

Evidence briefing on the impact of out of school care

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# Evidence briefing on the impact of out of school care

#### About this briefing

This briefing aims to provide an overview of the best available evidence of the impact of out of school care on both children's and their parents' outcomes. This is based on a rapid review of the evidence undertaken in 2015.

#### Key points

Cost and provision:

- Out of school care provision is the second largest form of childcare provision in Scotland.
- There are currently almost 1000 registered out of school care providers in Scotland.
- The average annual cost for a family with two school-aged children is around £3800 for five days per week of after-school care provision.

Breakfast club provision may be associated with:

- a short-term increase in levels of concentration
- less absenteeism among secondary school pupils
- primary school children being more likely to eat fruit for breakfast.

Out of school care impact on children:

- It provides safe and caring environments for school-age children.
- It provides positive social interactions in a fun environment, especially for 'only' children or those from rural or disadvantaged areas.
- It helps build children's confidence and self-esteem, and provides motivation through opportunities for play, sport and crafts.

Out of school care impact on parents:

- Lower levels of unemployment or parents working part-time.
- Greater numbers of parents entering full-time work, working longer hours or being promoted.
- Improvements in employment and training opportunities, quality of parents' work and fewer unplanned absences.

#### Defining out of school care

There is no single formal definition of out of school care in the UK. However, there is a general consensus that out of school care is 'care provided to school-aged children outside of usual school hours and that this care includes child-minding, after-school clubs, holiday clubs and breakfast clubs' (Siraj and Kingston, 2015).

#### Out of school care provision

The latest available figures highlight that out of school care is the second largest form of childcare provision in Scotland after nursery provision (Care Inspectorate, 2014). There are currently almost 1000 registered out of school care providers in Scotland. Of these, 690 are registered to provide out of school care as their main form of care and a further 280 (predominantly nurseries) provide out of school care providers as an additional form of care to their main type. Similarly, out of school care providers frequently offer other forms of childcare, with the main form being breakfast club provision.

Overall, Scotland has seen a trend of decreasing out of school care provision since 2008; however this saw a reversal in 2013 when out of school care services increased by 0.7% (Care Inspectorate, 2014).

In 2013 there were 35,050 children attending out of school clubs (Care Inspectorate, 2014). The majority of these children were in the 7–11 age range, with significantly fewer children older than 12 years attending. The total number of children attending is similar to that in 2011 and 2012, but remains slightly lower than in 2009 and in 2008 when it was 35,880 and 38,020 respectively.

#### Out of school care costs

Costs vary according to area and out of school care provider; however, in 2015 they are on average just under £50 a week in Scotland (Family and Childcare Trust, 2015). This means that, for example, the average annual cost for a family with two school-aged children is around £3800 for five days per week of after-school care provision.

#### Effectiveness evidence summary

High-quality evidence of the direct impact that out of school care has on children's and parents' outcomes is limited and on the whole quite dated. The majority of the evidence on impact was undertaken in the early 2000s, a period which saw an increase in interest in the provision of out of school care within childcare policy.

While the following summary describes the best available evidence from peerreviewed and grey literature sources, the age and quality of this should be taken into consideration when considering this as a basis for action.

#### **Breakfast clubs**

There is some weak evidence from a randomised controlled trial (RCT) and observational analysis that breakfast club provision is linked to both positive and negative outcomes for children and young people within deprived communities in the UK (Shemilt et al., 2004).

- Breakfast club provision was associated with a short-term increase in levels of concentration at three months; however, this effect was not maintained at one year.
- In the longer term, fewer secondary school pupils in the breakfast club reported missing classes or school within the previous month after one year.
- Primary school children participating within the breakfast club were more likely to eat fruit for breakfast.
- However, scores on a brief measure of psychological wellbeing (the Strengths & Difficulties Questionnaire) showed that primary school children participating in the breakfast club had greater difficulties with conduct and other general difficulties. Secondary pupils showed less prosocial behaviour. The reason for this is unclear but may be due to pre-existing issues in this cohort of school children.

While this study showed some promising outcomes, there are a number of methodological limitations which meant that it was not possible to determine the full impact of breakfast clubs:

- The initial follow-up period of 11 weeks is too short to demonstrate any significant lasting impact of breakfast club provision on children's developmental and broader family outcomes.
- Lack of continuous breakfast club provision in participating schools (two thirds of participating schools did not operate clubs continuously between baseline and second follow-up) and the creation of breakfast clubs in the schools in the control group during the intervention meant this group could no longer act as a true control.

These methodological problems highlight the challenges of robustly evaluating a complex policy intervention within a changing context. They emphasise the importance of committing to the research process and implementation fidelity within such evaluations to ensure the maximum benefit of the intervention and validity of evaluation findings.

#### Impact of out of school care on children

#### **UK evidence**

There is very little robust evidence around the impact of out of school care on children from the UK. Most evidence of impact is either assumed or is based on parents' or staff reports.

