviour, achievements and progress

(61%); childminders not maintaining personal background profile (42%).   These results would point to a neglected area in the monitoring of learning and development of children.

Nutrition

Recommended nutritional practices must form part of the childminders repertoire in providing meals and beverage and in promoting good habits and eating and drinking behaviour. The Nutrition Standards make reference to feeding children with breast milk and formula milk; making adequate provisions in the preparation and serving of meals, maintaining proper hygiene, ensuring supervision and healthy drinks.

It is clear from Table 22 (column 3) that most childminders were adhering to the standards relating to meal preparation (97%) and the provision of meals and drinks (86%). However, there was limited compliance to the recommended practice in the storage and management of children's milk supplies (65%). Variations were minimal in the figures in the second and third column but quite significant for those in the first column. There was a ten point difference between the lowest figures in North Region (59%) and the highest one in Islands Region (69%).

Table 22: Percentage levels of compliance of childminders with Nutrition Standards

REGION	Breast and Formula Milk	Meal Preparation	Meals and drink provision
	%	%	%
CEN	67.46	96.30	86.81
EAS	65.31	97.62	89.29
ISL	69.39	95.24	85.71
NOR	58.93	97.92	85.94
WES	64.94	96.97	81.82
Seychelles	65.55	96.73	85.78

Those mixed results are teasing out the differences between everyday practices and more specialised practices. The preparation of meals and the provision of meals and drinks on the whole have been very much part of the childminding service routine and childminders are used to it and they can easily put into practice what they have learnt. Unfortunately, the results relating to the preparation and storing of formula milk and the practices associated with bottle feeding were not as good as they require more informed knowledge. Only two childminders complied fully with that component of the standard. Some areas of concern can be highlighted: not labeling containers of prepared formula milk or breast milk (65%) with each child's name; not storing breast milk or prepared formula milk in the refrigerator (90%); not recording the type of formula milk for each child to whom it belongs (88%). Besides although the level of compliance to the components of the standard concerning meals and drinks provision was somewhat higher, two concerns could be raised from the frequency analysis. Three main issues could be identified: the use of mealtime to promote good nutritional habits (30% of childminders not complying); not serving drinks in cups for children aged 6 months or above (37%) and not serving healthy snacks (25%). In order to improve the quality of practice attention must be given not only to the practical aspects of the standards but also to the more subtle components of the standards which demands an attitude change.

Family and Community Engagement

Family engagement in ECCE is an ever growing need so that service providers relate to parents and support parents in promoting the development and learning of their children. This standard is made up of some of the courteous formalities which should exists between childminders and parents, quick access to parents by the childminder, sharing of information on the development outcomes of the child.

As it can be seen from Table 23, there was limited compliance overall (70%) with very little variation (less than 5 percentage figures). These are very disappointing results as childminding is a community service which can be strengthened by the partnership between parent and childminders. Further analysis confirmed that none of the childminders were fully compliant with the standard. However more than ninety percent of childminders was welcoming (98%) and greeting (94%) parents, and keeping a contact book of parents (92%) - this is obviously good practice within the repertoire of the childminders. Poor practice is associated with the childminder not communicating to parents about the child's: eating habits (55%), behaviour (76%), daily activities and development milestone (57%). What is emerging from this analysis and previous ones is that the development and learning aspect of the child remains of secondary importance in many childminding establishments.

Table23: Percentage levels of compliance of childminders with Family and Community Engagement Standards

REGION	Family and Community Engagement
	%
	69.44
CEN	69.64
EAS	71.43
ISL	67.19
NOR	65.91
WES	68.63
Seychelles	69.44

Physical environment

The childminding service is operated in the home and it needs to meet standard requirements which will allow children to engage in developmental activities, play and learning. The minimum standard established has three components: provision of basic facilities, adequate space indoor and appropriate space outdoors.

