

## **Scottish COVID-19 Inquiry**

Witness statement **Graeme McAlister**

Witness Number: [EDU0031]

Statement taken on 16 February 2024

### **Introduction**

1. My name is Graeme William McAlister. I work in Stirling. My contact details are known to the Inquiry.
2. I am the Chief Executive Officer ('**CEO**') of the Scottish Childminding Association ('**SCMA**'). I took up post in April 2019.
3. When I took up my post I was entirely new to childcare and childminding. Over the preceding 20 years I had worked across the third sector, predominantly in health. I have worked largely for membership organisations and been involved in: promoting evidence-based practice and policy; campaigning; influencing; advocacy; and communications. I have also been a trustee of different sized charities in Scotland.
4. SCMA is a Scottish charity, with charity number SC010489, and is a company limited by guarantee, with company number SC144696.
5. I am giving this statement in my capacity as CEO of the SCMA.

### **Pre-pandemic overview**

*Description of organisation*

6. SCMA was established in the 1980s, primarily as a membership organisation supporting childminding development. It is the only organisation in Scotland dedicated to all aspects of childminding. Approximately 82% of childminders in Scotland are members of SCMA.
7. Historically, SCMA had very large numbers of members in, for example, Fife, Glasgow, and Edinburgh. However, those numbers have declined dramatically with the decline in the Scottish childminding workforce since the introduction of the expansion of early learning and childcare ('**ELC**') by the Scottish Government in 2016 which I talk about later in this statement. That decline has been particularly acute in remote and rural areas, and the spread of members is probably now more even across the country than it was previously.
8. When I came into post 5 years ago, there was a childminding workforce of about 4,700 and SCMA had just under 4,000 members, whereas the childminding workforce is now currently around 3,100 and SCMA has 2,500 childminder members across all 32 local authority areas.

### *Operations*

9. SCMA has a variety of functions. In addition to being a membership organisation, as a national third sector organisation, it works closely with the Scottish Government and others to influence and inform the development and implementation of policy. It has become more involved in supporting policy development and implementation over the last 5 to 10 years, given the problems with the decline in the childminding workforce, and has had to take the lead nationally to bring together other stakeholders in order to create conditions for change.

10. SCMA is also a direct service provider. It has contracts with local authorities to support childminders, childminders' involvement in funded ELC, and to support vulnerable families. It has also become a national delivery partner and is involved in delivering a number of national projects with the Scottish Government. These include partnership projects which we have put together to pilot a new model of childminder recruitment in remote and rural, and also urban, local authority areas; and also projects to test new models of delivery for childminders caring for 0 to 2 year olds and also for school-age children.

*Staff and practitioners*

11. SCMA currently employs 35 members of staff and has an elected Board of Trustees of around 15 childminders.

*Funding*

12. SCMA has diverse funding streams. Around 25 to 30% of funding comes from the Scottish Government. The funding from the Scottish Government is a contribution to our core funding costs, similar to what many third sector organisations rely on. SCMA also has some fee income for individual projects we deliver for the Scottish Government. A similar level of funding comes from local authorities for delivering contracted services for them for both childminders involved in delivering funded ELC and also supporting vulnerable families. Some income also comes from membership subscriptions, delivering training, and those types of activities.

*Relationship with partners*

13. SCMA is entirely independent of the Scottish Government. We work closely and collaboratively with them, but we also frequently have need to challenge them as well. We do so constructively through

using evidence to advocate our position on issues. The Scottish Government also independently commissions us to undertake an annual independent audit of local authorities' progress in including childminders in delivering funded ELC. That is linked to the expansion of ELC in Scotland which I talk about later in this statement.

14. SCMA has a similar relationship with local authorities. We are contracted to deliver services to support childminders delivering funded ELC. That can involve quality assurance, recruitment, supporting childminders' practice, or payment processing.
15. SCMA does not have a direct relationship with the Care Inspectorate, other than as a regulator for the profession, but we work closely with them in supporting the implementation of quality assurance and in promoting good practice.

#### *Role supporting childminders*

16. As mentioned, SCMA is the only organisation in Scotland dedicated to supporting all aspects of childminding.
17. SCMA provides direct support to our members at all career stages, from registration to retirement. We support them through continuing professional learning, helping improve their practice, offering practical tools to support their practice, and providing advice when it comes to business sustainability.
18. SCMA also represents members nationally and locally and advocates on behalf of their needs. SCMA provides a professional voice for the wider childminding workforce when it comes to engaging, influencing, and advocating with the Scottish Government as well.

## **Childminding in Scotland**

### *Childminder operations*

19. All childminders are independent, self-employed, small business owners and about 82% of the childminding workforce comprises sole practitioners or sole traders. They practice during the day and everything else is done in the evenings, weekends, unpaid, and in their own time. A much lower number of childminding settings are either larger settings and require to employ an assistant or are operated by childminders delivering a service in partnership.
20. Childminders all have to be registered with the Care Inspectorate via a lengthy registration process, which can take, officially, between 2 and 4 months, but is often up to 6 months or longer. New childminders have to develop a lot of policies and protocols relating to matters such as food handling and hygiene. There is a physical site visit, where the Care Inspectorate will go out to the premises to check that the setting is suitable. It will make recommendations and about whether any adaptations are required, such as smoke alarms or safety gates. There is no requirement for childminders to register with the Scottish Social Services Council (**'SSSC'**).
21. Childminding is quite different from other forms of childcare in that it is delivered in a home setting. Childminding is also unique as it includes both preschool childcare (which is generally from birth through to age 5) and school-age childcare (which is for ages 5 to 12). Childminders can also care for children with additional support needs (**'ASN'**) up to age 16.
22. Childminding is delivered in small groups and has very low adult to child ratios, which are informed by the Care Inspectorate. The majority of childminders in Scotland are registered to care for no more than 6 children at any one time including their own. Those with

a registered maximum of 6 children cannot care for more than one child under 12 months, no more than 3 children under preschool age, and no more than 6 children under age 12 at any one time. Larger childminding settings can employ an assistant or assistants, but must maintain those ratios per childminder/assistant. I think the largest setting in Scotland currently has 54 children and has 9 assistants to maintain those ratios. Settings of that size are few and far between. Larger settings are generally in the most rural areas, where there are no other forms of childcare.

### *Funded ELC*

23. Funding for funded ELC provision comes from the Scottish Government. It is distributed by the Scottish Government to local authorities, who in turn pay what are known as 'partner providers' to provide funded ELC to families in their local authority area. A partner provider can be an individual childminder or a private nursery.
24. For context, parents/carers have been able to access funded ELC in Scotland for some time. Up until about 2016, they could access approximately 600 hours a year. Then in 2016, with the introduction of the expansion of ELC, the Scottish Government committed to almost doubling that entitlement so that all parents/carers of 3-and 4-year-olds (and eligible 2-year-olds) can now access 1,140 hours of funded childcare a year, which equates to approximately 22 hours a week. It was a big policy commitment and SCMA has been involved in monitoring that process independently.

### *Blended placements*

25. An arrangement known as a 'blended placement' is quite common within childminding. This is essentially a split placement between 2

different forms of childcare and can also be accessed using funded ELC hours. With a blended placement, the child will have, for example, a morning in a nursery and an afternoon in a childminding setting.

26. There are many reasons why parents/carers might opt for blended childcare. Parents/carers might feel, for example, that they are not comfortable leaving their child in a nursery for 6 or 8 hours a day. It might be considered too long. Some parents/carers might feel that a child would be lost in a nursery with large numbers or they might not settle in. Many parents/carers feel guilty about working. One of the things that attracts them to childminding is that it is delivered in a home setting and is very nurturing. Childminders try to replicate that home from home environment. Maree Todd, who was previously the Scottish Government's Minister for Children and Young People, used a childminder and spoke quite openly about feeling guilty about working and how she wanted somebody to love her children when she was not there.

*Additional support needs*

27. SCMA is finding that an increasing number of families of children with ASN are opting to use a childminder due to their small setting size and small ratios. There is no guarantee of one-to-one care with a childminder, but this child will certainly get a more personalised and higher element of care than they would in a larger group setting. Another unique benefit is that, whilst nurseries tend to have rooms for children segregated by age, childminders care for children from birth through to age 12 who learn and play together. There is evidence to show that this has benefits to support children's learning. For example, older children will become quite nurturing reading to younger children and being with and speaking with older

children can assist younger children's language skills. This type of growth and skills development is unique to childminding settings.

28. Quite often, childminders can make a difference in enabling a child with ASN to access mainstream childcare or mainstream education and to continue attending. For example, where a child spends time with a childminder who gives them that more one-on-one support, who understands the different areas in which they need a bit more support and is able to support their development, the childminder can help them get them to a position where they can start to access nursery or school. The childminder works with the family to do that.

#### *Community Childminding Services*

29. In addition to our core services, SCMA has contracts with local authorities to provide specialist support to vulnerable families through our Community Childminding Services. Local authorities fund SCMA to deliver these services. A member of our staff will liaise with different stakeholders (social work, health visitors, and specially trained childminders), and co-ordinate the service and placements within it. These services are supported interventions, or early interventions, for vulnerable families who may be one step away from crisis. The families may have problems with mental health, addiction, bereavement, or terminal illness. Whatever is going on at a parental level impacts on a child, such as through the development of attachment disorders. This is picked up by health visitors or social workers and the family is referred to our services. SCMA provides training and local support to specially trained childminders, who offer short-term placements to the children of those families, which enables them to continue to be cared for in their communities.

