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This guidance is also available at www.forhighlandschildren.org
Please check here for the latest version
Aim and Introduction

AIM
The aim of ‘Promoting health and wellbeing in 0-5 years settings: a guide’ is to provide information and advice to help you to ensure that your early years provision contributes to the health and wellbeing of children and families. This update has been produced by Highland Council’s Childcare and Early Education Service, with advice from NHS Highland, early years organisations and partners.

This 2013 version includes new national and local guidance and notes the introduction of the integrated Health and Social Care service for children and young people, led by Highland Council.


WHO IS THIS GUIDE FOR?
Anyone working in groups with young children from 0 to 5 years old and their families in Highland – toddler groups, playgroups, all-day nurseries, preschool education providers, out of school care clubs, family support organisations, health and social care services – should find useful information here. The guide draws together the main topics in one place and offers suggestions for further contacts or details.

WHY HAVE A GUIDE?
Scotland has among the highest rates of coronary heart disease, cancer, stroke and obesity/overweight among developed countries and the Highlands are no exception to this pattern. Getting a good start in the very early years enables healthy all-round development and lays the foundations for long-term wellbeing. Nationally, the early years are now recognised as a vital stage at which to influence positive outcomes for children, especially those who may be vulnerable for any reason.
Aim and Introduction


‘By getting it right in the early years and supporting good healthy choices and behaviours amongst children and young people, we can set them on a trajectory where they can sustain good health throughout their lives.’

**HOW TO USE THIS GUIDE**

If you work in a registered provision with young children, you will already have a series of policies and guidance in place. What this guide does is to point you to areas you should know about or consider, highlight important aspects and suggest sources of advice.

The guide is arranged in numbered sections to cover the main topics, as listed on the *Contents* page and referred to in the *Index*. In many cases you will find that the guide refers you to a source where you can find more detailed information, such as a website, a document, an individual or an agency. We recommend you read **Sections 1 to 3** first, for an introduction to the context of health and wellbeing in the early years.

**KEY GUIDANCE** boxes summarise important points.

The loose-leaf format has been chosen so that when policies alter or new resources become available, updates can be inserted. The latest version of the guide will be found at [www.forhighlandschildren.org](http://www.forhighlandschildren.org) and on GLOW (see Curriculum for Excellence Health and Wellbeing section)

As your first step, please complete the following page

‘Our Key Contacts’ and place it in the front of your folder.

Many people have helped to compile the original guide and this updated version and their help is gratefully acknowledged. In particular, we would like to thank Care and Learning Alliance, Action for Children, NHS Highland and Highland Council staff for their contributions.

Childcare & Early Education Service/NHS Highland Tel. 01463 711176
OUR KEY CONTACTS:

If you need help with local telephone numbers, please contact:

Childcare & Early Education Service  tel. 01463 711176
For Health Centres: NHS Highland  tel. 01463 701318

Our Link Health Visitor/Public Health Nurse
Every pre-school education provider has a named ‘Link Health Visitor’, who is part of the public health nursing team.

Link Health Visitor/ Public Health Nurse:

Name_________________________________________________________________
Tel. No.________________________________________________________________

Our nearest Health Centre

Name_________________________________________________________________
Address __________________________________________________________________
__________________________________________________________________________
Telephone number_________________________________________________________

Childcare and Family Resource Officer

Name_________________________________________________________________
Telephone number_________________________________________________________

Local Social Work Services office

Telephone number_________________________________________________________

Emergency Social Work Services: Tel. 0845 769 7284
Aim and Introduction
INTRODUCTION

Welcome to Promoting health and wellbeing in 0-5 years settings: a guide. We hope you will find that the contents help you in your work with young children and families and also benefit staff and volunteers.

It is widely acknowledged that the first few years of a child’s life are crucial to their healthy development and will have a fundamental influence on their later wellbeing. Parents and other family members are children’s prime carers and educators, but increasingly, early years practitioners play an important part in determining the quality of a child’s environment and experiences.

The World Health Organisation’s definition of health, 1948:

‘Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.’

It is the first few years of a child’s life, including the antenatal period, that start to lay the foundations for a person’s long-term development. The period before formal school begins is also an opportunity for children and their families to adopt a positive attitude to their health and wellbeing.

Health-promoting early years providers ensure that children are safe, well-nourished, play and learn actively and create environments which build the social and emotional confidence of children, families and staff.

Early years practitioners play an increasing role in sharing the care of young children with their parents. A setting that develops health and wellbeing is a place where children (and adults) are valued – and as importantly, know that they are valued. Children who are encouraged to enjoy being themselves and to make healthy choices for themselves, stand a better chance of a positive future.

Policy Context

Below is a summary of the main policies and strategies most relevant to early years services. A glossary of terms is at the end of this Section.
Aim and Introduction

Children and Families in the Highlands

Local early years, family support and leisure services

Early Years Framework: Highland action plan

For Highland’s Children & Education Service plans

Highland Practice Model (GIRFEC)

Local Outcome Agreement with Government

Early Years Framework

Getting it right for every child Pre-Birth to Three
Curriculum for Excellence Health for All Children

Better Health, Better Care Equally Well Achieving our Potential
Mental Health Strategy for Scotland
Getting Our Priorities Right

National Outcomes

All children are: successful learners, confident individuals, effective contributors and responsible citizens
**Aim and Introduction**

**National Outcomes**

The Government has 15 ‘national outcomes’ to support its strategic objectives for Scotland. Most of these objectives contribute to improving health and wellbeing and reducing health inequalities through a focus on the wider determinants of health such as socio-economic circumstances, employment, education, community safety, supportive communities and our environments. Particularly relevant are the outcomes:

- **That our children have the best start in life and are ready to succeed**
- **That we live longer, healthier lives**
- **That we tackle the significant inequalities in society**

The vision is for all children to be: successful learners, confident individuals, effective contributors and responsible citizens. To achieve these outcomes all children need to be: **Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included.**

Two key Scottish strategies are steering the way that services support children and families in future: The Early Years Framework and *getting it right for every child*, outlined below.

