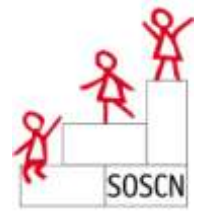


Scottish Out of School Care Network

Policy Newsletter, November 2011



"Supporting play, care and learning"

Scottish Government Consultations

Consultation on Rights of Children and Young People Bill

Consultation opened: **8th September 2011**

Consultation deadline: **1st December 2011**

Consultation document: <http://www.scotland.gov.uk/Publications/2011/09/07110058/10>

The Scottish Government has announced ambitious plans for legislation and policy development that will force a major shift in services for children and young people. The focus will be on a new approach, based on:

- Prevention
- appropriate early intervention
- child-centred service delivery; and
- support for parents to build their confidence and capacity.

Consultation has already started on The Rights of Children and Young People Bill, with a Children's Services Bill planned for 2013.

There have been a number of events associated with the Rights of Children and Young People, and Children's Services Bills. SOSCN attended the first of these events which was held in Glasgow on the 20th September. At the events we highlighted the need for additional resources to be directed to school-aged childcare as the Early Years Framework covers children aged 0 – 8+, and that preventative spend must follow children as they grow up and not be solely focused on pre-school services.

Scottish Government Publications

Scottish Health Survey 2010 - summary of key findings

The Scottish Government recently published key findings from the 2010 Health Survey. The findings are divided into adult and child health; extracts of the findings relating to children's health can be found below. Download the report: www.scotland.gov.uk/Resource/Doc/358537/0121196.pdf

Child fruit and vegetable consumption

- In 2010, children aged 2-15 consumed 2.6 mean portions of fruit and vegetables per day (2.6 for boys and 2.7 for girls). 12% of children aged 2-15 met the recommended daily intake of five or more portions.
- The mean portions of fruit and vegetables consumed per day by all children aged 5-15, and the proportions of children meeting the recommended daily intake (five or more portions a day), were not significantly different in 2010 compared with 2003.
- Children's mean daily consumption of fruit and vegetables varied significantly with age, from 2.9 portions among those aged 2-4 to 2.4 for those aged 13-15. 6% of children aged 2-4 consumed no portions compared with 16% of those aged 13-15

Child physical activity

- In 2010, 72% of children (75% of boys and 70% of girls) met the physical activity recommendations (at least 60 minutes daily) including school-based activity. Although there was little change for boys between 2008 and 2010, the proportion of girls meeting the recommendations appears to have increased from 64% in 2008.
- Between 70% and 84% of children aged 2-12 were active at the recommended level (including school based activity), compared with 62% of those aged 13-15. This decline with age was only apparent in girls (48% of those aged 13-15 met the recommendations compared with 75% of boys).
- In 1998, 65% of children aged 2-15 were physically active at the recommended level (excluding school-based activity, which was not measured prior to 2008). This increased to 69% in 2003, but has been 64%-65% from 2008 onwards.

Child overweight and obesity

- In 2010, 29.9% of children (31.1% of boys and 28.5% of girls) were overweight or obese. 15.6% of children aged 2-15 were overweight ($\geq 85^{\text{th}}$ percentile and $< 95^{\text{th}}$ percentile), 7.4% obese ($\geq 95^{\text{th}}$ percentile and $< 98^{\text{th}}$ percentile), and 6.9% morbidly obese (BMI $\geq 98^{\text{th}}$ percentile).
- 32.5% of children had a BMI outwith the healthy range ($\leq 5^{\text{th}}$ percentile or $\geq 85^{\text{th}}$ percentile). The proportions of boys (34.0%) and girls (30.9%) with a BMI outside the healthy range were not significantly different.
- The proportion of children with a BMI outwith the healthy range increased with age, from 28.7% of children aged 2-6, to 33.4% of those aged 7-11 and 35.7% of those aged 12-15.
- The proportion of girls with a BMI outwith the healthy range, or who were overweight/obese, did not vary significantly between 1998 and 2010. The prevalence of overweight/obesity and BMI outwith the healthy range among boys has fluctuated over the years. Prevalence peaked in 2008, followed by a decline in 2009 and a slight increase again in 2010.