#### *Childminder training and qualifications*



30. In general, there is no mandated qualification requirement for childminders. One of the things I find fascinating is that childminders consistently score higher ratings across all quality criteria in independent inspection by the Care Inspectorate than what is called the 'daycare of children's services'. That is an umbrella term for local authority and private nurseries together.
31. The entry points for nurseries and childminding are fundamentally different. A lot of staff who end up working in nurseries will perhaps leave school, go to college, get a Higher National Certificate ('**HNC**') or a Scottish Vocational Qualification ('**SVQ**'), then go straight into work at the nursery. They do not have life experience to bring with that. When SCMA has been looking at childcare recruitment locally and nationally, we have noted that, by contrast, the main entry point to childminding is predominantly females aged 30 to 39 who have a child or children of their own, who are making a deliberate choice to care for their own children, but need to earn an income and want to do something rewarding. Many childminders have changed career and come from a diverse range of backgrounds. There are teachers, bankers, people from retail, hospitality, police, or social workers. What they bring is their own life experience and their experience of caring for their own children.
32. If any childcare provider in Scotland, whether nursery or childminder, wishes to deliver the statutory entitlement of funded ELC, they need to become a partner provider by entering into a contract with their local authority which receives funding from the Scottish Government. There is a national standard and a range of criteria that must be met in order to be able to do so. This includes a requirement for a benchmark qualification of either an HNC or an SVQ 3 / SCQF 7. Therefore, childminders who wish to deliver funded ELC either require to have the relevant qualification or need to obtain it within a 5 year period after applying to become a partner

provider. Approximately 20-25% of childminders currently provide funded ELC.

### *Inspections*

33. All childminders are inspected by the Care Inspectorate. Prior to the pandemic there would be a routine cycle whereby childminders were inspected every 3 or 4 years. There were similar timeframes for nurseries, possibly slightly more frequent. In between inspections there was ongoing self-evaluation, and monitoring by the Care Inspectorate, so they could pick up any issues. I talk about inspections over the pandemic period later in this statement.
34. Monitoring of the childminding sector is quite duplicative as there are 3 different statutory bodies involved in overseeing quality assurance and inspection at a national and local level.
35. The Care Inspectorate is responsible for inspecting the quality of care provided by all childminders and nurseries regardless of whether they deliver funded ELC or not. They do this through a combination of inspection and requiring all providers to self-evaluate their practice against the Care Inspectorate's 'Quality Framework'.
36. Education Scotland is responsible from the education side to quality-assure learning and currently inspects nurseries, but not childminders. However, all providers, including childminders, delivering funded ELC have also been required to self-evaluate their practice against Education Scotland's 'How Good is Our Early Learning & Childcare' learning framework – although this is changing.
37. In addition, local authorities are the 'guarantors of quality' for funded ELC. This means they have a statutory responsibility to oversee the quality of partner providers', including childminders',

delivery of funded ELC. Some local authorities are satisfied if childminders are undertaking self-evaluation and being inspected by the Care Inspectorate. However, some others have developed their own quality assurance frameworks and systems over and above those created by the Care Inspectorate and Education Scotland.

38. For those childminders who are involved in delivering funded ELC, they can have 2 to 3 visits a year from the local authority, some of which are viewed by the local authorities as inspections. There are childminders who are required to self-evaluate their practice for all 3 of those bodies. This duplicative quality assurance has also affected childminders disproportionately as they are predominantly sole practitioners and have had to undertake this in their own time. SCMA is completely supportive of quality assurance as a professional body, but it has now become disproportionate.

### **Impact on SCMA operations**

#### *The work of SCMA over the pandemic period*

39. The SCMA was shortlisted for the COVID-19 and Leadership Awards in the Scottish Public Service Awards 2021 for its work over the pandemic period – the only third sector organisation to be shortlisted in both categories. Our work included: 1) working to keep childminding open more than any other form of childcare during the pandemic to support the national response; 2) contributing to the development of the frequently changing COVID-19 Childminder Services (operating) Guidance in conjunction with the Scottish Government, Care Inspectorate and Public Health Scotland (of which there were over 30 versions); 3) providing what became the quality-assured source of information on childminding during the pandemic

for childminders, parents/carers, local authority staff, and others; 4) undertaking regular surveys of members to understand the impact of operating restrictions on childminding businesses and families, representing our findings to the Scottish Government, and advocating change including challenging restrictions and policy where required; 5) influencing and securing financial support for childminders including releasing reserves as a stimulus to secure larger funding and challenging disparities in financial support provided to childminders and other providers. There is more detail around some of our work in SCMA's 'Grant Funding To Recognise Additional Administrative Costs Due To Covid-19 Pandemic Response And Recovery: Funding Report'.

40. SCMA had just signed off on its 3 year strategy days before the pandemic hit. We just had to put that strategy to the side and completely prioritise being part of the national response.
41. There was a risk that if childminding settings closed, they may never re-open, and if SCMA had to close as an organisation, that would probably have meant that we would have had to downsize our staff when we reopened with a smaller membership to support. SCMA realised there was an opportunity to support families if we could keep childminding open. We could support those families most in need, both key workers and those with vulnerable children. That was why SCMA engaged with the Scottish Government really early.

### **Impacts of closures of settings**

#### *Critical childcare*

42. When the national lockdown was first implemented in March 2020, the Scottish Government was initially in agreement, as were Public

Health Scotland, that childminders could stay open because of the smaller setting size. It was really difficult to get definitive answers as the decision was taken at a national level to close schools and nurseries, with childminders remaining open. In reality, although schools and nurseries closed and childminders initially stayed open, that was only for about a week. Childminders were then told that they also had to cease services except for critical, or essential, childcare (which was minding children of key workers or vulnerable children). It all happened very, very quickly and there was no detail behind it.

43. Childminding is not a high-income profession and, prior to the pandemic, many childminders had been concerned about their business sustainability and had found it difficult to compete with local authority nursery ELC expansion. This had been a recurring theme in surveys and other contact with members. It became clear early on in the pandemic from contact with members that there were concerns that they could not afford to close their settings. Childminders are small businesses and predominantly sole traders, and if required to close as independent business owners, suddenly they would have no income overnight. If they closed their service for many months without financial support, they would not have reopened, and our workforce would be in a worse place.
44. I think at a public level what is probably not widely known is that childminders stayed open more than any other form of childcare during the pandemic. Due to our smaller setting size, there was less risk of transmitting infection. We had between 700 and 1000 settings open during the national lockdown when other settings had to close or significantly reduce the number of children within their settings due to the operating restrictions. Childminders played a massive role in supporting the national response. They took children of key workers, and vulnerable children, into their homes.

45. SCMA did a snapshot survey in March 2020 to find out which of our members were open, who were willing to be open, and on what basis. We then linked in with local authority staff on the ground and advised where there were childminders who were willing to stay open to provide critical/essential childcare and coordinated that.
46. For critical childcare provision, not all key workers went through the local authority system. Some key workers already had their children in childminding settings, so it was just a question of continuing those arrangements with agreement of the local authority. There was general comfort with those arrangements continuing as long as they did not exceed the operating restrictions. Similarly, where existing placements were already in place for children with ASN, vulnerable children, and families supported by our Community Childminding Services, agreement was reached to continue this support in line with the operating restrictions at that time.
47. Although childminders could stay open for critical childcare, there were questions about restrictions and criteria, the answers to which had not been developed. Pandemic decisions had to be taken quickly at the top level and were sometimes announced on television, but it could take 3 to 4 days, sometimes a week, before operational detail was provided by the Care Inspectorate and the Scottish Government and we understood what it meant for childminders' practice and the families using their service. That was really challenging for providers because, again, they needed to understand whether their service was safe. Childminders also did not want to compromise themselves by bringing people into the family home if it was not deemed safe to do so.
48. Furthermore, Childminders did not want to contravene their registration requirements by operating in a way that the Care

Inspectorate might not agree with. It was a chaotic environment. Nobody had answers.

49. After childminders were told that they could only provide critical childcare, they were told it was restricted to children from 2 households, other than their own, at any one time. Over the course of the week, they might have 2 families one day and another day they might have another 2 families. Childminders were able to support more than 2 families, but just not at the same time. They could have siblings together, but still within the terms of their registration certificate.
50. Although childminders were allowed to stay open to offer critical childcare in order to support the national response, they were not included in the key worker definition themselves. There were some local authorities that considered them to be key workers. Ultimately, the local authority, as a budget holder, made the decision whether the childminder would be eligible for critical childcare themselves.
51. While the Scottish Government developed 3 tiers or categories of key worker definitions for parents/carers who were eligible to access critical childcare during the national lockdown, these definitions took the form of guidance and were recommended rather than being mandatory. As such, an element of variation and inconsistency crept in with local authority implementation. In some areas, childminders themselves were recognised as key workers given their role in providing critical childcare, and in other areas they were not recognised as key workers.
52. There was little direct support or assistance offered by local authorities to childminders operating over the lockdown. Most of the financial support came from a national level. About a year into the pandemic, if there was funding left over, some local authorities

would give a grant, but it tended to just be for the childminders who were delivering funded ELC as partner providers.