**The Early Years Framework**

This is Scotland’s national ten-year action plan, for children from the antenatal stage up to 8 years old (*see also later in Introduction*). It aims to ensure that all children get a good start and has a particular focus on the 0-3s stage and around strengthening parenting capacity:

‘It is during our very earliest years and even pre-birth that a large part of the pattern for our future adult life is set. The early years are therefore a key opportunity to shape a Scotland of the future which is smarter, healthier, safer and stronger, wealthier, fairer and greener.’

_The Early Years Framework_, Scottish Government/CoSLA, 2008

For more details about *The Early Years Framework*:

[www.scotland.gov.uk/Topics/People/Young-People/Early-years-framework](http://www.scotland.gov.uk/Topics/People/Young-People/Early-years-framework)
Getting it right for every child is the Scottish programme to change how services operate so that the right children get the right help at the right time. The aim is to reduce bureaucracy and to speed up responses, so that children are supported as early as possible. The child and family should remain at the centre of any interventions, with services drawn in to help (rather than a child being ‘referred on’ to services). This method of working is already embedded in the Highlands, where it is known as ‘the Highland Practice Model’. Using this model:

- Every child has a named person who is responsible for making sure that while the family is in touch with their service, the child has the right help in place to support his/her development and well-being. The Named Person for a child aged 0-5 years will usually be the child’s own Family Health Visitor;

- When more than one agency is involved in an intervention, a Lead Professional is agreed. The Lead Professional will co-ordinate the Child’s Plan, to which the agencies contribute;

- Agencies use a common method of assessing a child’s needs, based around using the ‘My World Triangle’ (see overleaf). More information is available at: http://forhighlandschildren.org/5-practiceguidance/

Alongside these two key strategies is the universal child health programme ‘Health for All Children: 4 – Getting it right for Scotland’s Children’ (sometimes known as ‘Hall 4’) which sets out recommendations on screening, surveillance and health promotion. This includes ensuring that every preschool has a Link Health Visitor with whom to liaise (see also Sections 2 & 3). Health for All Children 4 is ‘based on the principle of universal access to NHS services, but recommends that the way in which those services are delivered must be tied much more closely to identified needs. In other words, universal access to NHS services does not necessarily have to mean uniform provision of those services.’

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1 Health for All Children:4 Getting it right for Scotland’s Children, Scottish Executive, 2005
Aim and Introduction

Getting it right for every child assessment tool used to help identify the strengths and pressures in a child’s life:

OUTCOMES FOR CHILDREN
All children in Scotland should be:
Confident Individuals; Effective Contributors; Successful Learners; Responsible Citizens

<table>
<thead>
<tr>
<th>Safe</th>
<th>Protected from abuse, neglect or harm at home, at school and in the community.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy</td>
<td>Having the highest attainable standards of physical &amp; mental health, access to suitable health care &amp; support to make healthy &amp; safe choices.</td>
</tr>
<tr>
<td>Achieving</td>
<td>Being supported &amp; guided in their learning &amp; in the development of their skills; confidence &amp; self esteem at home, at school &amp; in the community.</td>
</tr>
<tr>
<td>Nurtured</td>
<td>Having a nurturing place to live, in a family setting with additional help if needed or, where this is not possible, in a suitable care setting.</td>
</tr>
<tr>
<td>Active</td>
<td>Having opportunities to take part in activities such as play, recreation &amp; sport, which contribute to healthy growth &amp; development at home and in the community.</td>
</tr>
<tr>
<td>Respected &amp; responsible</td>
<td>Should be involved in decisions that affect them, should have their voices heard and should be encouraged to play an active and responsible role in their schools &amp; communities.</td>
</tr>
<tr>
<td>Included</td>
<td>Having help to overcome social, educational, physical &amp; economic inequalities and being accepted as part of the community in which they live &amp; learn.</td>
</tr>
</tbody>
</table>
Pre-Birth to Three: supporting our youngest children is the national guidance, produced by Learning and Teaching Scotland in 2010, which defines the key features of supportive approaches to 0-3 year olds.

‘A renewed emphasis on the period between early pregnancy and 3 years old is needed to reflect the evidence that this is the period with the greatest bearing on outcomes and a critical period in terms of breaking cycles of poor outcomes.’

The guidance and accompanying DVDs emphasise the importance of early experiences, based around four themes: ‘Rights of the Child’, ‘Relationships’, ‘Responsive Care’ and ‘Respect’. Pre-Birth to Three is not a curriculum, but provides a set of values around which those working with 0-3 year olds can assess and develop their practice. More information is at:

http://www.educationscotland.gov.uk/earlyyears/prebirthtothree/nationalguidance/index.asp

Other main national and local strategies relating to early years practice are:

### National

- Better Health, Better Care (2007)
- Equally Well Implementation Plan (2008)
- Achieving our Potential (2008)
- A Curriculum for Excellence
- Getting Our Priorities Right (2012)
- Mental Health Strategy for Scotland (2012)
- The Schools (Health Promotion and Nutrition) (Scotland) Act 2007
- Underpinning all registered services are the National Care Standards for early education and childcare up to the age of 16.

The Care Inspectorate works to ensure these Standards are met. If your service is registered with the Care Inspectorate, the Standards are a good basis for a health-promoting setting. For details, see their website:

http://www.careinspectorate.com/

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2 Ministerial Foreword, Pre-Birth to Three, Scottish Government, 2010
Highland

15 Local Outcomes have been agreed with the Scottish Government to address the National Outcomes. The outcome particularly relevant for early years services is:

‘The cycle of deprivation is broken through intervention in early years’.

For Highland’s Children is our integrated children’s services plan, with the vision:

“All of Highland’s children have the best possible start in life; enjoy being young; and are supported to develop as confident, capable and resilient, to fully maximise their potential.”