Child respiratory symptoms

- In 2008/2010, among children aged 0-15, boys were more likely than girls to have ever wheezed (24% versus 19%). 14% of boys and 11% of girls aged 0-15 had been affected by wheezing during the last twelve months. 13% of children aged 0-15 had doctor-diagnosed asthma - the figures for boys (14%) and girls (12%) were not significantly different.
- The proportion of children aged 2-15 that had wheezed in the last 12 months declined from 16% in 1998 to 13% in 2003 and 12% in 2008/2010. The prevalence of doctor diagnosed asthma decreased from 18% in 1998 and 2003 to 14% in 2008/2010.
- Patterns were different for boys and girls. Similar proportions of boys aged 2-15 experienced wheezing in the past 12 months in 1998 (16%) and 2008/2010 (14%), whereas the figures for girls declined from 14% in 1998 to 11% in 2003 and 10% in 2008/2010. The prevalence of doctor-diagnosed asthma in boys was similar in 1998 (19%) and 2003 (21%) but declined to 15% in 2008/2010. For girls, the corresponding figures were very similar each year (14%-16%).

- Children living in a household in which at least one person smoked indoors regularly were almost twice as likely to have doctor-diagnosed asthma as children living in households where no-one smoked indoors (19% versus 11%).

Health and Well-being in Schools Project – final report

The Scottish Government recently published findings from their Health and Well-being in Schools Project; the report looks at the results of the project which ran from September 2008 to March 2011.

The project recognised that early intervention work with children and families is necessary to create positive health choices and behaviours which will give, children and young people, the best possible chance of sustaining good health throughout their lives. Scottish Government initiatives and policies such as *Getting it right for every child (GIRFEC)*, *Equally Well*, and *Curriculum for Excellence* play key roles in helping achieve this aim of long-lasting good health:

“Within the school context, it demonstrated that by supporting existing initiatives, developing new approaches, increasing the health care capacity of those working with school-age children and young people and strengthening partnerships with key stakeholders, sustainable health and well-being interventions can make positive changes to the lives of children, young people and their families.”

The project emphasises the benefits of partnership working in developing multidisciplinary, multi-agency teams to address the health and well-being needs of school-age children and young people at local level. This is a clear message that out of school care has an important role in working with other professionals (teachers, health care professionals etc) to ensure the health and well-being of children and young people in their care; and under current policies and initiatives the role, and importance, of out of school care in children's lives should be recognised by a wide variety of professionals working with children.

Download a full version of the report: www.scotland.gov.uk/Publications/2011/09/14083711/9

Summary of Consultation responses on the Common Core of Skills, Knowledge & Understanding and Values for the Children's Workforce in Scotland

Download a copy: <http://www.scotland.gov.uk/Resource/Doc/360167/0121743.pdf>

Other News

Scottish Social Services Council (SSSC) - Zero tolerance for unacceptable levels of social care

In mid-October the SSSC announced that every social worker, social care worker and early years' worker registered with the SSSC would receive information either by post or email from the regulatory body emphasising their registered worker's individual responsibility to report poor practice in care services by colleagues or providers. This nation-wide action is part of the drive to improve standards of practice and promote zero tolerance for unacceptable levels of care in Scotland's social services.

Have you received this information yet?

Play Strategy launched in Glasgow, October 2011

In mid-October Glasgow Life launched a three-year play strategy for Glasgow, entitled "Playing for real", which sets out the importance of play and Glasgow's priorities for play in the coming years. The strategy underpins every child's right to play and details how the city will protect and promote that right, through an improved understanding of play and its benefits. Playing for Real is complimented by a Young Person's version.