53. There was no financial provision for critical childcare for school-age children. However, if key workers had school-age children, they may have been able to go into local authority hubs which were basically schools that were closed, and were then repurposed as the hubs. Some parents/carers who were key workers had a younger child in a childminding setting and an older school-age child and wanted to keep their siblings together. They were also nervous that if there were larger numbers of children in hubs, there was greater risk of transmission. In such cases, some discretion was exercised and school-age children of key workers were allowed to go to a childminder instead of a local authority hub.
54. The one point all members would want us to make is that because a childminding setting has the child in their home, that meant at the height of the pandemic- when there was much uncertainty about what the virus would do- childminders were exposing themselves and their families to greater risk. They were willingly taking children into their family homes where their own families lived. This is quite different to nursery staff supporting children in a hub while their own families are at home. That is because childminders are really committed to supporting children and families. Childminders are deeply embedded in their communities and really wanted to help their communities as much as possible.
55. When the pandemic first struck, thought had been given nationally to whether childminders could deliver childcare from a hub rather than from their houses. That did not transpire as childminders are only registered to deliver their service in their own setting/house. One issue regarding the hubs was around supplies; because childminders were working in isolation at home, they were supposed



to be able to access PPE supplies through the hub settings. Sometimes that happened and sometimes it did not.

56. The Community Childminding Services I mentioned earlier stayed open during the initial lockdown period and other periods of restrictions, as the operating guidance allowed.
57. There was a dramatic reduction in the number of vulnerable children or families accessing services. SCMA received a briefing about this from those involved in children and families in the Scottish Government during the first lockdown. At that time it was not public knowledge, but I believe the data has been published since, that during the first stages of the national lockdown there was no more than 5% of vulnerable children actually receiving support. That was deeply worrying in terms of how to reach out to those families. Previously, these vulnerable families would have received support from a wide range of organisations from across the children's sector and other family support organisations who were not permitted to provide physical family support during the national lockdown due to COVID-19 restrictions.
58. I have been asked about the Care Inspectorate setting up a new urgent process to assist childminders to register or expand their over the pandemic period, including for overnight care. I do not recall any additional provision being facilitated. I think it was just a question of us linking in all childminders regardless of whether existing or new, to ensure that if they wish to, they could contribute to critical childcare.

*Virtual contact*

59. As physical contact was severely restricted during the national lockdown, childminders who remained open adapted early on to using virtual technology to communicate with parents/carers. This

included offering virtual visits to key workers whose children had been allocated childminding places through critical childcare provision, as the families were unable to visit the setting in advance of taking up the place as would have been the case during normal times; and also communicating virtually with parents/carers to update them on their children's progress.

### **Impact of re-opening settings and operating with restriction measures**

#### *Restriction measures*

60. I recall that the first lockdown lasted until around June 2020 and, around that time, childminders and outdoor nurseries were told that they were allowed to re-open beyond critical childcare provision. Restrictions then began to reduce incrementally from June 2020. There was an incremental increase over a period of months in the number of children that could be cared for before that returned to the normal registered capacity.
61. There were very mixed feelings from childminders about returning to operation before indoor nurseries which were going to be re-opening later and in August before the schools went back. A lot was financially driven, and I do not mean that in a negative sense. Childminders had had little or no income for 3 to 4 months and this simply would not be sustainable unless settings could reopen. There was a significant number who were very keen to reopen and absolutely wanted to help families, but a lot of childminders felt they had to do this for their own financial stability. Some were quite nervous in that if they had members of their family who had pre-existing illnesses, they might be putting them at risk.

62. Our members are a very experienced workforce who, in their daily practices, conduct risk assessments of all activities, but those who had been closed during the national lockdown needed a lot of support when they reopened. Those who had remained open during the first lockdown had to comply with detailed restrictions in addition to the significantly enhanced cleaning hygiene protocols that they had already implemented in order to keep their settings clean, and which had added 2 to 3 hours to their working days. Those who had closed during the first lockdown returned to a very different environment.
63. As an organisation, SCMA had to develop tools to help childminders with risk assessments, to help them understand what the new requirements were, and to support them through that process. However, there was general relief that they could reopen and there was a wish to do so.

#### *Capacity*

64. Initially, the main operating restriction was capacity in terms of the number of families you could have at any one time, and those gradually were eased. As mentioned, this started off with children from only 2 households at any one time.

#### *Blended placements*

65. The main restriction that was not eased for some time and caused the biggest problem for childminders was in relation to blended placements.
66. There was understandable concern during the pandemic about minimising movement between settings to reduce the risk of infection. One of the things that was consistently fed back to us by members, and which we and others regularly fed back to the

Scottish Government, is that the social guidance for the wider public was out of step with operating guidance for sectors. For example, at a public health level, childcare had its own guidance, and, within that, childminding had its own guidance. The early science focused on maintaining small groups or 'bubbles' and minimising movement and contact between them. In support of this, blended placements had been significantly restricted and were only allowed where absolutely necessary to support the policy priority of delivering critical childcare. While this might have been understood when the pandemic and restrictions were at their peak, these strict restrictions remained on blended placements within successive versions of the Childminder Services Guidance. In contrast, as the pandemic progressed and wider social restrictions were eased, childminders and SCMA found there was much freer and wider movement in the public at that time than the restrictions within the Childminder Services Guidance. Childminders found that really challenging, particularly with the threat to business sustainability with blended placements. For nurseries, blended placements are a much smaller element of their business model, but for childminders, it is a much larger element. During the first lockdown, blended placements simply were not allowed unless it involved key workers or vulnerable children and only if deemed absolutely necessary. This also created difficulty for the key workers themselves. Hubs only operated for limited hours; they would generally follow school hours. It created difficulty for those NHS workers who required care early in the morning or later in the evening which could otherwise have been facilitated by a childminder.

67. SCMA conducted a survey in June and July 2020, because, despite the Scottish Government having announced when childminding and nurseries would re-open more widely, it had not indicated what would happen in relation to blended placements and when these

restrictions would be relaxed. SCMA really pushed for clarity, but none was given, and there was no reassurance about this. Given the wider movement allowed for the public, we felt that the decisions to maintain restrictions on blended placements were becoming less and less credible.

68. SCMA captured large scale data from our members and had responses from 1,300 members. What they told us was quite alarming. This survey found that only 20% of our workforce believed their business would still be viable in 12 months' time if restrictions continued after the schools went back and that they had already lost over 1,190 families to nurseries because of the restrictions on blended placements. Parents/carers were being made to choose between having their child(ren) in a nursery or a with a childminder. They were no longer able to use a combination of both. There were all sorts of pressures on parents/carers that forced them to choose a nursery. Some parents/carers felt that they might lose a nursery or school place if they did not go with the nursery, so this had a really significant adverse effect on childminders. SCMA produced a briefing paper in July 2020 containing these results and shared our findings with the Scottish Government – the Deputy First Minister, the Minister for Children & Young People and the Director of ELC– and sought clarity on when these restrictions would be eased or removed. Childminders and parents/carers needed to be able to plan and understand.
69. The Scottish Government considered our findings, but the operating guidance did not change and continued to state that “blended care ‘should be avoided’ unless where absolutely necessary in support of key worker families”, and that restrictions would continue during phase 3. However, the Scottish Government did suggest this may be reviewed before the end of July 2020. SCMA continued to advocate for change and the Scottish Government clarified the position further

by stating that it was hoped the review in late July would enable restrictions to be lifted when the schools go back. Then, on 30 July 2020, the Scottish Government confirmed that there would no longer be a need to avoid blended placements from 10 August 2020.

70. While this was welcomed by SCMA and childminders, for many the damage had been done through the loss of families to nurseries in preceding months. For many months after restrictions on blended placements were lifted, members from around Scotland continued to report to SCMA that, despite this change, they were experiencing little change in practice with local authority nurseries very reluctant to consider re-introducing blended placements. Members who reported this believed this was due to a combination of the potential fear of transmitting infection, based on earlier public health advice, and also some nurseries sensing this as an opportunity to increase the number of children using their settings. They also reported that parents/carers were caught in the middle and felt unable to influence change.
71. Where such barriers were encountered with local authorities, and the involved childminders and parents/carers gave their consent for us to do so, we took their cases up with the local authority and the Scottish Government. From an SCMA perspective, while the restrictions had been removed we felt that the wording and use of language around this – “no longer need to be avoided” did not go far enough and positively encourage or actively promote the use of blended placements. During the period in which SCMA had continually had to challenge restrictions on blended placements and even after restrictions had been lifted, I was also informed on a number of occasions by an official within the Scottish Government’s ELC Directorate that he was personally continuing to advise local authorities not to engage in blended placements.

72. This negativity towards blended placements continued. When Level 4 restrictions were introduced across mainland Scotland in late 2020, childminding was allowed to stay open during restrictions, while larger settings including nurseries had to reduce the number of children in their settings or close. When planning was being undertaken to support the wider re-opening of nurseries as this outbreak eased, it was anticipated that this would initially lead to an increase in transmission and public health advice proposed that blended placements “should be discouraged until transmission levels can be reduced”.
73. SCMA was very concerned by this advice, as we did not believe there was evidence to support reintroducing restrictions on blended placements or that the written advice demonstrated an understanding of childminding. In February 2021, I wrote formally to the chair of the Scottish Government’s public health advisory group and made a detailed written, evidence-based submission on this subject. Following our intervention and subsequent participation in a meeting with the advisory group, it was agreed that it would not be appropriate to discourage blended placements as had previously been proposed.