Table 24: Percentage levels of compliance of childminders with Physical Environment Standards

REGION	Basic Facilities	Indoor Space	Outdoor Space
	%	%	%
CEN	93.52	89.81	55.56
EAS	97.62	97.62	52.38
ISL	88.10	97.62	76.19
NOR	89.58	97.92	50.00
WES	96.97	90.91	45.45
Seychelles	93.46	93.46	54.90

Table 24 contains percentage level of compliance to the three components of the Physical Environment Standard: childminders were mostly compliant with regard to the basic facilities

and the indoor space requirements (93%). However, compliance to outdoor space requirements was very limited (55%). Regional variation was fairly moderate for 'Basic Facilities' with nine percentage points between the low figure in Island Region and the higher figure in East Region. On the other hand, there was a very large variation for 'Outdoor Space', more than 30 percentage points between the level compliance of childminders in the West Region (45%) to that of childminders in Islands Region. Whereas in all other regions there was limited compliance, in Islands region childminders were "mostly compliant" to the standard. The regional data was subjected to further analysis for more specific information.

Basic facilities – The large majority childminding establishments had the basic facilities which conformed to the elements of comfort - well ventilated (98%), adequately lit (90%), which have treated water supply (100%) and water storage (94%), and which have available a functional fixed telephone (94%). Overall, almost three-quarters of childminders (70%) were fully compliant with the standard.

Indoor space - Full compliance to the indoor space requirements have been recorded for about two-thirds of childminders (60%). In general indoor space requirements were fairly good: adequacy of space (98%), chair for each child and child-size furniture (100%); availability of cots (92%). However the percentage of childminders with room safety (84%) and soft flooring requirements (86%) were somewhat lower which may point to areas for improvement.

Outdoor space - Outdoor space provisions were more critical. About a quarter of childminding establishments were without an outdoor area for children to play (18%). Of those which had, half of them were not "safe and fenced where applicable" (50%) and, in two-thirds of those establishments the ground surfaces did not meet the standards quality of "soft grounds" as stipulated in the policy document. On the whole only about one-quarter of childminders were fully compliant to the standards for outdoor (24%). More efforts may be needed to support childminders to upgrade the outdoor facilities to the required level.

PARENT VIEWS

From the Parent Questionnaire the basic characteristics of parents were examined and their opinion on the quality of the service relating to the environment, care and early stimulation, support and communication, and the relationship with the childminder was gathered. The data on parents have been presented to monitor their level of sensitivity to the standards.

Characteristics of parents

Table 25: Percentage of parents and selected characteristics

	%
Sex (F)	91.6
Living in partnership	75.5
Completed secondary education	86.9
Employment	88.6
Age	Mean
	30.7

Three hundred and sixty-nine parents responded to the questionnaire and selected characteristics have been presented in Table 25. It can be observed that most of the respondents were female

(92%). and the mean age was about 30 (mean 30.7). Of the seventy-five percent (75.5%) living in partnership, about half was cohabiting (53.7%) and about one-quarter was living as married couples (21.8%). The large majority of parents (86.9%) had completed secondary education and of those about eight percent were university graduates. Moreover, the rate of employment was very high; this included fulltime (88.6%), part-time (3.3%) and self employment (3.5%).

Choosing a Childminder

In the questionnaire, parents were presented with various criteria for choosing a Childminder and they were asked to respond with a "Yes" or "No" as to whether they used the particular criteria listed in column 1 of Table 26. The percentages of parents acknowledging the criteria are contained in the second column of the Table. The percentage value has been ranked from the highest to the lowest to facilitate analysis.

Table 26: Percentage of parents and selected criteria for choosing a Childminder

	%
Clean environment	92.4
Reputation of good care	91.6
Experience in child care	87.8
Quality of childminder	87.5
Location	84.5
Home environment	82.9
variety early learning activities	81.3
Someone you know	77.0
Caring assistant	73.7
Accepts babies	72.7
Number of children	62.7
Speak other languages -English French	62.6
Fee	59.9

From Table 26 four groups of responses can be identified: responses relating to "Quality of service", "Operation and location" "Interaction", and "Administration". These categories have been formed from a judgment about the high, medium or low percentage of parents responding "Yes" to the criterion.

In the first category of criteria, parents were responding to the quality of the service and about 90 percent of parents use these criteria in choosing a childminder. These included 'Clean environment' (92.4%), 'Reputation for good care' (91.6%), 'Experience in childcare', "Quality of childminder'. From these results parent views of the care and education aspect of childminding services can be noted.

Criteria from the second group were related to operational aspects of the childminding establishment such as where it is located (84.5%), the 'Home environment' (82.9%), the activities children are engage in (81%) and the opening and closing hours (80.3%). Parents were making judgment on the quality of the environment and activities within the childminding establishment.