The Early Years Framework priorities are embedded as ‘Improvement Objectives’ in For Highland’s Children 3. As well as the Early Years Framework priorities, there are also national health-based targets to which early years settings can contribute:

- Achieve agreed completion rates for child healthy weight intervention programme by March 2014.
- At least 60% of 3 and 4 year olds in each SIMD quintile to have fluoride varnishing twice a year by March 2014

For Highland’s Children 4 will be available shortly – see www.forhighlandschildren.org

Highland Council’s Programme, launched in June 2012, has a section on ‘Working together for our children and young people’. Commitments include:

Implementing ‘getting it right for every child’ and the Early Years Framework, progressing the Highland Play Strategy, and increasing expenditure for early years services and families.
Creating and maintaining a ‘health-promoting early years setting’

A health-promoting early years setting is one that:

- Has a positive ethos;
- Works closely with families and the wider community;
- Takes a rounded view of the emotional, physical and social needs of children and families;
- Takes steps to address those needs;
- Collaborates with others;
- Takes care of the staff and volunteers who work there.

Your policies should address basic health and safety issues as well as equal opportunities and child protection.

Last, but not least, is the way in which your setting influences the health and wellbeing of the adults involved – staff, volunteers and parents/carers.

Ways to Wellbeing is a new handbook produced by Highland Council’s Psychological Service with practical advice on how enhance staff wellbeing, including information and self-reflective exercises. For more information see: [http://www.highland.gov.uk/learninghere/psychologicalservice/](http://www.highland.gov.uk/learninghere/psychologicalservice/)

The Healthy Working Lives (HWL) Awards Programme encompasses a wide range of topics enabling organisations to select those most relevant to its workforce, including health promotion, occupational health and safety, health and the environment, mental health and well-being, community involvement and employability – see [www.healthyworkinglives.com](http://www.healthyworkinglives.com)

If your group or centre is a member of the Care and Learning Alliance or managed by Highland Council, you will already have your policies in place. If you are unsure, please contact your umbrella organisation in the first instance. If you do not belong to any organisation or need further information, please contact the Childcare and Early Education Service, tel. 01463 711176.
Depending on the type of service you provide, the need for policies may vary. For example, a playgroup operating in a community hall will already abide by the No Smoking and Fire regulations for that building. As a guide, the key health-related policies and procedures you are likely to need are:

<table>
<thead>
<tr>
<th>KEY POLICIES/PROCEDURES</th>
<th>For more information see:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working with families</td>
<td>Section 2</td>
</tr>
<tr>
<td>Sharing Information</td>
<td>Introduction</td>
</tr>
<tr>
<td>Equal Opportunities</td>
<td>Section 2</td>
</tr>
<tr>
<td>Child Protection</td>
<td>Section 4</td>
</tr>
<tr>
<td>Health &amp; Safety:</td>
<td></td>
</tr>
<tr>
<td>No Smoking Policy</td>
<td>Section 4</td>
</tr>
<tr>
<td>Head Lice</td>
<td>Section 5</td>
</tr>
<tr>
<td>Nappy Changing</td>
<td>Section 5</td>
</tr>
<tr>
<td>Food Safety</td>
<td>Section 6</td>
</tr>
<tr>
<td>Risk Assessment/Injury Prevention</td>
<td>Section 7</td>
</tr>
<tr>
<td>First Aid</td>
<td>Section 7</td>
</tr>
<tr>
<td>Fire Procedures</td>
<td>Section 7</td>
</tr>
<tr>
<td>Anaphylaxis (severe allergic reaction)</td>
<td>Section 7</td>
</tr>
<tr>
<td>Food and Health</td>
<td>Section 10</td>
</tr>
<tr>
<td>Additional Support Needs</td>
<td>Section 13</td>
</tr>
</tbody>
</table>

Other policies or guidelines you are likely to have in place if you are registered include:

- Code of Conduct
- Recruitment
- Induction
- Complaints
- Whistle-blowing
- Confidentiality
- Admissions
- Consultation with Children
- Parental Involvement
- Transition
- Adverse Weather arrangements
Contact the Childcare & Early Education Service or Care and Learning Alliance if you require advice.

To be effective, all these strategies and guidance rely on agencies working closely together in an integrated way, so that children and families are at the centre of our efforts. Working directly with 0-5 year olds and their families is a vital piece of the jigsaw of services which support families. Early years services have an important role to play in contributing towards addressing our local and national priorities.

Integrated working often requires agencies to share information so that services can be put in place quickly to help children and families. The Highland Policy on Sharing Information has been updated to meet the national standard (see later in this Section).

Registered childcare and pre-school education providers are required to address children’s needs for physical and emotional wellbeing to meet the Care Inspectorate’s National Standards and elements of the Curriculum for Excellence. All practitioners must register with the Scottish Social Services Council (SSSC) in order to practise see also Training – Section 14. A good understanding and knowledge about the developmental needs of children will help towards meeting the level of knowledge required for SSSC registration and to maintain accordance with the National Standards.

Three key sources of online information are:

NHS Health Scotland’s *Maternal and Early Years for early years workers*  
http://www.maternal-and-early-years.org.uk/

Education Scotland’s early years section  
http://www.educationscotland.gov.uk/earlyyears/index.asp

Social Services Knowledge Scotland early years section  
http://www.sskss.org.uk/topics/early-years.aspx
Sharing information to benefit children and families

Information that is shared effectively between professionals enables them to get a picture of a child and family’s needs and how to address them, enables timeous action and avoids parents having to repeat details to different agencies. To comply with legislation, all staff must treat personal information carefully and respect confidentiality where appropriate. The welfare of the child is always the paramount consideration.

If a child appears to be at risk of harm, Child Protection Procedures must be followed.

Parents in Highland are introduced to the benefits of integrated working in the Personal Child Health Record (the child’s ‘Red Book’). Pre-school education centres have been provided with a statement (below) on to be included in parent information and displayed on noticeboards.