For further information visit:

<http://www.glasgowlife.org.uk/about-us/playing-for-real-glasgow's-play-strategy-2011-2014/Pages/default.aspx>

Infection and Prevention Control Update

Infection Prevention and Control in Childcare Settings (Day Care and Childminding Settings)

Earlier in the year SOSCN highlighted the publication of Health Protection Scotland's document: *Infections and Prevention Control in Childcare Settings (Day Care and Childminding Settings)*. The document provides guidance and advice on preventing and controlling infection for staff who work with children in childcare facilities (day-care) and childminding services in Scotland. **All out of school care services and holiday clubs as well as nurseries, day-care centres, crèches and playgroups should be aware of, and use this document. (Please note that services should use the March 2011 document, and not the earlier edition from February 2011.)**

This document can be downloaded for free from the Health Protection Scotland website:

<http://www.documents.hps.scot.nhs.uk/hai/infection-control/guidelines/infection-prevention-control-childcare.pdf>

Update to document- amendment, October 2011

An additional table which includes amendments for minor text errors in the document has been added to the guidance. Please note that all services should also download a copy of these amendments which are to be used alongside the document from March 2011.

To download the amendments:

<http://www.documents.hps.scot.nhs.uk/hai/infection-control/guidelines/infection-prevention-control-childcare-amendment-table-2011-10-12.pdf>

Hand Foot and Mouth Disease – Guidance Update

NHS Greater Glasgow and Clyde has prepared a letter about hand, foot and mouth disease, a mild viral disease, to schools and preschool settings. Although the letter only applies to settings within the area covered by NHS Greater Glasgow and Clyde, the letter can be downloaded from the Care Inspectorate website:

http://www.careinspectorate.com/index.php?option=com_docman&task=doc_details&gid=637

Childcare Statistics 2010

For the first time ever, the Care Inspectorate has published statistics on the provision and use of registered day care of children and childminding services in Scotland. Previously, the Scottish Government conducted annual surveys of all registered childcare and pre-school education

services; however, this role has now been handed over to the Care Inspectorate. This change in reporting has resulted in a slight difference in the way results are presented from previous years.

Scottish Government statistics provided information on the total number of out of school care services, as well as stand-alone out of school care services, such that the overall figure included childcare settings which identified themselves as nurseries or other, but also provided out of school care. The current statistics only present the stand-alone services with any accuracy, although we shall ask the Care Inspectorate to see if over-all figures for out of school care can be provided. [Currently a larger figure can be generated by adding nurseries which "provide additional childcare e.g. a breakfast club or an out of school club" to the total number of "out of school clubs".]

So according to the Care Inspectorate statistics, as at December 2010 there were 736 active out of school care clubs, with a possible additional 399 provided by nurseries to give a figure of 1135 out of school care services in Scotland. According to Scot Government figures from 2009 there were 740 stand-alone out of school care services, but an overall total of 1,091 out of school care services. So although the current statistics suggest that few services closed between 2009 and 2010, we will surely see a difference between 2010 and 2011, as the economic crisis and funding difficulties have increased.

For stand-alone services the voluntary sector is still the largest provider of out of school care- 54% (Private, 31% and local authority, 15%), with 34,310 children (4% of the estimated population aged 0 – 15 years old) attending, and this still makes it the second largest childcare service-type. The average number of children attending a service is 46.

Download the statistics:

http://www.careinspectorate.com/index.php?option=com_docman&task=doc_details&gid=638&Itemid=378

SOSCN's Out of School Care Workforce Survey 2011

SOSCN conducted its fourth annual workforce survey in 2011; a brief summary of the findings are included below. Below are some summarised results; a full report can be downloaded from: www.soscn.org

Lead Practitioner Profile

It was found that the "average" lead practitioner is 45 years old, employed for 28 (hours (term-time) and 33 hours (holiday-time), earning £10.44 per hour and has been employed in out of school care for 11 years. 91% see out of school care as a career, 97% are either very or fairly satisfied with their job.

Practitioner Profile

It was found that the "average" practitioner is 32 years old, employed for 19.5 hours (term-time) and 26.5 hours (holiday-time), earning £7.81 per hour and has been employed in out of school care for 5.5 years. 85% (see out of school care as a career, 98% (are either very or fairly satisfied with their job.

Support Worker Profile

It was found that the "average" support worker is 34 years old, employed for 16.5 hours (term-time) and 26 hours (holiday-time), earning £7.00 per hour and has been employed in out of school care for 4 (3.5) [4] years. 64% see out of school care as a career, 100% are either very or fairly satisfied with their job.