*Enhanced cleaning*

74. At the start of the pandemic, there was a very significant emphasis on reducing the risk of surface transmission because less was understood about COVID-19 and how it was transmitted. That meant very thorough deep cleaning of all surfaces and equipment was required to be undertaken every day. Overnight there was significant change with restrictions on what childminders could have in their settings in terms of the toys, the types of toys, or even loose coverings such as throws on a sofa.

75. The guidance had instructions on how to keep clothes separate, where wellies should be kept, on keeping shoes in individual containers, potentially to reduce transmission. It was incredibly detailed in terms of what childminders needed to follow. At the same time, childminders were trying to normalise restrictions and make children feel safe and that things were not different.
76. In terms of actual cleaning protocols, for most childminders this increased the working day by at least 2 hours every day of the working week. For childminding settings that were already open for practice from 8 am until 6 pm, childminders were sometimes working until 9 pm at night. That was for cleaning the setting, but then there were also daily updates coming through, frequently-changing guidance, and they were expected to keep up to date with all of that and to read each new version of the operating guidance in full – documents sometime of 50 to 60 pages or more in length. SCMA recognised that they simply could not do everything. Rather than expecting them to read lengthy documents in full, we pulled out and highlighted the changes to try to make life a bit more bearable for childminders. That is how they knew they were operating safely. They knew what they had to change and it kept things going, but over the course of the pandemic it was draining for the workforce. It was absolutely exhausting for them.
77. There were additional costs for complying with restriction measures. For example, routine cleaning supplies were often difficult to come by. Childminders fed back to us through different channels – contact with our team, by e-mails, and via our helpline - that, because they were not classed as key workers, they could not access the discounts being offered to key workers, which meant that they were not able to access bulk supplies. Childminders were going through cleaning materials, hand wash, hand gels, etc. at a rapid rate. There were



significantly increased costs around all of this, but no direct increase in financial support for it.

78. Then, as understanding about COVID-19 increased and it was realised that the main route of transmission was through airborne droplets transmitted from one person to another, and that there was a much lower risk of surface transmission, the requirement for enhanced cleaning protocols was maintained, despite several requests from SCMA and other childcare representative bodies participating within COVID-19 sub-group meetings to reduce this pressure on providers. Opinions regarding this varied within the sub-groups. For example, representatives from the Care Inspectorate believed that additional benefits had arisen from enhanced cleaning such as through a reduction in other more common infections being transmitted in childcare settings. Some representatives of teaching unions also reported that their members had welcomed having cleaner schools. As such, some others appeared keen to continue with enhanced cleaning, but we believed that the requirement for enhanced cleaning to reduce transmission of COVID-19 itself was maintained longer than absolutely necessary adding a further burden to childminders.

### *Testing*

79. Different aspects of the Childminder Services Guidance, and wider ELC operating guidance for nurseries and other providers, changed at different times. For much of the first 18 months of the pandemic, very strict requirements were included around testing for COVID-19 to inform if self-isolation was required to reduce the potential for further transmission. Childminders had to take a test if they, a member of their family, or anyone using their setting, had either been in contact with someone with COVID-19 or if they had symptoms. This had also applied to the public. Families using

childminding settings had to determine if a child had COVID-19 and should self-isolate to reduce the risk of transmission to others rather than attending the setting.

80. In August 2021, changes to the requirements around self-isolation and under-5s were made within the operating guidance. The Scottish Government and Public Health Scotland removed the requirement for testing of children under 5 to determine if a young child was infected with COVID-19 and if there was an accompanying need for the child to self-isolate rather than attend a childcare setting. This was intended to increase the use of childcare settings and the uptake of funded ELC as the pandemic progressed.
81. As a consequence, childminders who were delivering funded ELC in contract with the local authority were required to accept a funded child into their setting regardless of whether or not they had been tested or if the childminders were comfortable accepting a young child with potential COVID-19 into their setting and with potential for subsequent adverse impact on their business and income if they had to close their setting as a result.
82. Some childminders were wary that parents/carers may not disclose if their child(ren) had symptoms. Childminders live and work in the community, and may know if the family of a child has COVID-19 or if other people within their family were self-isolating. As such, they could have been knowingly exposing their family and business to risk by taking children whom they believed should have been required to test and self-isolate.
83. In mid-September 2021, SCMA conducted a snapshot survey to capture data on members' experiences of this to inform discussion with the Scottish Government. 94% of childminders who responded believed the changes to the guidance were unsafe and 95% believed this would increase the likelihood and frequency of closing their

settings with subsequent loss of income. 120 childminders who responded also reported cases in which untested under-5s from households in which there was a positive case, and the under-5s were initially symptom-free, attended the setting, subsequently developed symptoms and then had to self-isolate. 105 childminders reported they had, in turn, had to close their settings as result of this.

84. After considering SCMA's findings, on 28 September 2021, the Scottish Government clarified their position and confirmed that childminders would not now be required to accept untested under-5s from households with a positive case into their setting if they decide not to do so, after having adopted a case-by-case approach and performed a risk assessment (including considering pre-existing illnesses within their own family and of any families using their setting) in line with the Childminder Services Guidance.

#### *Self-isolation*

85. Self-isolation presented a number of challenges for childminders throughout the pandemic. Most notably, if a child did not attend a childminding setting due to self-isolating or if a childminder had to close their setting while they or their own family were self-isolating, this resulted in a reduction of income for the childminder. Self-isolation affected childminders disproportionately. The vast majority of the childminding workforce are sole workers; many had to close their setting due to self-isolation repeatedly and childminders did not receive any financial support for self-isolation.
86. There were some childminders who could not continue operating because their family members were shielding or vulnerable. There were some childminders who closed during the first national lockdown and did not reopen if they were concerned. If one of their

family had a chronic illness, they just felt the risk was too great. Members reported instances where a family member may not have a chronic illness, but might have a serious illness that was perhaps relapsing and remitting. There were also childminders who reported back to us that just thought, 'I cannot take the risk of being open' and that they had to close. There was no financial support for those who had to make that decision.

*Childminder operations over second lockdown*

87. During the Level 4 restrictions in late 2020 and also the later Omicron outbreak, childminders were allowed to remain fully open due to their smaller setting size. Only larger childminding settings of 12 or more children were required to reduce their capacity and follow the operating guidance for nurseries and other larger settings. This required, once again, an intense amount of activity to support this, and childminders, again, played a massive role in supporting the national response at that time.
88. I think those involved in public health realised as the pandemic progressed that childminding being open was not causing additional risks. It was managing to operate well. Childminding settings did not have to stay open during the Omicron outbreak, but if they did not do so then they did not get financial support from the government. It was considered by the Scottish Government that childminders had the opportunity which other larger providers did not have to earn an income and if they chose to close their setting then there was no requirement to provide financial support to them. However, SCMA and other childcare representative bodies collectively worked with the Scottish Government to influence the subsequent establishment of the Omicron Impacts Fund (which I speak about later in this statement) which provided financial support for childcare providers

including larger childminding settings which had had to reduce their capacity due to the restrictions.

### *Guidance*

89. The Childminder Services Guidance was developed between the Scottish Government, the Care Inspectorate, Public Health Scotland, and SCMA. I think there were 32 versions of that guidance during the pandemic. They were massive documents developed at pace and often requiring us to comment on lengthy detailed documents at only 48 hours' notice or on some occasions overnight. The challenge for the workforce was that they simply did not have time to read and absorb this guidance and there were real risks as a result of that. There was no time to read 70-page documents when trying to keep settings open.
90. Normal communications channels were clogged. Staff in the Scottish Government, Care Inspectorate, local authorities, SCMA, and other childcare organisations were all working virtually from home. In some cases this reduced what information could be issued by organisations and when. Then when updates could go out, they were frequently sent out by multiple organisations, as it was believed that a saturation approach was best if wishing to ensure safety messages were received by one route or another. Added to this, there was a lot of individual e-mail contact between individual providers and different organisations trying to obtain clarity and updates; and at a national level the Scottish Government did not use their established press release channels. Instead, they channelled national cross-sector updates through the First Minister's daily television briefings or used the Care Inspectorate's 'Provider Update' e-mail updates to get information out. The 'Provider Updates' included links to the latest updated version of the operating guidance and providers were

expected to read this in full – changes to the previous version were not generally flagged up.

91. Childminders did not know what was coming through in the massive documents, what had changed, or have time to read them. That is why SCMA improvised and I would record 5 to 10 minute videos on my phone at home about key messages, what childminders and parents/carers needed to know, and on changes to the guidance. I would then upload them to YouTube and our team would share them on Facebook. This provided the most effective means of getting important information to those who needed it.
92. Before the pandemic our videos would only have received a couple of hundred views. During the pandemic our video updates regularly received 3,000 to 4,000 views. That became our main communications medium with childminders, parents/carers, local authority staff, and inspectors from the Care Inspectorate, all of whom followed our feeds for the latest quality-assured and reliable updates on childminding. Much of the guidance related to enhanced cleaning, so it was a question of trying to distil the information so that people knew what was important, find innovative ways of getting information across to them, so it was really adapting what we were doing. There was a huge amount of activity around that.
93. SCMA found that operating restrictions changed frequently. We were in a position where, and, again there is no criticism, a national announcement had to be made on television and radio in response to the developments that were happening with the spread of the virus. Quite often we knew there was no detail behind these announcements and what this would mean operationally – there had not been the time to consider this before the announcement. This meant that, in practice, there could be vacuums of 3 to 4 days before any detail came through.