Statement for use by pre-school education centres

<table>
<thead>
<tr>
<th>Getting it right for every child</th>
<th>Working together: Statement for parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>All pre-school education centres work closely with NHS Highland and other agencies so that the resources and information we have will bring the most benefit to families. The aim is to ensure we have the right services for your child at the right time. Early Education services and NHS Highland collaborate to plan services and offer interventions, such as the Childsmile Oral Health Programme and the Pre-school Vision Screening Programme. To assist the administration of these programmes, we confirm your child’s name, date of birth and address to NHS Highland. We have a Link Health Visitor, who visits the centre at least once a term. Their main role is to offer advice on children’s health and development. They will also liaise with your own Family Health Visitor if necessary. Our centre’s Link Health Visitor is: ____________________________ Tel. No. ____________________________</td>
<td></td>
</tr>
</tbody>
</table>

If your child would benefit from help from other agencies, you will be asked for permission so that relevant information can be shared. This enables staff to get a rounded picture of your child and means you won’t keep being asked for the same information by different people. If your child’s immediate safety or welfare is at risk, information may legally be shared without your consent.

This statement is available in Gaelic and Polish and can be provided in other languages and formats, on request to the Childcare & Early Education Service. (July 2010)
Professionals may often want to discuss informally a child’s welfare or progress with colleagues in other organisations – indeed this is a function of integrated children’s services. Only relevant information should be discussed and only with those that need to know. It is often helpful initially to discuss a concern without naming a child, to gauge what action, if any, might be appropriate. When a specific child’s wellbeing is being discussed and actions planned, the parents/guardians should be involved and asked for their permission, unless there is a child protection concern.

‘Key Guidance’ is below. *Data Sharing across the Highland Data Sharing Partnership: Procedures for Practitioners* is available at: http://forhighlandschildren.org/4-icspublication/index_36_2214312142.pdf

If you have any queries about information-sharing, contact your line manager.

**KEY GUIDANCE:** *Sharing Information to benefit children*

1. **Explain to the parent/guardian** (*unless you do not intend to seek their permission*) :
   - what information you wish to share
   - why this would help the child
   - who you would share the information with
   - if necessary, the possible consequences of not sharing information

2. **Gain consent** from the parent/guardian to share the information.
   Note in the child’s record that the parent has given consent, or with-held consent, for the information to be shared. *In certain circumstances it may be necessary to share information with others even if consent has not been given, in order to prevent harm or prevent or detect a crime.*

3. **Share appropriately**
   Share the relevant information carefully, only with those that need to know.
STRUCTURES AND RESOURCES

The network of services, agencies and staff in Highland can be confusing! Below is a brief overview of the structures followed by details of contacts in Highland Council’s Health and Social Care children’s service, NHS Highland and voluntary organisations.

Key structures relating to early years services

In the Highlands, the council, NHS and other agencies are committed to working closely together to try and help all children get off to a good start. In 2012 a major reorganisation took place, with the council becoming responsible for delivering the main core of children’s services. This means that NHS Highland has commissioned the council to deliver the child health programme and other health services for children and young people.

Public Health Nursing teams, along with primary mental health workers and some allied health professionals are now employed by the Highland Council. The new name for this integrated service is: Health & Social Care Children’s Services. New boundaries are being established so there will be North, Mid, West and South areas, encompassing associated school groups.

(A parallel shift means that adult social care services are now delivered by NHS Highland, on behalf of the council.)

The Adult & Children’s Services Committee is now responsible for taking decisions on how services are organised and oversees our children’s services plan, For Highland’s Children (see also Introduction)

Highland Child Protection Committee is responsible for reviewing cases and produces the inter-agency Child Protection Guidelines and other materials.

The Early Years Improvement Group and Support for Parents Improvement Group bring together a wide range of agencies involved in services for children and families. They are responsible for developing the
Highland response to The Early Years Framework and the National Parenting Strategy, as part of *For Highland’s Children*

A **Childcare and Family Resource Partnership** operates in each Highland Council area, as a forum for all those involved in working with children 0-14 years and families.

**Highland Childcare Information Service** provides information on a wide range of childcare, family support and early education services through the Scottish Family Information Service website [www.scottishfamilies.gov.uk](http://www.scottishfamilies.gov.uk), telephone line: 0845 6011345 or email childcareinformationservice@highland.gov.uk

In 2011, **High Life Highland** was established as a charity to develop and promote opportunities in culture, learning, sport, leisure, health and wellbeing. This incorporates libraries, museums, adult learning, leisure, outdoor education, sport and youth services [http://highlifehighland.com/](http://highlifehighland.com/)

**The Highland Council**

**Health and Social Care – Children & Young People’s Service**

[www.highland.gov.uk](http://www.highland.gov.uk)

tel. 01463 711176 for contacts or use telephone numbers below

**Childcare & Early Education Service**

The service is responsible for supporting services for 0-14 year olds outwith formal schooling. It is home to the Highland Childcare Information Service, the Resource Manager (Early Years) and Childcare & Family Resource team, the Early Education team, the Early Years Health Development Officer and Midwifery Development Officer.
Childcare & Family Resource Officers (CFRO) support the local Childcare & Family Resource Partnership and local services.

Early Years Education Officer supports pre-school education providers, working with a team of Principal Teachers - Pre-school who work with a cluster of centres.

Public Health Nurses (Health Visitors) work mainly with children 0-5 years and families. They are the main source of community-based health advice and are able to work with groups as well as individuals. To contact your nearest Public Health Nursing Team, ask at your local health centre or call 01463 711176

Social Workers support children and families from pre-birth where there are high level needs or concerns, including where children are looked after or accommodated by the council.

Speech & language therapists and physiotherapists offering specialist advice and help to children and families.

Children’s Service Workers (Early Years) / Community Children’s Workers, Community Nursery Nurses and Family Support Workers (Early Years) are part of the team available to help families experiencing difficulties, alongside social workers, health staff and voluntary organisations, as appropriate.

