

## Out of School Care Workforce Survey 2020



Participating in this survey helps us gather statistics and gain a better understanding of the issues facing the out of school care (OSC) workforce- we need individual staff members to participate. The survey takes 5 – 10 minutes to complete. Once filled in, return to: SOSCN, Floor 4, 41 St Vincent Place, Glasgow G1 2ER by **31/01/2021**.

In addition to the usual questions, we are asking some about the impact of the COVID pandemic on the workforce. We understand if you prefer not to answer some of the COVID questions however all answers are treated in strictest confidence and anonymised in the final collated results.

Only one survey per individual should be completed: either the hardcopy or the online version that can be found here: <https://freeonlinesurveys.com/s/31UfC7SP#/0>

1. What is your gender? <b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/> <b>Other:</b>
2. What is your age?
3. Do you have a registered disability? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Prefer not to say</b> <input type="checkbox"/>
4. What is your ethnic background?
5. In which local authority do you work?
6. In which sector is your service? <b>Voluntary</b> <input type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Public</b> <input type="checkbox"/>
7. Does your service deliver only OSC or combined Early Learning and Childcare (ELC) and OSC? <b>Only OSC</b> <input type="checkbox"/> <b>Combined ELC and OSC</b> <input type="checkbox"/>
8. With which professional body are you registered? <b>SSSC</b> <input type="checkbox"/> <b>GTCS</b> <input type="checkbox"/> <b>Other:</b>
9. To which SSSC job category does your job belong? <b>Lead Practitioner</b> <input type="checkbox"/> <b>Practitioner</b> <input type="checkbox"/> <b>Support Worker</b> <input type="checkbox"/>
10. Do you currently possess the appropriate qualification for your job? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
11. Are you currently working towards the appropriate qualification for your job? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Not applicable as already qualified</b> <input type="checkbox"/>
12. Do you see working in OSC as a career? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Unsure</b> <input type="checkbox"/>
13. How satisfied are you in your job? <b>Very</b> <input type="checkbox"/> <b>Fairly</b> <input type="checkbox"/> <b>Not very</b> <input type="checkbox"/> <b>Dissatisfied</b> <input type="checkbox"/>
14. How many hours per week do you work term-time?
15. How many hours per week do you work holiday-time/in-service days?
16. What is your pay per hour? <b>£</b>
17. To the nearest year, how long have you been working in out of school care?
18. What is the best thing about working in out of school care?
19. What is the biggest challenge about working in out of school care?
20. If you could change one thing about working in out of school care, what would it be?

**Please turn over page for the COVID 19 questions**

<p><b>21. COVID IMPACT:</b> If you were furloughed, how long was this for?</p>
<p><b>22. COVID IMPACT:</b> If you are still on furlough, is this equivalent to?  <b>Normal Working Hours</b> <input type="checkbox"/> <b>Part-time normal working hours</b> <input type="checkbox"/></p>
<p><b>23. COVID IMPACT:</b> If you are on furlough, are you receiving 100% equivalent or 80% equivalent of your usual pay? <b>100%</b> <input type="checkbox"/> <b>80%</b> <input type="checkbox"/> <b>Don't know</b> <input type="checkbox"/></p>
<p><b>24. COVID IMPACT:</b> If you are/were furloughed are you undertaking/did you undertake any of the following (please select all which applies).  <b>Online Training</b> <input type="checkbox"/> <b>Work on qualification</b> <input type="checkbox"/> <b>Work on Achieving Quality Scotland</b> <input type="checkbox"/> <b>Other:</b></p>
<p><b>25. COVID IMPACT:</b> If you were not furloughed, please select from the options below all which applied to your situation.  <b>I was shielding &amp; on sick leave</b> <input type="checkbox"/> <b>I was already on leave e.g., maternity leave</b> <input type="checkbox"/>  <b>I remained working as my service provided critical childcare</b> <input type="checkbox"/>  <b>I worked from home on managerial &amp; administrative tasks</b> <input type="checkbox"/>  <b>Other:</b></p>
<p><b>26. COVID IMPACT -</b> If you have been required to self-isolate, how has this affected your income?  <b>No change</b> <input type="checkbox"/> <b>Slight drop in income</b> <input type="checkbox"/> <b>Significant drop in income</b> <input type="checkbox"/> <b>Very Large drop in income</b> <input type="checkbox"/></p>
<p><b>27. COVID IMPACT-</b> If you have experienced any drop in income, what has been the impact on you and your family?</p>
<p><b>28. COVID IMPACT - HEALTH &amp; WELLBEING:</b> Have you had COVID-19?  <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Don't know</b> <input type="checkbox"/> <b>Prefer not to say</b> <input type="checkbox"/></p>
<p><b>29. COVID-IMPACT-</b> If you have had COVID-19, how do you think were you infected?  <b>Don't know</b> <input type="checkbox"/> <b>Contact through work</b> <input type="checkbox"/> <b>Contact through family member</b> <input type="checkbox"/> <b>Contact through social interaction</b> <input type="checkbox"/>  <b>Contact through wider community transition</b> <input type="checkbox"/> <b>Other:</b></p>
<p><b>30. COVID IMPACT - HEALTH &amp; WELLBEING:</b> How anxious were you about returning to work and working directly with children and other members of staff? (Regardless of whether you have had COVID or not.)  <b>Not at all anxious</b> <input type="checkbox"/> <b>Slightly anxious</b> <input type="checkbox"/> <b>Anxious</b> <input type="checkbox"/> <b>Very anxious</b> <input type="checkbox"/></p>
<p><b>31. COVID IMPACT - HEALTH &amp; WELLBEING:</b> If you are currently working in the service, how anxious are you now?  <b>Not at all anxious</b> <input type="checkbox"/> <b>Slightly anxious</b> <input type="checkbox"/> <b>Anxious</b> <input type="checkbox"/> <b>Very Anxious</b> <input type="checkbox"/></p>
<p><b>32.</b> If you answered 'anxious' or 'very anxious' for any of the previous questions, could you please tell us why:</p>
<p><b>33. COVID IMPACT - HEALTH &amp; WELLBEING:</b> How confident are you that the health and safety procedures in your workplace are effective in preventing and controlling the spread of COVID?  <b>Very confident</b> <input type="checkbox"/> <b>Quite confident</b> <input type="checkbox"/> <b>Confident</b> <input type="checkbox"/> <b>Not very confident</b> <input type="checkbox"/> <b>Not at all confident</b> <input type="checkbox"/></p>
<p><b>34. COVID IMPACT -</b> What positives have you found, if any, in terms of the new ways of working to deal with the pandemic? (Please select all which apply)  <b>Better relationships with staff</b> <input type="checkbox"/> <b>Better relationships with children</b> <input type="checkbox"/> <b>Children are happier and more relaxed</b> <input type="checkbox"/>  <b>Enjoy working with smaller groups of children</b> <input type="checkbox"/> <b>More outdoor play</b> <input type="checkbox"/> <b>Other:</b></p>
<p><b>35. COVID IMPACT -</b> We thank you very much for your dedication to providing out of school care to children, families and the community at this time and always. If you have anything to add about the impact of COVID on your work, wellbeing and/or professional development, please add comments below:</p>
<p><b>36.</b> If you would like to be entered into our free prize draw, please enter your email below. Please note that this will only be used for the purposes of the draw:</p>