A number of studies have highlighted the perceived social benefits of out of school care for children, by children, parents and staff. These include:

- the ability to make new friendships across different ethnic and cultural groups
- the chance to develop relationships with play workers as adult role models
- increased opportunities for play in a safe environment
- increased social skills, confidence and self-esteem
- promotion of diversity and multicultural inclusion.

These opportunities for social interaction were considered to be particularly important for 'only' children and those from either deprived or rural areas where facilities and safe play environments were limited (Malcolm, 2002; Scottish Executive, 2003; Department for Education, 2003).

Some potentially negative impacts were also perceived, including tiredness, the impact of reduced time spent with family and friends, and the shortage of activities aimed at children aged 8 and over, who reported feeling bored (Department for Education, 2003). The Department for Education study (ibid) highlights that mixed-aged out of school care may not be best suited to meeting the needs of older children. It also highlights the need for training to draw on youth work to enable play workers to meet the needs of older children.

#### International evidence

There is also a considerable dearth of evidence from international studies that specifically focuses on the impact of out of school care on children's outcomes. The majority of evidence, from the USA, looks at extended schools, after-school programmes and specific targeted programmes for deprived and struggling inner-city neighbourhood schools. These were considered to lack relevance to the Scottish context.

However, key findings from one recent and relevant Swiss study (Felfe, 2013) suggest that the benefits of attendance at out of school care may differ based on a child's socio-economic background.

In terms of education and income, attending after-school care centres may be less beneficial for children from more affluent backgrounds who have the capacity and resources to provide their children with more stimulating supervision and activities during the afternoon hours. In contrast, children from more deprived backgrounds may experience greater benefit from the resources, learning support and further stimulating activities available at after-school care centres. The Felfe study (ibid) indicates that the average child neither gains from nor is harmed by after-school centre-based care:

'Children from the lowest socio-economic background have the most to gain when being placed in after-school centre-based care, while children from the best socio-economic background have the most to lose when being placed in after-school centre-based care.' (Felfe, 2013. p23)

This would suggest that the quality of care provided by after-school care centres is important and needs to be of a level which is at least comparable to the quality of care that can be provided by the most affluent families.

#### Impact of out of school care on parents

The available evidence suggests that the main potential impact on parents and the broader family is through positive labour market impact. This includes enabling parents to enter, remain in or extend work, training or education, resulting in lower levels of unemployment and increased family income. There is also some evidence that it can enhance the quality of work and training and reduce unplanned absence from work. These benefits are perceived as being particularly important to lone parents.

Non-economic impacts reported by parents in deprived communities include practical support in terms of childcare to help manage crisis situations and provide respite. Play workers are also seen as an informal source of emotional support and as signposting to or helping to access other services. Evidence for other kinds of benefits is weak (Malcolm, 2002; Department for Education, 2003).

#### Inequality and equality

#### Children and families in areas of deprivation

One study (Department for Education, 2003) specifically considered barriers to use by families with low income. It highlighted that the majority of users in the out of school clubs that operated in areas of deprivation (but did not target low-income families) were relatively affluent families. Consequently, the placement of out of school care in areas of deprivation does not necessarily mean that they are accessible to low-income families and attendance at an after-school club may be dependent on people's ability to pay rather than by those who may benefit the most.

Trying to run a financially self-sustainable club in areas of deprivation was highlighted as problematic, especially for voluntary groups that lacked core funding and could not offer free or subsidised places.

#### Ethnic minority families

Ethnic minority families made up 43% of the families participating in the Department for Education (2003) sample. There was no general difference in their perceptions of the impact of using the service and the potential impact on children and families. However, these families highlighted the potential for additional benefit.

Employing play workers from ethnic minority backgrounds reflective of the local cultural mix can be a positive way to promote multicultural inclusion, as does promoting diversity and multiculturalism through culturally relevant activities and festivals. In predominantly white clubs, multiculturalism was absent from day-to-day activity.

There is also some evidence that parents and children from ethnic minorities and children with some disability are unable to make use of out of school clubs, as few clubs were found to have made provision for them, particularly in rural areas (Malcolm, 2002).

#### Children with special educational needs

The benefits experienced by children with special educational needs are believed to be largely the same as those experienced by children without such needs. The ability to participate is viewed as being more significant for children with special educational needs but the experience of interaction also has a positive impact on children without special educational needs (Department for Education, 2003).

#### Conclusion

This briefing primarily looks at evidence around the impact of out of school care – including breakfast clubs, after-school care and holiday care – on parents' and children's outcomes. The main limitation to reaching firm conclusions about the impact of out of school care is the lack of recent good quality robust evidence. Most evidence comes from the early 2000s, a period which saw an increase in interest in the provision of out of school care within childcare policy.

However, from the available evidence, there is a general consensus that out of school care can have a positive impact on children, especially the younger age group aged 5–8 years. Most of these benefits are social and include relationships, self-confidence and particularly the opportunity for play in a safe environment. Benefits for children from ethnic minority backgrounds, those with a disability and those with special educational needs are perceived to be largely the same, with out of school care viewed as a good way to promote inclusion and diversity.