94. During this time key worker parents/carers needed to know if it was safe and they were allowed to drop their children off with a childminder. Childminders needed to know if they were allowed to stay open, on what basis, and what adjustments needed to be made. Communication vacuums of this nature can be dangerous and SCMA made a conscious decision as an organisation to step into, and manage, these communications vacuums to maintain confidence and trust. On many occasions, this called for a more open and honest relationship with others where we simply admitted we did not have the answers to many of the questions being asked, but that we would get answers and provide clarity. And that is what we did.

*PPE*

95. Childminders did not require additional PPE beyond face masks or normal aprons, and hygiene protocols if they were changing nappies or helping children with toileting. In terms of masks, these were not required to be worn initially in childminding settings. However, they were introduced later, around October 2020, as the operating guidance and understanding about COVID-19 transmission evolved. However, what was also recognised, when introducing mask wearing in childminding and other childcare settings, was that, much as in adult social care and in care homes where there are patients with dementia, children can become quite confused and intimidated. It was recognised that children would find masks quite frightening. Therefore, when childminders were caring for children in their setting, they did not have to wear masks. Masks were only required to be worn by childminders whenever adults or parents/carers came into the setting, or in a larger setting where there was an assistant.
96. In terms of access to PPE, the Scottish Government facilitated the ability to set up an account with a private company from which childminders could, in theory, access products. Childminders would

have had to pay for these themselves, but at discounted rates. However, due to supply chain issues, childminders quite often found it difficult to access those basic supplies of masks and aprons etc. They often had to access PPE locally at increased costs.

### **Impacts on children**

97. I would preface my comments on the impacts of COVID-19 on children by noting that there were many organisations involved in data collection for different purposes and SCMA did not want to duplicate other activity. Public Health Scotland were leading on capturing data on children's outcomes via surveys of parents/carers. As such, SCMA decided not to conduct our own surveys about this and instead shared Public Health Scotland's surveys with members and encouraged their completion by parents/carers using member settings. Public Health Scotland have now published 3 reports on their surveys and in general terms I would say that childminders' experiences of COVID-19 and the impact on children, as reported to us by members, is broadly consistent with these published findings. Having said that, I would be happy to speak in shorter terms about specific areas of interest to the Inquiry.

#### *Social and emotional development*

98. In terms of childminding, the feedback that we have received from our members is very much that the main adverse impacts on children were in terms of their socialisation skills and ability. The outcomes of that for children presented in the form of increased levels of anxiety and increased emotional dysregulation. That was really prevalent within childminding settings. Many childminders found that children were finding it harder to cope with everyday situations, and they were acting emotionally quite differently to how



they had before. Greater emphasis had to be given to rebuilding a child's confidence in those areas.

99. After the national lockdown there were children who were only used to being at home, as children had not gone to nursery as early as expected, and this increased levels of anxiety and affected their behaviour. There were attachment issues in terms of children leaving their parents/carers, and that was quite prominent as we came out of the national lockdown.
100. This was more pronounced in children whose parents/carers had also stayed at home for the 3 months of the national lockdown and continued to work from home afterwards. For such children, having their family at home all of the time had become their norm. Childminders also reported that where parents/carers were very worried about COVID-19 and were slower to go out in public as restrictions eased. Young children also picked up on this parental anxiety and became more anxious themselves.
101. For families in which parents/carers were key workers, or who had continued to physically go to work, and their children were allowed to access critical childcare during the lockdown, separation was less of an issue. However, childminders did report that key workers, as a result of having to work on the frontline during the pandemic, were clearly worried that they may be putting their own families at greater risk by doing so and some of their children picked up this parental anxiety and became more anxious themselves. During this time, parents/carers using childminders relied even more on the additional family support which is provided by childminders and often confided in childminders about their own personal or professional worries and experiences and relied on childminders as a close, but professional trusted individual to speak to.

102. In turn, many childminders reported to us that their work had been impacted as a result because they were having to cater to those needs and spend additional time supporting children and families with them.

*Language and communication*

103. Another common impact of the pandemic is that some children do not have the language skills expected for their age because they missed out on so much during the pandemic. Childminders provide high-quality childcare and play a key role in supporting children with their learning including speech and language development. Many children whose parents/carers were not key workers were unable to access childcare for extended periods during the pandemic. As a result, many childminders continue to report delayed speech and language development at all ages, not just in early years.

*Personal Skills*

104. It is childminders' experience that, much as with speech and language, the development of personal skills was also delayed. With younger children, supporting children to develop such skills is core childminding practice. For example, one of the projects for which funding has previously been received from the Scottish Government is the oral health programme, where childminders are actively involved in teaching young children good teeth brushing routines. Similarly, childminders also help children with toilet training, and the development of other personal skills. Childminders have been reporting anecdotally delays in development of all of those skills.

*Play*

105. Play is a very important part of learning and also features prominently within normal childminding practice both indoors and

outdoors. The main impact of the national lockdown was that people were restricted in terms of how much they could be outdoors, where they could go, and what they were allowed to do. As such, this focused play much more on either gardens or indoors.

106. Childminders were creative and would still take children out as much as they were allowed, but for those with gardens, much more of their practice was spent outdoors in their gardens.
107. Families who were not able to access critical childcare spent most of their time at home. For those with gardens, this was generally more positive with more opportunity to make use of this space for play. However, for families living in flats and without gardens, the pandemic felt much more restrictive and had more of an impact.
108. When looking at different impacts on children, whether development or play, it is clear that the pandemic provided mixed experiences. Some parents/carers and children benefitted from having more quality time at home together indoors and outdoors, while other families with less space found it more difficult. The positive or negative view was influenced by parental income and I understand that the research by Public Health Scotland and others has also highlighted this and that there was a widening of inequalities during the pandemic.

#### *Sleeping*

109. There was increased anxiety in children so that probably did affect some of the sleeping routines. It also links into the issue with routines. But there has not been a huge amount fed back to us anecdotally on sleep either.

#### *Feeding and eating*

110. A lot of child development takes place around interaction with other children, which is very beneficial. For example, children will regularly sit down with other children in a childminding setting when they are having a meal and the childminder will be actively involved with them. Childminding provides care for children from 0 to 12 years or up to 16 years in the case of children with additional support needs. Unlike nursery, where children are together in rooms by age, children of different ages play and learn together in childminding settings and this can be beneficial to different aspects of development. By focussing on meal times and sitting and talking together this can help with children's language and other skills. As an organisation, SCMA has a strong interest in inequalities and child poverty and works with other organisations within the children's sector on these areas.
111. It was clear that some families really struggled financially during the pandemic and much advocacy was undertaken to increase financial support for families experiencing poverty. It is understood that children in families most affected financially may not have been able to access the same levels of nutrition that they might have had before COVID-19 via free school meal provision or via meals with their childminder had they been able to access childcare.
112. I do not recall free school meal provision being facilitated during the summer holidays through childminding, but do not have a lot of data on that.

*Parental engagement*

113. Parents/carers have described their own relationship with a childminder as having been very different to that of nursery staff. Parents/carers rely on childminders for quite a lot of emotional support. They see them as a very close but trusted professional.

Often these families keep in touch and childminders are invited to weddings and birthdays of children they previously cared for after they become adults. Childminders are part of the community. They are often seen as an extended part of the family. If children were not able to attend a childminding setting due to restrictions, childminders were still keeping in touch with parents/carers to see how they and their children were doing and offering support. A lot of that was done virtually, over video calls. When children were allowed to return to their settings, the relationship was still there, but the children were more anxious and a bit more fearful away from parents/carers.

#### *Routine and structure*

114. It can be very beneficial to children to have a routine. While much childminding practice is child-led, routines are also used in childminding settings. When those routines were interrupted for 3 months over the initial lockdown, and children were at home with parents/carers who might have had different, fewer, or no routines, children needed to readapt to their routines in childminding settings when returning. As such, childminders reported to us that additional time was required to re-establish these routines to get back to where things were at in those areas.

#### *Relationships*

115. Looking at children's ability to form relationships, I could probably comment best on our Community Childminding Services which some local authorities fund SCMA to provide. As previously mentioned, these are early interventions for families who may be one step away from crisis and whatever has been going on at parental level has been impacting on young children's behaviour. For example, they have been developing attachment disorders and this has been

picked by health visitors or social workers and the families have been referred to our services for family support.

116. These important services for vulnerable families were themselves vulnerable to local budget cuts before the pandemic and were at capacity. What we found is that during the pandemic the demand for those services increased dramatically as more families who had previously been 'just coping' moved into 'not coping' and in need of help. This 'pressure cooker' effect of COVID-19 was also experienced by other organisations during the pandemic. SCMA was not able to respond to this increased level of demand and those services were heavily oversubscribed. From discussion with local authority partners, the funding was not there to increase capacity and provision. Local authorities did what they could to support that, but certainly we were aware that the need increased in those areas and it was not necessarily responded to.