In the third group the human interaction criteria is dominant: Parents personally knows the childminder (77%), they consider the assistants in the establishment as caring (73.7%), they

know that babies are looked after in the establishment (72.7). Parents were thus judging the interpersonal relationship aspect of the service.

The fourth group of responses seemed to include more personal administrative choices. The number of children catered for in the establishment (62.7%), the language used (62.6%), and the fees (59.9%) were criteria applied in choosing a childminder.

Reaction to Standards

Three broad aspects of the standards were examined from the point of view of the parent: the physical childminding facility and the services being offered; the quality of care and the provision of early stimulating activities; and childminders' support in the learning and development of the child, and communicating to parents.

The Physical Facility

Parents were asked to rate their agreement or disagreement with statements concerning the physical facility, namely whether it was kept clean, the inside environment was safe, the establishment was well-equipped with child-friendly resources, whether it was in a good state of repair, had a stimulating setting, if the outside environment was safe, and the parents were welcomed by the staff to visit the childminding establishment.

Table 27: Percentage of parents agreeing with selected statements

	%
Kept clean	98.4
Safe inside	97.8
Good state of repair	93.6
Well-equipped resources	93.1
Stimulating setting	92.7
Welcome visit	92.3
Safe outside	87.6

As presented in Table 27, the large majority of parents agreed with statements about the quality of the physical facility. Cleanliness and safety inside the establishment were given top priority (almost 100%) whereas resources, state of repair of the centre, consideration of the establishment as providing a stimulating setting, and the welcoming attitude of staff (more than 90%) were ranked fairly high. However the safety of the outside environment was ranked conspicuously lower. The latter reflected some of the concerns identified previously through the observational data.

Care and early learning

Some of the components of care and early learning were captured from the responses obtained from parents regarding health, protection, children's needs and interest, quality of support, and learning activities. In Table 28 the individual statements with accompanying percentage of parents (column 2) responding in agreement have been listed.

From the results it can be deduced that some of the highly rated quality components were concerned with the perception of parents that their child was protected from harm, they were

happy and well cared for: This seemed to be endorsed by over 95 percent of parents. For the early learning aspects over 90 percent of the parents agreed that their children were supported and helped if they had difficulties, they were encouraged to adopt healthy habits, their meals were nutritious, and the staff was aware of their child protection responsibilities and there was a wide range of activities to meet the needs of the child. However, more child-centred approaches were rated the lowest with about 80 percent of parents agreeing that the child's interest was taken into account, the needs of the child was being met, the child was supported to meet his or potential, and consulted about likes and dislikes.

Table 28: Percentage of parents agreeing with selected statements on care and stimulation

	%
Staff do best protect children from harm	99.2
Child happy	98.6
Happy with quality of care	95.9
Child encouraged to be healthy	94.2
Aware of child protection responsibilities	92.9
Child having difficulties receive help	92.8
Activities meet needs of children	89.5
Children's interest taken into account	91.7
Meals provided varied and nutritious	90.7
Staff makes time to explain activities	89.5
Activities meet needs of children	89.5
Child supported to meet potential	88.3
Children consulted on likes and dislikes	85.2

It would appear that the lower percentage figures for the last four items may be suggesting that a substantial minority of parents might be recognising the limitation of the childminding facility in providing individualised attention.

Support and Communication

The percentage of parent responses agreeing to statements about the communication pattern which has been established between them and the childminder has been presented in Table 29.

Table 29: Percentage of parents agreeing with statements on support and communication

	%
Contacted if child ill	98.4
Aware of what to do if have a concern about child	97.0
Childminder discusses with me about child's behaviour	96.1
Childminder keep informed of child's progress	94.2
Regular communication about child's achievement	92.9
Opinions and suggestions about child valued	92.8
Ideas and skills valued by staff	89.7
Ask permission to go on outings	89.3
Tips on activities to do at home with child	84.0

It can be seen that three types of responses can be identified. The first type of response was related to urgent contact if the child was ill (98.4%) or if there was a concern about the child (97.0% percent). The second was associated with interaction between staff and parent about the child's

Relationship with staff

The percentage of parents who were in agreement with statements about parent-childminder relationship has been listed in Table 30. The large majority of parents agreed that they felt comfortable approaching the staff (98.6%), that the staff listened to their concerns (97.0%) and that the staff made time to exchange greetings on arrival (94.0%) and departure (92.9%). However, it becomes apparent that fewer parents (82.3%) agreed that they had the opportunity to spend time with their child in the childminding establishment. This is an area which may need more attention.