Psychological Service provides a Pre-school Home Visiting Service that works with children with additional educational support needs and families. More information is at http://www.highland.gov.uk/learninghere/psychologicalservice/homevisitingteachers/
Other council services particularly relevant to early years settings

Customer Income Maximisation Team can advise on benefits and other entitlements that are available, undertake benefit checks and provide assistance to complete the forms.
Freephone 0800 090 1004
http://www.highland.gov.uk/yourcouncil/counciltax/incomemaximisation

Environmental Health Officers (EHOs)
EHOs, based in each council area, register food providers and offer advice on a range of topics, including injury prevention and food hygiene.
tel. Highland Council HQ on 01463 702000 for your nearest EHO or see Section 7 - Controlling Infection.

NHS Highland tel. 01463 717123 for contacts
www.nhshighland.scot.nhs.uk

General Practitioners
All communities in the Highlands have access to GPs, based in local Health Centres. When a family registers with a GP, children’s details are entered onto the national recall scheme for health checks and immunisations.

Oral Health Promotion
An oral health team works with 0-5s services to implement Childsmile, the national programme to improve oral health. Contact:
North Highland CHP tel. 01955 609945
Mid Highland CHP tel. 01349 868779
SE Highland CHP tel. 01463 706701
Health Information and Resources Service (HIRS)
This provides leaflets and posters, games, teaching packages, DVDs and books on all aspects of health improvement. Anyone who registers with HIRS can access these materials, which can be sent out to you. An online catalogue and booking services is available.
Contact: tel. 01463 704647 or www.nhshighland.scot.nhs.uk/HIRS

Health Protection
The Health Protection Nurse Specialist provides up to date advice on a range of issues, including prevention of infection guidance, head lice, E.coli, meningitis.
Contact: NHS Highland, tel. 01463 704882

Child Protection

Highland Child Protection Committee
The committee comprises representatives from The Highland Council, Northern Constabulary, NHS Highland and the voluntary sector. It produces the Highland Inter-Agency Child Protection guidelines.
www.protectinghighlandschildren.org
Child Protection training is available through the Childcare & Early Education Staff Development Programme and Keeping Children Safe (see below).

Keeping Children Safe (KCS)
Keeping Children Safe provides training for independent and voluntary sector groups. The project works alongside statutory agencies in developing and delivering a range of training programs in Child Protection and Getting it Right for Every Child. Courses in all areas of Highland and can be viewed and booked in advance on the website
Training and Development Officer: tel. 01463 235285 / 07547 390105
Email: highlandkcs@gmail.com
Website: www.kcs-highland.org.uk
Safe Strong and Free
The Safe Strong and Free Project (ssf) works with children in the year before they commence primary school, their parents and carers. Awareness raising information is distributed to parents initially, followed by a meeting so that parents can preview the children’s programme and discuss the issues we raise. Three workshops are then presented to the children, which covers how to react to bullying; staying safe around strangers; and staying safe around adults that the child knows. The main methods used in the workshops are talking with the children, listening, problem solving and puppets.
Telephone/Fax: 01463 712669 or email: info@ssf-project.org.uk
www.ssf-project.org.uk

High Life Highland                        tel. 01463 663800
www.highlifehighland.com

High Life Highland, established in October 2011, is a charity developing and promoting opportunities in culture, learning, sport, leisure, health and wellbeing.

Library Services
Bookbug (formerly BookStart) is the national programme that gifts free books for young children, to encourage early enjoyment of listening and reading. Packs are distributed by Health Visitors, via libraries and pre-school education centres. Contact: Library Support Unit  tel. 01463 251256

Family Bookshelf
Each library has a Family Bookshelf dedicated to resources on a wide range of topics, including child development and parenting.
For more information, contact: your local library

The Adult Learning service offers help with reading, writing or number skills, improving English language and other adult learning opportunities.
Family support and childcare organisations

In addition to health, social care and education services, many voluntary organisations work in the Highlands to support families with children. Some operate in specific areas, others are Highland-wide. Families can often contact organisations directly, or may be offered their assistance via agencies such as health and social care professionals. Support groups for children with additional needs can be found via CHIP+ (see below).

Early years providers can contribute to this support network by:
- Being aware of resources available to help families and signposting
- Publicising contact information
- Building links with voluntary organisations

Contacts for main organisations are below – see also the ‘Connections’ website which is an umbrella group for some of these organisations:

www.connections-highland.org.uk

If you require more information, please contact your local Childcare & Family Resource Officer.

____________________________________________________________

Care and Learning Alliance
Umbrella group for voluntary pre-school groups including playgroups, parent & toddler groups, out of school clubs and family support. In addition CALA manages early years partner centres commissioned to provide pre-school education sessions for 3 & 4 year olds and Out of School Clubs.

CALA office@careandlearningalliance.co.uk tel. 01463 703033

www.careandlearningalliance.co.uk

CALA - Family Support is a confidential support service to families where there is at least one child under the age of 4 years. Support workers are matched individually and work with each family in a supporting, caring and appropriate manner. Volunteers are all family orientated and give their time and experience when it is suitable.

____________________________________________________________
**Direct Childcare**

Direct Childcare provides professional crèche services through three mobile facilities, sitter services and playworkers throughout the Highlands. Services can be provided for training programmes, education courses, family support groups and all types of meetings and seminars. Staff are suitably trained and checked and sourced from the Care and Learning Alliance staff bank. Commercial crèches for weddings, conferences and events, hotel and holiday home babysitting and “plus1” helping hands for new and expectant mothers can be provided through the sister company ‘Smart Childcare.’

Direct Childcare info@directchildcare.co.uk tel. 01463 703036
www.directchildcare.co.uk

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**Home-Start**

Operates in Ross & Cromarty and Caithness. UK wide voluntary organisation, with local projects managed by committees. Paid staff recruit, train and support volunteers, who befriend with families with children. Support includes home visits, groups, crèches and outings.

Ross & Cromarty homestartrandc@btconnect.com tel: 01349 883484
Caithness h-scaithness@btconnect.com tel: 01955 606222

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**Action for Children**  (formerly NCH)

UK wide organisation which provides a range of support to families using paid, trained staff. Services include home visiting, group work, pre-school play sessions according to local priorities. Currently based in Inverness, Alness and Lochaber.