#### *Digital exclusion*

117. SCMA does not have solid data on digital exclusion within childminding, but certainly on an anecdotal level, we know there were impacts. These were experienced by low-income families and low-income communities where there is not the same level of access to digital technology and support. That was where the experience was different for families; for those who had access there was more contact.

#### *Transitions*

118. There was greater anxiety about transitions because children had been isolated for a period of time and found it harder to form new relationships. It is common for children to be cared for continuously by a childminder for many years and for childminders to support the

children and their parents/carers through different transitions – going to nursery, primary school, or high school. Generally, there is also good contact between childminders and nurseries where they are keen to understand, particularly if a child is in a blended placement, if there is anything the child is struggling with or if there is anything that the childminder can offer additional support on when they are in their care and also linked to transitions. Childminders have reported back that both children and their parents/carers have been more anxious. This is because much of the normal practice to support transitions (including phased transition between stages with introductions, mixing, socialisation, and familiarisation prior to moving on) not having been permitted due to restrictions at different points in the pandemic. As with other areas already mentioned, childminders have been reporting that it has also been taking additional time for them to provide support during these transitions.

#### *Positive impacts*

119. Also as mentioned earlier in this statement, the pandemic provided a mixed experience. For some families with more space and higher income, restrictions presented a welcome opportunity to spend more time together as a family. In terms of childminding, childminders are very practical and resilient. Faced with their desire to support families and also the practical need to maintain their businesses and livelihood, childminders quickly found different ways of communicating and were early adopters of virtual technology to communicate with, engage, and update parents/carers.
120. For SCMA as an organisation, we found ourselves faced with the need to continue operating and supporting members during a national emergency. We changed how we operated, tore up the rule book, did things differently, took risks, improvised, and strengthened our relationship with our members. We are not the

same organisation as we were before the pandemic. Throughout the pandemic we have worked to capture learning and to apply this as part of our ongoing continuing organisational development. At a national level, the shared experience of the pandemic required a greater degree of co-operation and working between different organisations and showed that things could be done quickly where there was agreement and a need.

### **Disproportionate impacts**

121. Childminding is not a high-income profession. Childminders have mixed business models and provide care and support for low, middle, and high-income families. COVID-19 affected families differently and was disproportionately weighted towards low-income families in the sense that those are the families who had less – income, space, options, and support. Childminders were also disproportionately affected themselves within childcare– which I will expand on later in this statement.
122. It was certainly SCMA’s experience that children and families in lower income areas were disproportionately impacted. They found it more expensive. Food prices were going up. They had less opportunity to access outdoor spaces. They were adversely affected in every way. SCMA links up closely with the Child Poverty Action Group Scotland and other organisations. There was sector-wide joined up activity on getting assistance to families as quickly as possible
123. Our Community Childminding Services made the difference in some cases between children going into care or not. In these families, the parents/carers are quite often care-experienced themselves. The demand for our Community Childminding Services increased



dramatically and SCMA was simply not able to respond to the demand.

124. SCMA does not have solid data about minority ethnic children accessing childminding during the pandemic. There can be cultural preferences that children are placed within their own ethnic communities. We do have some minority ethnic childminders who have established business models to care for children from minority ethnic backgrounds. They are small in number.
125. The feedback from families with children with ASN is that they found it more difficult to access services over the pandemic. It was inequitable in that those families who were able to access services benefited, while those who could not did not. During the national lockdown, priority was given to children of key workers but, where capacity allowed, children with ASN who were already registered with a childminder could continue. If capacity did not allow that, however, there were impacts on those families.
126. For children in rural areas, they have been more impacted by the decline in the childminding workforce which was accelerated by the pandemic. They have lost more childminders than in other areas. In some cases, parents/carers also had to travel up to 30 or 40 miles to access critical childcare in rural areas over the pandemic.
127. During the pandemic, SCMA realised that there were families at risk who could not access certain services which were closed (such as Women's Aid) due to restrictions. As childminders were allowed to stay open, with reduced capacity, to support the national response during the national lockdown, we realised there was an opportunity for us to try to help other people. The Scottish Government, at that time, launched what was called a Wellbeing Fund. It was administered by the Scottish Council for Voluntary Organisations. SCMA applied for a grant from the Wellbeing Fund which enabled us

to take referrals directly from third sector family support organisations, such as Women's Aid and Home Start, which were closed. SCMA was able to then connect and provide support for vulnerable families. It was quite a small-scale grant, but we supported 50 vulnerable families ourselves; about 68 children. This provided important respite during a period of the pandemic when their traditional support service was closed.

128. SCMA is in the stages of planning our next annual conference being delivered in May 2024. We have got a presentation from a leading psychologist which is very much looking at post COVID-19 impacts. These are things that are going to be a legacy for many years.

### **Impacts on childminders**

#### *Decline in workforce*

129. The childminding workforce has declined significantly since 2016 during the expansion of funded ELC in Scotland. Our latest annual ELC Audit was published last November and reported that the childminding workforce has declined by 41% since 2016 with the loss of 2,273 childminding businesses and 13,411 childminding spaces for families.
130. The reasons for this decline are multi-factorial and include an ageing workforce, a reduction in new entrants coming in to childminding, difficulty in competing with ELC nursery expansion, and a significant increase in paperwork, bureaucracy, and duplicative quality assurance during ELC expansion.
131. Our workforce analysis within this, and our earlier ELC audits, showed that while the childminding workforce had been declining

prior to the pandemic, this decline accelerated as a result of it. Prior to the pandemic, in July 2019, there were 4,768 registered childminders. In July 2023 there were 3,247 registered childminders.

### *Mental health*

132. The mental health and wellbeing of childminders worsened during the pandemic. Childminders provide both childcare and family support. That means that when families were experiencing their own issues and problems, childminders were being used as someone to speak to. They were absorbing more and more issues, including issues relating to the child themselves. Childminders are already isolated because they are sole practitioners, and they were unable to access local childminding support groups as a result of closures and restrictions, so loneliness was exacerbated. SCMA has found that a lot of those groups have not come back since restrictions were eased, so isolation has continued.

### *Training and development*

133. For those who deliver funded ELC, there is a mandatory requirement to complete a minimum of 12 hours of continuing professional learning and development a year.
134. However, due to increased responsibilities and restriction measures there was little time or scope during the pandemic for those who were still open and practicing to access training.
135. Conversely, childminders whose settings were closed had more time to access training, but could only do so virtually.
136. As demand for physical training dropped off and demand for virtual training increased we adjusted the balance within our Continuing

Professional Learning programme. SCMA found it was better to create resources that could be accessed at a time that suited the childminder. Now, some time on from the pandemic, much more demand for training is coming back on, but predominantly for virtual learning.

### *Vaccinations*

137. When it came to the COVID-19 vaccine, childminders who delivered Community Childminding Services to vulnerable children, were able to get the vaccine through their local authority as they were classed as children's social care workers while delivering community childminding. All other childminders were not prioritised for the vaccine. This was very frustrating for childminders as they were bringing children into their family homes and this was yet another example in which childminders felt they were being treated less equitably than colleagues working in nurseries.

### *Inspections*

138. As mentioned earlier, The Care Inspectorate is the regulatory and scrutiny body for care in Scotland. Prior to the pandemic childminders would be inspected by the Care Inspectorate every 3 to 4 years, supported by regular self-evaluation to provide quality assurance in between. Inspections were physical, in person, and conducted by an inspector who would inspect the childminder's setting, practice, interactions with children, and documentation against a series of quality indicators.
139. During the pandemic, the Care Inspectorate was not able to conduct physical inspections. Instead it conducted virtual inspections and looked rigorously at the self-evaluation to identify settings where practice may be lower than required and also prioritised settings

which had been recently registered and had not yet had had their first inspection. The Care Inspectorate brought physical inspections back on as soon as restrictions allowed, but the pandemic interrupted the process quite significantly.

140. The Care Inspectorate also required all childcare providers, including childminders, to submit weekly returns during the pandemic regarding if their setting was still open. At the beginning, intentions were good and returns high. As time progressed, and settings closed temporarily and then re-opened, the level of returns submitted weekly became much lower and a less reliable or accurate as to which settings were still open, because people were so busy. Recognising this, SCMA did regular snapshots ourselves through our surveys to find out who was open.
141. For inspections which were conducted virtually, those prioritised were new childminders and existing childminders whose self-evaluation returns had provided cause for concern. I believe that these virtual inspections were pre-arranged virtual calls. For those triggered by possible concerns raised through submission of self-evaluation, I believe the virtual inspection focused mostly on the areas of possible concern. For more recently registered childminders who had never had an inspection, I believe they aimed to cover as much ground as possible during the call.
142. There was a shared desire to get physical inspections back on as quickly as possible. The Care Inspectorate wished to do so from a quality assurance and scrutiny perspective and childminders were also quite keen for physical inspections to return. Some had not been inspected for 4 years before the pandemic and this increased to 5 or 6 years due to the pandemic. While self-evaluation continued during this period, the frameworks had changed and childminders were quite anxious about what form their next inspection might

take. As most Care Inspectorate inspections are unannounced, childminders can feel quite anxious not knowing when an inspector will turn up and the longer the delay the more anxious some were becoming.