Table 30: Percentage of parents agreeing with selected statements about parent-childminder relationship

	%
Comfortable approaching staff to talk about child	98.6
Staff approachable and listen to concerns	97.0
staff make time to welcome me in the morning	94.0
Staff make time to greet me on departure	92.9
Opportunity to spend time at centre with child	82.3

Factor Analysis

Factor analysis was conducted on the 34 quality standards items in an attempt to explain parents' expectation of service quality in childminding establishments. Only variables with a factor loading of .5 and above were selected in the analysis.

Six underlying factors were identified as listed in Table 31. The total proportion of the variance explained by the six factors was 64.5. Factor one accounted for 19.4 percent of the variance, factors 2, 3 and 4 for 13.9, 12.0, and 11.7 percent, respectively, and factors five and six accounted for 7.1 percent.

Factor one includes variables related to facilitative interaction, valuing opinions, giving advice and suggestions and involvement and respect. The identifiable factor underlying these variables is associated with parent expectation in building a smooth channel of communication between the childminder and parent and maintaining productive human relations. It also includes cordiality of the childminder. Hence, this factor is labeled '**Communication'.**

Factor 2 represents parent expectation of the '**Physical environment**' of the childminding establishment. They responded to the state of the building, cleanliness, the level of safety inside and outside, with the necessary equipment, and a setting which is stimulating.

Factor 3 refers to variables related to health, safety and protection of children, and provision of activities, meeting needs of children, and learning support. The identifiable factor underlying these variables is associated with parent expectation of the key role of the childminding establishment not only to give the necessary care for the children but also to provide early

learning experiences, and the required help and support. Hence, this factor is labeled '**Care and early learning**'.

Table 31: Factor analysis of parent responses to service quality

		% Contribution to the total variance
1. Communication	Childminder makes time to explain activities of the establishment (.617) Ideas and skills valued by childminder (.701) Receive regular communication about child's achievement (.745) Informed of child's progress (.635) Opinions suggestions about child valued (.764) Childminder give tips on home activities for child (.763) Opportunity to spend time at the establishment (.591) Welcoming (.570)	19.4
2. Physical environment	Good state of repair (.663) Kept clean (.675) Safe outside (.667) Safe inside (.770) Well equipped (.652) Setting stimulating (.708)	13.9
3. Care and early learning	Child encouraged to be healthy (.518) Aware of child protection responsibilities (.600) Wide range of activities to meet needs of child(.521) Children's interest taken into account (.734) Children's consulted likes and dislikes(.733) Child fully supported to meet potential (.659)	12.0
4. Protection	Childminder do best to protect child from harm (.734) Aware what to do if concern about child (.569) Discusses child behaviour (.503) Contacted when child is ill (.702) Comfortable approaching childminder to talk about child (.605)	11.7
5. Individualisation	Child supported to meet potential (.768)	3.6
6. Relationship	Childminder approachable listens to concerns	3.5

The variance explained by *Factor 4* is 11.7 percent. Protecting children from harm, addressing children's concerns, acting appropriately in case the child is ill, having opportunities to discuss the child' behaviour are viewed by parents as part of child protection responsibility of the childminder. Therefore, this factor is labeled **'Protection'**.

About four percent (3.7%) of the variance is explained by the *fifth Factor*. It contains one variable linked to catering for individual children and it could include meeting individual children's needs, and supporting children to achievement their potential. This factor is labeled **'Individualisation'.**

The variable in *Factor six* describes the cordiality of the childminder as being approachable and welcoming thus easing the relationship between the parent and childminder. This seemed to be

expected as one of the qualities of the childminder. The proportion of variance explained by this factor labeled '**Relationship**' is 3.5 percent.