Project Manager tel: 01463 794404

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**CHIP+**  (Children in the Highlands Information Point)

Provides information about additional support to families, children and professionals.

info@chipplus.org.uk tel. 01463 711189
www.childreninthehighlands.com

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**Highland Children’s Forum** is a parent/carer led organisation that seeks to hear the voice of children in need and that of their parents/carers and to have that message influence the design and delivery of services.

Contact: Calum Munro calum@highlandchildrensforum.org or Celia Baxter celia@highlandchildrensforum.org tel. 01463 223000

www.highlandchildrensforum.org.uk
Structures and Resources

**Toy Libraries**
Highland Mobile Toy Library runs Monday to Thursday and covers a 50 mile radius in Inverness-shire. Based at the Family Resource Centre, Limetree Avenue, Dalneigh, Inverness.
Email: hm.tl@live.com
www.hmtl.co.uk
tel. 01463 792638

Lochaber Toy Library
An Drochaid, Claggan Road, Claggan, Fort William, PH33 6PH.
http://www.valochaber.org
tel. 01397 706044

Highland Society for Blind People
tel. 01463 233663
www.highlandsocietyforblindpeople.co.uk/toylib.asp

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**Churches**
Some churches run family support groups and out of school activities.
For details, please contact your local churches.

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**One Parent Families Scotland**
National organisation with helpline, useful publications and website.
www.opfs.org.uk
tel. 0131 556 3899
Free Helpline 0808 801 0323

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**Highland One World Group**
Provides resources and support to help children appreciate our fast-changing world and to encourage good communication and co-operative skills based on positive self-esteem and respect for others. A bank of resources can be loaned termly, including books, posters, photographs, instruments. Highland OWG also offers in-service workshops and library resources for childcare students.
tel. 01349 863441
www.globaldimensions.highlandschools.org.uk

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**Highland Environmental Network**
Offers advice and resources on a wide range of environmental topics, including outdoor activities and growing food.
tel. 07733 771186
www.highlandenvironment.org.uk
Highland Real Nappy Project
Provides information and samples, including starter packs for low income families. The project is supported by The Highland Council, Scottish Environment Protection Agency and NHS Highland.

HRNP Co-ordinator  infor@hrnp.org.uk  tel. 0845 201 2609  www.hrnp.org.uk

Women’s Aid – see Section 4.

SPACE FOR YOUR LOCAL CONTACTS:

<table>
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<tr>
<th>Organisation/Individual</th>
<th>Tel.No./ Email</th>
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SUPPORTING FAMILIES

Family support may come from many sources, from family members and friends to community groups and agencies. It may be directed primarily at parents or at children but either way, the outcome is likely to affect the family as a whole.

Here, the term ‘family support’ refers to services that offer practical and/or emotional help through health and social care services, voluntary groups working with parents, toddler and playgroups, childcare and pre-school education groups. Many changes have taken place both nationally and locally in the past five years in approaches to family support – and more are planned. Early years services of all kinds are now recognised as important settings where families and practitioners can interact, to the benefit of children, parents and the wider community.

The Early Years Framework and Getting it right for every child are leading to closer working across agencies, so that all children and especially those who are vulnerable, get the best start possible. As yet, there may be some gaps in family support services in parts of the Highlands. A Highland framework for supporting parents is being developed. However, much can be done within our existing structures to improve the flow of information and to create a stronger support net for families. For example, if you think a parent is struggling at home and would like help, do you know a local contact to offer them? Might a parent have literacy problems? Are there ways in which your service could encourage parents to gain confidence in their skills as a parent and deepen their understanding of child development?

Involving Families

The national guidance in Pre-Birth to Three, A Curriculum for Excellence and The Child at the Centre all emphasise the importance of professionals and volunteers working together with families and the need to ensure that this is at the foundation of any service. Early years practitioners will be experienced at engaging with parents and other family members. Overleaf is a selection of ideas, gathered from staff, on some practical ways of working with families.
At the end of this Section is a checklist for you to consider of the main points that your Equal Opportunities Policy should cover.

IN VOLVING FAMILIES: PRACTICAL SUGGESTIONS

- **Display photographs** of staff and/or volunteers, with names/titles.

- **Wear name badges** for staff and/or volunteers.

- **Give a statement of your aims** to parents/carers when they join you.

- **Involve parents/carers and children** in planning and undertaking evaluations of your service’s activities.

- **Provide regular updates** to parents/carers with information about your service’s activities and other useful information eg. head lice control advice, planning the transition into pre-school and onto P1, sources of benefits advice.

- **Offer a standing invitation** to parents/carers to discuss any concerns.

- **Produce a handy list of local numbers** for families to keep eg. GP, Public Health Nurse team, Chemist, Helplines, Family Support contacts, Childcare Information Service.

- **Display local information** on your website, posters or leaflets likely to be of interest to parents/carers eg. local learning opportunities, Healthy Start outlets, library and sports centre events.

- **Consult parents on what might be helpful**, such as presentations on specific topics e.g. child development, first aid, healthy eating, injury prevention, income advice. Inform the local Public Health Nurse team and where appropriate involve them in planning and/or delivering sessions.

- **Involve families in fund-raising** and social activities which encourage parents to interact and support each other as well as benefitting your service.
A Highland Framework to improve support to parents is being devised. This will set out the services and information that should be available to families. For up to date information on local support, please contact your Public Health Nursing Team (Health Visitors) or Childcare & Family Resource Officer.

The *play @ home* booklets (*see also Sections 11 & 12*) and associated baby massage sessions together with the Bookbug programme aim to encourage positive family communication in all families from the start.