143. SCMA understands that the Care Inspectorate had a significant backlog of settings to inspect after the delays caused by the pandemic and has been working to reduce this. A large-scale SCMA survey (1,263 responses with a 45% response level) conducted in October 2022 found that 18% of childminders had last been inspected 4 years ago and 28% more than 4 years ago. This survey had been conducted to inform our response to the Scottish Government's consultation on the future of inspection in ELC and school-age childcare services. The Care Inspectorate and Education Scotland are currently developing a new Shared Inspection Framework for the sector.

*Integrated working*

144. For those delivering Community Childminding Services for vulnerable children, there may be more integrated working with professionals in social work and health through a multidisciplinary team approach. For most childminders, there are fewer opportunities to participate in integrated working or shared learning as much of this takes place during the day. Approximately 82% of childminders are sole practitioners, have practice commitments during the day, and could only attend such meetings or activities if in the evenings when local authorities can be more reluctant to arrange them. There were some areas where there were really good and well-established relationships with local authorities who understood and were very supportive of childminding. However, 2 successive surveys which we conducted with members in 2022 and 2023 reported that there was an increase in health visitors advising

parents/carers to put their child in a nursery and not with a childminder. SCMA believes this to be inappropriate, not supported by evidence, and think that this has arisen post-pandemic as a result of efforts trying to increase the uptake of eligible 2-year-olds in childcare. There continues to be a lack of understanding that childminders form part of this funded ELC.

#### *Disproportionate impacts on childminders*

145. Childminders were disproportionately impacted in a number of ways. There has also been interest in and concern about the disproportionate impact of the pandemic on women. 99.7% of childminders during the pandemic were female, so the disproportionate impact on childminders could also be considered within the disproportionate impact on women. Specific disproportionate impacts included: the burden of complying with frequently changing operating guidance and enhanced cleaning as predominantly sole workers; restrictions on blended placements; self-isolation guidance – both in Scotland and Competition Markets Authority intervention; and financial support received.

### **Financial impacts**

#### *Financial impacts on SCMA*

146. There was no additional funding made available to SMCA as an organisation to maintain our service delivery during the pandemic. Any additional funding was through specific project or grant funding for a limited or defined purpose.
147. To give the Scottish Government credit, it did recognise later on that both SCMA and other representative bodies in the sector contributed

so much time to the national response and that this had an adverse impact on our activities and budgets. SCMA, along with Early Years Scotland, the National Day Nurseries' Association, the Scottish Out of School Care Network, and the Care and Learning Alliance, had prior to the pandemic been the main established representative bodies working across and representing different providers within the childcare sector in Scotland to support national policy development and implementation.

148. When the pandemic struck, the Scottish Government recognised the need for us to work with them to contribute to the national response and we individually and collectively contributed very significantly by participating in multiple working groups, contributing to the development of guidance, engaging and surveying members, and representing members' needs throughout the pandemic. This required us to devote significant time and resources to this work and to de-prioritise other activities which could affect our own future sustainability as third sector organisations. During this time, I was regularly personally working 12 to 15 hour days and for 12 days straight without a break or weekend off. Other members of our leadership team were also working excessive hours. Accordingly, the Scottish Government decided in January 2022 to award these 5 organisations a £40,000 grant each to formally recognise the invaluable representative role which we had played and to partially offset the time we gave during the national response. SCMA was invited to apply for this grant and were required to submit detailed reports demonstrating a range of indicators and outcomes achieved by the end of March 2022.

*Financial impacts on childminders*



149. The aforementioned SCMA funding report sets out some of the details around funding available for childminders and how it was used.
150. In terms of our member childminders, the financial support came in waves and from different sources. Financial support initially came from the UK Government. However, the Job Retention Scheme (also known as the furlough scheme) was only for employers to enable them to place staff on furlough. As self-employed small businesses and predominantly sole workers, most childminders were not eligible for this. After much lobbying, the UK Government subsequently announced the Self-Employed Income Support Scheme for the self-employed in March 2020. It was difficult for the Scottish Government as it was dependent on additional funding being made available from the UK government to in turn provide financial support in Scotland. It then had to make funding available across all sectors and make decisions about where to use that money.
151. The Self-Employed Income Support Scheme was initially presented positively as providing 70% of income for the self-employed. However, while the Job Retention Scheme covered 80% of employees' wages and employers could top this up to 100%, it transpired that the support offered via the Self-Employed Income Support Scheme was 70% of profit, not income. That is a fundamental difference and is not a lot for low-income businesses such as childminders. It was paid quarterly, but evidence which SCMA captured showed that, in reality, childminders were lucky if they got the equivalent of a single month's pay, not 3 months' pay, per quarter. Furthermore, the claimant needed a 3-year tax history otherwise they were ineligible. Any interruptions for reasons such as maternity leave or caring responsibilities in that 3-year period dramatically reduced what they received, which also disproportionately impacted females.

152. There were childminders, due to the various criteria, who fell through the cracks between different potential sources of financial support, which is why SCMA set up a hardship fund. We released £30,000 from SCMA's own reserves as a stimulus to create this. The Scottish Government match-funded our funds and we, therefore, established the Childminding Workforce Support Fund in July 2020. This enabled childminders experiencing hardship to apply for small grants of up to £350. The initial fund could have supported around 170 childminders, but this was heavily over-subscribed with over 900 childminders applying to it. Recognising the level of hardship, the Scottish Government awarded a further £330,000 funding to SCMA for the Childminding Workforce Support Fund to provide over 900 further grants of £350. An additional £60,000 was awarded to SCMA to administer this. This second round of the Childminding Workforce Support Fund opened in October 2020. SCMA delivered the work under budget. At SCMA's request and with the agreement of the Scottish Government, we added the savings achieved to the fund to maximise the number of grants awarded. A total of 1,185 childminders received grants between both stages of the Childminding Workforce Support Fund. These were small sums for people who had no other source of income or who could demonstrate a significant drop in income.
153. In parallel to the first round of the Childminding Workforce Support Fund, the Scottish Government created a Transitional Support Fund in July 2020 of approximately £11.2 million as we came out of the first lockdown to provide financial support to the childcare sector. Unfortunately, it transpired that the Transitional Support Fund was only for childcare providers registered as 'Daycare of Children Services' - essentially for all childcare providers in Scotland, except for childminders. To compound this, the Care Inspectorate had sent out communications inviting childminders to apply for this fund for

which they were ineligible. Childminders could not understand why they were not able to access larger-scale financial support, as other providers were. While some childminders had been able to apply for £350 hardship grants from the Childminding Workforce Support Fund, this was insignificant alongside £1,500 grants being offered to all other providers, at a workforce level, starting with other settings with 6 to 10 children in their settings – and of broadly comparable size to most childminding settings. It was very divisive and inequitable. It also widened the inequalities between childminders and other providers. Hardship funding was helpful, but it was very limited.

154. To give the Scottish Government credit, we engaged with them over several months and built evidence for more funding and, in March of 2021, the Scottish Government provided Business Sustainability Grants to childminders. This allowed any childminder to apply for grants of £750. SCMA really worked hard to build the evidence for this. It was well-received but much delayed.
155. When it came to the Omicron outbreak, SCMA worked collectively with Early Years Scotland, the National Day Nurseries Association, the Scottish Out of School Care Network, and the Care and Learning Alliance to influence funding from the Childcare Sector Omicron Fund which was launched by the Scottish Government in March 2022. Again, however, it was aimed mostly at nurseries and those who were unable to open or larger settings which had had to reduce their capacity. It was, again, different for childminders as childminders were allowed to continue operating during this outbreak. Most remained open and if they chose to close would not have been eligible for this financial support.
156. In October 2022, SCMA conducted a large-scale in-depth survey on childminders' business sustainability to understand where

childminders' businesses were after the pandemic. This also found that only 13% of childminders could pay themselves the 'Real Living Wage'. 60% of respondents also reported that they had to turn down the heating in their homes at night so they could afford to have it on during the day when children were present due to the cost of living crisis.

*Differing financial impacts*

157. There were also differing impacts experienced between those childminders who were partner providers delivering funded ELC and those who were not. If you were a partner provider delivering funded ELC, the Scottish Government and the Convention of Scottish Local Authorities had agreed that payments continued from the local authority to all partner providers over the first national lockdown, even if childminders or other settings delivering funded ELC chose to close and were not open. If you were not a funded provider, you did not get any payment if you closed. Some funded providers in certain geographical areas also obtained additional grants from their local authority to support those delivering funded ELC during the pandemic. There were absolutely differentials experienced as a result of status (funded or non-funded provider) and location. What this also meant was that the ELC budgets were exceeded. The ELC budgets were being used for both continuation of usual payments and also for critical childcare. Those childminders not delivering funded ELC – the majority – were once again disproportionately disadvantaged by this.
158. For those childminders who did not deliver funded ELC, and who relied entirely on privately paying families for income, the issues around self-isolation and payment were very important. All childminders were not allowed to charge for children who were not attending their setting due to infection and self-isolation (of either

the child or childminder), even though some families had pre-booked these services and were happy to continue paying for services which would have been delivered. This was due to a challenging intervention from the Competition and Markets Authority ('**CMA**'). The CMA had started to investigate the retention of large deposits in the hospitality sector and travel industry when services were not delivered due to COVID-19. It is understood that a nursery chain in England was also retaining deposits and the CMA inquiry into hospitality and travel was widened in May 2020 to include childcare. Childminders were pulled into this, even though they were low-income small businesses and predominantly sole practitioners. The CMA subsequently developed cross-sectoral guidance which, from July 2020, prevented any payment being claimed or made when services were not delivered and applied the same broad brush principles used for large airlines and flight bookings as it did for sole practitioner childminders who were losing income due to a child having to self-isolate. While the CMA did acknowledge they would be unlikely to challenge voluntary payments from parents/carers to childminders, this intervention was completely disproportionate and, again, had a disproportionate impact on childminding.