SUMMARY AND COMMENTS

With enlarged focus on ECCE provisions for the 0-3 age group, a national strategy has been adopted to improve the quality of childminding services, to register and train childminders. As a follow-up to a pilot study through which tools for inspecting childminding establishments were developed and tested, this project was designed to monitor the implementation of quality standards by registered childminders. Three main instruments have been used: a detailed observation schedule to capture the elements and the major components of the national quality standards for childminders; a Childminder Questionnaire to gain the views and assess the knowledge of the standards, and a Parent Questionnaire to gain some understanding of the standards from the perspective of the users of the service. Through detailed analyses information on the childminders and the childminding service, the knowledge of childminders on child development issues, the implementation of quality standards and the reaction of the parents to the service and the standards have been captured and five important messages will be commented on.

First it was necessary to find out how childminders felt about the service they were delivering. Most childminders have been in the service for quite some time; they admitted that they value their work with children and gain satisfaction for being appreciated for their contribution to the community in supporting the early development of children. Many of them were making good use of community facilities although the childminder-parent relationship could be more facilitative. Childminders recognised the stringency of the standards and some of the childminders were even considering discontinuation. More advocacy and recognition of the essential community service of childminding with the required support may be needed to maintain the motivation of childminders. Besides, it was found that the financial demands could also be a de-motivator and help with financial planning and possible sponsorship arrangements may need to be considered.

Second, childminder knowledge of the standard was average. However, there was wide variation in knowledge scores. Considering that childminders were working with children at a critical age one would have expected a more comprehensive knowledge of health and safety issues and early learning and development practices and interaction. Knowledge gaps were evident in aspects of safety, hygiene, child development, child protection, nutrition, child care. These are sure indicators that on-going and perhaps accredited training as planned may be necessary.

Third, compliance to the standards was uneven. Although a small proportion of childminders were fully compliant to the standards of sanitation and hygiene, at the regional level childminders were mostly compliant, with some results verging on non-compliance for bathroom safety and hygiene, and oral health. Result for first aid requirements was disappointedly poor and there was large variation for storage and administration of medicine.

The findings for the Child Protection can be quite alarming. It would seem clear that childminders have not yet realised their responsibility in safeguarding children from neglect and abuse by observing and recording, and taking follow-up actions. Additional knowledge on child protection issues and child rights may be necessary. On the other hand the level of compliance to environmental and fire safety and staffing standards was very high which is quite pleasing. It is a pity that the early learning, early stimulation has not been given the necessary emphasis. Although a small group of childminders were fully compliant with the two aspects of the standards, that is, Early Learning and Learning Resources most childminders were finding it difficult to place emphasis on those standards. Nevertheless childminders were interacting well with children and were efficient in guiding children's behaviour.

The results for the administration, nutrition, family engagement, and physical environment were rather mixed. While childminders complied mostly with the financial component of the administration standard, there were serious problems with recording, especially keeping records of children's progress and behaviours. Similarly with the nutrition standards, while most childminders were complying fully with standards concerning the preparation of meals and the provision of meals and drinks, proper storage of breast milk or formula milk was sadly ignored. However, the relationship between childminders and parents as assessed through the Family and Engagement Standard need some attention: limited compliance was recorded in all the regions. This is quite disturbing since childminders on the whole were not reporting to parents on the child's activities and learning. On the other hand it was quite pleasing to note that childminders had the basic facilities and adequate indoor space to operate the service. Unfortunately, outdoor provisions were limited.

The high parent ratings in reacting to the standards would give the impression that there may be diminished awareness of the standards themselves and what is expected of the childminders. Nevertheless, the findings from the factor analysis help to extend our understanding of parent perception of childminding. Although parents from this study at first glance seemed to have a higher rating for the physical environment, when factors were extracted parents prioritised 'Communication' as the most important indicator of quality of a childminding establishment followed by the 'Physical Environment'. What is also of significance in this study is that equal emphasis is placed on care and early learning, protection, childminders' approachability and giving individual attention to children. These are fair indications of parent perspicacity in their judgment of the quality of childminding services in spite of the tendency to overrate. Parent sensitisation on the standards and renewed parental engagement in the holistic development of their children must be pursued.

In this study tools have been developed to monitor the implementation of the standards in childminding services. Some of the weak areas have been identified for more attention. It is obvious that the implementation process has just been initiated and that more intensive training and continuous monitoring would be necessary to raise the level of compliance and improve the quality of the childminding service in Seychelles.

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