The majority of children attending out of school care in Scotland are in the 7–11 age range. However, the evidence highlights that out of school care may lack appropriate age-related activities for children older than 8 years and that play workers may need training based on youth work techniques to meet the needs of these older children. However, this evidence is quite dated and out of school care may have changed to accommodate the differing needs of older children in the intervening period.

There is some international evidence that out of school care may have a differential impact on children depending on their socio-economic status. Children from disadvantaged or less affluent backgrounds may experience greater benefit from out of school care than their more affluent peers whose families have greater access to resources and activities. Out of school care may therefore be less beneficial for these children. Quality appears to be central to benefit for disadvantaged children. For maximum benefit, it is important that out of school care provides resources and opportunities at a level that is at least comparable to the quality of care that more affluent families can provide.

In terms of impact on parents, there is good evidence that using out of school care allows some parents, especially single parents and those not in work, to secure employment, increase working hours or undertake further education or training.

Although recent evidence highlights that children from the lowest socioeconomic backgrounds may have the most to gain from after-school care, affordability is a key consideration. In Scotland the average cost for a family with two school-aged children is around £3800 for five days a week of out of school care. This is a potentially prohibitive cost for families on low incomes or in poverty. Indeed, the evidence highlights that locating out of school care provision in areas of deprivation does not necessarily mean that this is accessed by families on a low income, and that without core funding it can be difficult for providers to run sustainable services to those who lack resources but who may benefit the most.

#### About NHS Health Scotland evidence briefings

NHS Health Scotland evidence briefings are produced by the organisation's Evidence for Action (EfA) team. They use systematic methods to provide a robust, quality assured and balanced assessment of interventions and approaches likely to be effective in improving health and reducing health inequalities. As such, users can have a high degree of confidence that the conclusions and recommendations are valid. Supporting literature reviews and other relevant background papers are often available. Please contact the person named at the end of this briefing for further details.

#### Scottish policy link(s):

#### 'Getting it right for every child' (GIRFEC, 2008)

Available from: www.scotland.gov.uk/Topics/People/Young-People/childrensservices/girfec

'Getting it right for every child' (GIRFEC) is the national cross-cutting programme which outlines an approach to working with children and families in Scotland. Based on individual need, the wellbeing of the child is placed at the centre of the approach, which establishes the principle of giving all children and young people the best possible start in life as a priority for all services. GIRFEC builds upon the universal services of health and education and sets out a national programme of transformational change to ensure that each child is:

- Safe
- Healthy
- Active
- Nurtured
- Achieving
- Respected
- Responsible
- Included

These principles inform or influence choices and action across a wide range of roles and contexts. As a national approach to meeting the needs of all children and young people, GIRFEC is the vehicle to deliver the other key national action plans and frameworks in the early years.

## The Scottish Government (2013) National Parenting Strategy: Making a positive difference to children and young people through parenting Available from: www.gov.scot/Publications/2012/10/4789

The Scottish Government's aspiration is for Scotland to be the best place in the world for children and young people to grow up. The National Parenting Strategy seeks to turn this aspiration into practical action – by championing the importance of parenting, by strengthening the support on offer to parents and by making it easier for them to access this support.

NHS Health Scotland has led the development of an Outcomes Framework for Scotland's National Parenting Strategy in collaboration with a wide range of partners that have a role in supporting parents, families and children and young people. The Outcomes Framework is available as an interactive resource from the Parenting Outcome Frameworks website.

### The Scottish Government (2013) Play Strategy for Scotland and Action Plan

Available from: www.scotland.gov.uk/Publications/2013/06/5675 and www.scotland.gov.uk/Publications/2013/10/9424

The Scottish Government's Play Strategy sets out an aspiration to improve the play experiences of all children and young people in Scotland, including those with disabilities or from disadvantaged backgrounds. The Play Strategy will be followed by a supporting action plan that sets out what actions need to be taken in the domains of home, nursery and school community to realise this vision for play.

#### Children and Young People Scotland Act (2014)

Further information available from: www.gov.scot/Topics/People/Young-People/legislation

The Act will further the Scottish Government's ambition for Scotland to be the best place to grow up by putting children and young people at the heart of planning and services and ensuring their rights are respected across the public sector. To ensure that children's rights properly influence the design and delivery of policies and services, the Act includes provisions that will:

- from August 2014 increase the amount and flexibility of free Early Learning and Childcare from 475 to a minimum of 600 hours per year for 3- and 4-year-olds, and 15% of Scotland's most vulnerable 2-year-olds. From August 2015 this will extend to 27% of the most vulnerable 2-year-olds
- provide free school lunches to all children in primary 1–3 by January 2015
- enshrine in law elements of the 'Getting it right for every child' (GIRFEC) approach, ensuring there is a single planning approach for children who need additional support from services, providing a single

point of contact for every child and providing a holistic understanding of wellbeing.

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