<table>
<thead>
<tr>
<th>Early years groups are able to help families by:</th>
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<tr>
<td>• Sharing information and ideas with parents and carers</td>
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<tr>
<td>• Consulting parents/carers on what would help them</td>
</tr>
<tr>
<td>• Publicising and/or hosting local activities for parents and carers</td>
</tr>
<tr>
<td>• Building links with local family support services</td>
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</table>

**Involving fathers and other male carers**

Early years services are still predominantly staffed by women and usually connect primarily to mothers or female carers. Services should consider ways of encouraging the involvement of dads, granddads and other male carers. In some situations it may be productive to target information or activities specifically at them. The websites below have useful resources and ideas:

- Fathers Network Scotland - [www.fathersnetwork.org.uk](http://www.fathersnetwork.org.uk)
- The Fatherhood Institute - [www.fatherhoodinstitute.org](http://www.fatherhoodinstitute.org)
- Working with Men - [www.workingwithmen.org](http://www.workingwithmen.org)
- Young Fathers Initiative - [www.young-fathers.org.uk](http://www.young-fathers.org.uk)
- Understanding Childhood - [www.understandingchildhood.net](http://www.understandingchildhood.net)
**Children with additional support needs** (see also Section 13)
The term ‘additional support needs’ is used to describe children who need extra support, for whatever reason. This may be due to family circumstances (temporary or long-standing), children at risk of exclusion due to race, culture or language, or to children affected by illness or disability. It may include children from families who have a first language other than English. A range of staff play a role in working to reduce disadvantage by giving extra support, including Health & Social Care staff, preschool education staff, specialist NHS staff and the voluntary sector.

The **Education (Additional Support for Learning) (Scotland) Act 2004** and **amendments in 2009** introduced duties on education authorities to benefit children, young people and parents – see also Section 14.

CHIP+ (Children in the Highlands Information Point) is a valuable source of information and contacts.

Highland Children’s Forum actively seeks the views of children and young people with additional needs and represents these to policymakers. A toolkit to aid self-evaluation, including consultation methods is available free to download at [http://www.highlandchildrensforum.org/tools-of-service-evaluation.asp](http://www.highlandchildrensforum.org/tools-of-service-evaluation.asp)

**Childcare services**
Registered childcare services are listed in the Highland section of the Scottish Family Information Service [www.scottishfamilies.gov.uk](http://www.scottishfamilies.gov.uk)

Some other family support services and organisations are also listed on the website: this resource is to be developed from 2012 onwards.
KEY GUIDANCE  EQUAL OPPORTUNITIES

Your service should ensure that no child or family is excluded or disadvantaged because of ethnicity, religion, culture, family background, disability, gender, home language, additional needs, rurality or ability. All children (and adults involved in the service) should feel secure, included and valued. Aspects to consider include:

- Establishing respect and trust with all children and their parents or carers
- Modelling respectful behaviour to others through staff policies and practices
- Treating each child as an individual and providing equality of opportunity within your setting
- Encouraging self-confidence and a positive approach towards themselves and others
- Modifying activities, where necessary, or providing additional equipment or resources to ensure children are not excluded
- Promoting respect for diversity
- Avoiding discriminatory practice or stereotypical images
- Including activities relating to a range of religious, ethnic and cultural traditions
- Engaging with parents’ and children’s ethnic, religious and cultural heritage and their home experiences
- Valuing the local community and environment as a source of learning opportunities
PRE-SCHOOL EDUCATION
All children are entitled to Government-funded pre-school education before they start primary school. Enrolment information available from the Childcare & Early Education Service explains how a child’s birth date determines when they are eligible to attend pre-school education sessions. If your service provides pre-school education sessions, you will be familiar with the guidance *The Child at the Centre* and the *Curriculum for Excellence* experiences and outcomes for the early level (3-6 years). Both documents include the promotion of children’s health and wellbeing.

The information in this Guide is designed to complement the curriculum framework and should assist you in meeting the national Quality Indicators (see below). The following indicators are particularly relevant to developing and sustaining a health-promoting setting:

**The Child at the Centre – Quality Indicators (from 2008)**
- 2.1 Children’s Experiences
- 2.2 The centre’s success in involving parents, carers and families
- 5.5 Expectations and promoting achievement
- 5.6 Equality and fairness
- 5.7 Partnership with children and parents
- 5.8 Care, welfare and development
- 8.1 Partnership with the community, educational establishments, agencies and employers
- 8.3 Management and use of resources and space for learning
- 9.1 Vision, values and aims

The *Curriculum for Excellence* is the national framework for a single curriculum for all young people aged 3-18 years. Through active learning, it aims to create:

- Successful learners
- Confident individuals
- Responsible citizens
- Effective contributors
Pre-school Education

The early level of Curriculum for Excellence spans pre-school and primary as it is designed to meet the needs of most children from 3 years until the end of Primary 1, promoting better continuity and progression of learning across the sectors. Many of the core messages of Curriculum for Excellence will already be familiar to early years practitioners, as they relate to the importance of:

- active, experiential learning
- a holistic approach to learning
- smooth transitions
- learning through play

Within the curriculum three components are seen as being the responsibility of all educators:

◆ Health and wellbeing ◆ Literacy ◆ Numeracy

For more information on Health and Wellbeing Principles and Practice and Experiences and Outcomes, see overleaf and http://www.educationscotland.gov.uk/learningteachingandassessment/curriculumareas/healthandwellbeing/index.asp

See also Section 11 for curriculum links to play @ home.
Health and wellbeing: Curriculum experiences and outcomes

Learning in health and wellbeing ensures that children and young people develop the knowledge and understanding, skills, capabilities and attributes which they need for mental, emotional, social and physical wellbeing now and in the future. Each establishment, working with partners, should take a holistic approach to promoting health and wellbeing, one that takes account of the stage of growth, development and maturity of each individual, and the social and community context.