159. There were some childminders who closed during the first lockdown and did not reopen if one of their family members had a chronic illness or serious illness. The risk was too great as the service was in their home setting. There was no support given to these childminders.

## **Engagement with the Scottish Government**

160. Our primary contact with the Scottish Government was with the ELC Directorate. At the start of the pandemic, senior staff within the Scottish Government were moved around to facilitate the emergency response. At that time, the Director of the ELC Directorate was moved into another position. Prior to the pandemic, our main contact had been with the Deputy Director of the ELC Directorate. She was then promoted to the Director position in an acting capacity and the Deputy position was not filled at that time. As such, it could be quite difficult to get the attention of senior staff. SCMA had established contacts within the directorate on a thematic basis. We would contact the relevant person depending on what our query was.
161. Before the pandemic, SCMA had a very constructive relationship with the Scottish Government which was mutually respectful. During the pandemic, I think the Scottish Government did an extremely difficult job. There were cracks. There was a bit of a vacuum in the middle of the Directorate. The response level was delayed. It was harder to get senior responses. Unfortunately, because of that, there were sometimes breakdowns in communications. I think relations did become a bit more fraught. SCMA also had to challenge a number of decisions.
162. Our participation in decision-making groups and working groups is set out in the aforementioned SCMA funding report. SCMA was attending: the ELC & Childcare Sector Recovery Group frequently; the COVID-19 Reference Group monthly; and the Childcare Sector Working Group quarterly (the latter of which is a more regular forum that emerged post-COVID). As we got further into the pandemic, the Scottish Government realised it needed to bring the ELC & Childcare Sector Recovery Group and COVID-19 Reference Group together.

163. SCMA was only very occasionally involved in the COVID-19 Education Recovery Group (**'CERG'**), which sat at the top. CERG was very heavily dominated by the interests of education: qualification and examination bodies, universities, colleges, high schools, primary schools, education associations, teaching councils, and teaching unions. This was reflected both in the name of the group and in the membership of the group. In 20 plus members, there was only 1 ELC representative from the childcare sector, and they were from Early Years Scotland.
164. This was not a representative position for the sector, as such, and more a singular member from our sub-group included. It felt a bit tokenistic; as though they were just being seen to include someone from ELC within the discussions. Our experience and feedback was that it was very difficult for the childcare voice to be heard within that group. It was not representative of childcare. When we got to really key points in the pandemic, there ended up being a cross-sectoral meetings with the First Minister and Deputy First Minister. In terms of feeding into CERG, SCMA would engage with Early Years Scotland to include items on the agenda, but more often we engaged directly with and wrote to Ministers, senior officials, and the public health advisers.
165. An additional point which I would make is that SCMA worked very closely with the Scottish Government and others as part of the national response throughout the pandemic. As a result, we were briefed on and exposed to sensitive information which we could not share. One thing which I do not think is understood more widely, including by the public, is just how little evidence there was at times for some decisions to be made.

## **Lessons to be learned**

166. There is a huge range of lessons to be learned; some operational and some strategic.

### *Importance of childminders*

167. I think as a workforce, childminders still feel quite disappointed and let down by the Scottish Government during the pandemic. They think childminding was deprioritised and childminders were thrown under the bus.
168. Having been closely and heavily involved in responding to the pandemic, I would say it was an experience like no other which I hope will never be repeated. No amount of emergency planning could have provided enough preparation for what happened and required to be dealt with during a very heightened and sustained period. My personal and professional opinion, based on my involvement, is that I think the Scottish Government probably did as well as anyone could have done during the pandemic. However, that does not mean they got everything right – they did not. A number of mistakes were made and there were a number of times childminders were not 'up there' in considerations. Priority was given to nurseries and other funded providers, sometimes at the expense of childminders, as the Scottish Government also sought to balance responding to the pandemic with bringing back on the policy delivery of the expansion of ELC as soon as possible. That is why SCMA had to regularly challenge operating restrictions, public health advice, and levels of financial support provided. For childminders, they willingly stayed open to support the national response and took children into their homes, sometimes putting their own children at risk. They do not feel this was recognised.



169. The absolute priority was reopening schools. SCMA understands the importance of education, but at a time when schools were closed and exams cancelled, childcare got lost and there were real risks to businesses and sustainability. Part of childcare is learning, and part of it is nurturing and care. But childcare also enables parents/carers to work, to seek work, and to stay in work. It is massively important and it felt childcare just got lost. Childcare was not a priority and childminding even less so within this. SCMA constantly had to push to get clarity when we did believe that restrictions could be eased.
170. When SCMA published our ELC Audit 2022 and reported a marked decline in the ELC workforce and projections showing this would get much worse without action, the Scottish Government listened and took our advice on reversing the decline. At present, the Scottish Government is very supportive and is investing significantly in childminding but, sadly, during the pandemic, the childminding workforce did not get the support that it needed at the time.

*Influence of ELC expansion on decision-making during COVID-19*

171. Prior to the pandemic, the primary policy driver in childcare in Scotland had been the increase in the level of the statutory entitlement of funded ELC for all 3, 4, and eligible 2-year-olds to 1,140 hours a year by 2020. This was an ambitious and flagship Scottish Government policy aimed at almost doubling this entitlement and became known as '1,140 by 2020' with an implementation date of August 2020. This policy was supported by the ELC Directorate of the Scottish Government whose primary purpose was to deliver this policy in partnership with local authorities who were responsible for overseeing local expansion and implementation. As an organisation, SCMA has been supportive of ELC expansion as a policy, as it seeks to close the attainment gap and increase funded childcare for families, but SCMA is on public

record, including to the Scottish Government and Scottish Parliament, that we had serious concerns about how this policy was being implemented and that this had had a devastating effect on the childminding workforce.

172. The pandemic struck in March 2020 during the final year and a few months short of implementation of '1140 by 2020'. The statutory duty on local authorities to deliver this by August 2020 was removed, but the ambition and goal remained to deliver this important policy as soon as was possible. As such, this continued to be a dominant feature during the pandemic. It was clearly important to safeguard funded providers who would be required to deliver this policy and it was clear that this factored in some decision-making. This may explain why financial and other support was weighted towards funded providers, and the experience of those not delivering funded ELC was much poorer. This also affected childminding disproportionately, as while funded ELC is the predominant business model for local authority and private nurseries, far fewer childminders are involved in delivering funded ELC. Currently approximately 25% of childminders are involved in delivering funded ELC and the number was lower during the pandemic. It may also be helpful to consider the latest data on the number of children receiving funded ELC by provider type: local authority nurseries (68%), Private, Voluntary and Independent providers (31%) and childminders (1%).
173. The implementation of 1,140 funded hours was brought back on and this was implemented in August 2021.
174. Considering lessons to be learned, while it was important to the Scottish Government to safeguard the delivery of the '1,140 by 2020' policy, the pandemic was an unprecedented national emergency which affected all childcare providers - not just funded

providers delivering funded ELC. This required all childcare providers to receive equitable support and without this being influenced by whether they were a funded provider or not. As such, we would hope that if another emergency of this nature occurred it is recognised that there is a need to look at the impacts on the whole workforce equitably and without weighting linked to a singular policy objective or to the detriment of others.

#### *Institutional bias*

175. The other challenge was institutional bias in favour of nurseries at all levels which can be bigger than all of us. The people involved in developing early years policy, standards, and practice generally come from early years or nursery backgrounds and have very little experience with childminding. That has been shown again as recently as December 2023, when the Care Inspectorate and Education Scotland published the latest draft version of the Shared Inspection Framework for the sector. It was basically a pre-school framework for nurseries with no understanding of childminders, their practice and how they operate. We need to change this bias.

#### *Communications*

176. One of the biggest challenges was around communications. There were no press releases from the ELC directorate so it was difficult for them to get information out; they were only able to feed into the daily televised briefings and had to compete with every other area of Scottish Government activity to be included. There were massive risks involved in a communications vacuum. There needs to be communication, even if there is nothing to say. You need to reassure people.

177. I do recognise, however, that the Scottish Government probably did as good a job as any of us could have done at that time. There were cracks and mistakes, but it is how we move on that matters. We need to learn from the mistakes and improve how we work together.
178. I believe that the facts stated in this witness statement are true. I understand that this statement will form part of the evidence before the Inquiry and be published on the Inquiry's website.
179. By typing my name and the date below, I accept that this is my signature duly given.

[statement concludes]

*Signed: Graeme McAlister*

*GRAEME MCALISTER*

*Date: 24 July 2024*