I can expect my learning environment to support me to:

- develop my self-awareness, self-worth and respect for others
- meet challenges, manage change and build relationships
- experience personal achievement and build my resilience and confidence
- understand and develop my physical, mental and spiritual wellbeing and social skills
- understand how what I eat, how active I am and how decisions I make about my behaviour and relationships affect my physical and mental wellbeing
- participate in a wide range of activities which promote a healthy lifestyle
- understand that adults in my school community have a responsibility to look after me, listen to my concerns and involve others where necessary
- learn about where to find help and resources to inform choices
- assess and manage risk and understand the impact of risk-taking behaviour
- reflect on my strengths and skills to help me make informed choices when planning my next steps
- acknowledge diversity and understand that it is everyone’s responsibility to challenge discrimination
Registered childcare providers or pre-school education centre will also follow the Care Commission’s appropriate **National Care Standards**. For more help on any of the above, please contact the Early Education team (tel. 01463 711176) or the Care and Learning Alliance (tel. 01463 703033).

**PUBLIC HEALTH NURSES**

Every pre-school education centre has a named Public Health Nurse with whom they can liaise – their ‘**Link Health Visitor**’ (see also Aims and Introduction and Sharing Information). This relationship forms an important part of an integrated approach, where services work closely together to benefit children and families and offer early support where difficulties arise.

*Health for all Children*, the child health programme sets the minimum that every child can expect from the Primary Care Team, which includes GPs and Public Health Nurse Teams – see below. Some contacts will be at home, GP surgeries and clinics or may be by telephone or letter.

Parents/carers may also contact their Public Health Nurse at any time.

**Health for all children: contacts for 1-5 year olds**

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Description</th>
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<tbody>
<tr>
<td>12 months- 13 months</td>
<td>Weight check and immunisation.</td>
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<tr>
<td>12-15 months</td>
<td>(optional) Contact with public health nursing team: general wellbeing</td>
</tr>
<tr>
<td>27-30 months</td>
<td>Developmental assessment. Contact includes a reminder to enrol for pre-school education</td>
</tr>
<tr>
<td>Between 3 &amp; 5 years</td>
<td>Weight check and immunisation.</td>
</tr>
<tr>
<td>Between 4 &amp; 5 years</td>
<td>Vision screening at pre-school education centre</td>
</tr>
<tr>
<td>4-6 years (school year P1)</td>
<td>Health check including height, weight, BMI and Dental check</td>
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Pre-school Education

The Link PHN/HV:

- Works in partnership with the preschool centre and families to identify health and wellbeing needs for children.
- Provides the preschool centre with relevant information regarding existing identified needs for individual children before entry to centre.
- Works in partnership to identify any extra help children may need to reach full potential. Where necessary they will also liaise with a child’s Family Health Visitor.
- Works in partnership to help deliver current Health Promotion priorities or identified priorities from individual centres.

Each centre and Link Health Visitor will develop their own relationship but as an example, the following work can be valuable:

- Sharing information about children due to start sessions
- Working together to support families experiencing difficulties, such as sleep, behaviour problems, toilet training or other issues
- Sharing the ‘Needs Identified’ information
- Sharing assessments of need and how to address this
- Working together to raise parents’ awareness of hand hygiene, healthy weight and dealing with head lice and wider child development stages
- Joint liaison with the primary school staff and school nurse about children due to enter P1

Requests for specialist help, such as speech and language therapy or educational psychological services, may be made directly by the pre-school education centre or by the Link Health Visitor, whichever is most relevant in the circumstances. Where appropriate, both should keep each other informed of such requests. A good practice guidance leaflet on integrated working between pre-schools and Link Health Visitors, based on Highland examples, was sent to all pre-school education centres in 2009. Copies are available from the Childcare and Early Education Service.

Further information in this folder:
Food and Health and Healthy Weight – see Section 10
Physical Activity and Healthy Weight – see Section 11
Checklists for developmental progress – see Section 13
English as an Additional Language – see Section 13.
Oral Health and Vision Screening – see Section 9.

HEALTH PROMOTING SCHOOLS
Every school should be ‘health promoting’ in the widest sense, by developing a positive environment for children, staff and families. Pre-school education centres (school nurseries and partner centres) are part of this ethos.

The Schools (Health promotion and Nutrition) (Scotland) Act 2007 does not apply to pre-school education centres, but it is useful background information, particularly for school nurseries and after-school clubs:

The overall aim of the Act is to make every school a health promoting school. A ‘health promoting school’ takes a positive approach to improving physical, social, mental and emotional wellbeing through every element of the curriculum and every aspect of school life, involving pupils, staff, parents and the wider community.

Food and health (see also Section 10)
Under the Act, the food and drink served in schools, as well as being tasty and appealing, must meet nutritional standards laid down by the Scottish Government. This applies not just to school lunches but to food served in breakfast clubs and after school clubs, and sold in tuckshops and from vending machines.

Further information: David Rex, Specialist Dietitian for Health Promoting Schools and ASD  david.rex2@thighland.gov.uk Tel. 01463 720065

The health promoting school: culture, ethos and environment
In a health promoting school, staff recognise that all decisions taken by the school have an impact on health and wellbeing. Effective procedures for child protection are in place, and staff are encouraged to work with families and others to meet the health and wellbeing needs of the wider community. Opportunities for healthy eating, physical activity, play, socialising and privacy are made available beyond the normal school day and to the wider community.
School grounds and facilities are clean, safe and well maintained, which encourages pupils to use them. Cycle racks, secure lockers and changing areas are provided, to encourage active travel and other physical activity. Breakfast clubs and after school clubs give consistent messages about healthy eating and oral health – and as part of this, pupils are rewarded with alternatives to sweets and chocolate.

It is up to centres to decide how to put the changes into practice. The Act doesn’t dictate but looks to encourage staff, parents and community groups to come together and contribute to policies and practice.

ECO SCHOOLS PROGRAMME
Pre-school education centres encourage children to care for their environment and to learn about the wider world. The Eco Schools programme can help children to understand how they can play a part in improving and sustaining their environment. The programme is a national initiative to encourage all schools and partner centres to promote actions for improvement through a staged award scheme. It also helps us all to understand environmental and sustainable issues through a range of relevant activities.

How can Eco-Schools Help You?   The programme can help centres to:

- Improve the local environment
- Reduce litter and waste
- Devise efficient ways of travelling to and from nursery
- Promote healthy lifestyles
- Encourage active citizenship
- Build strong partnerships with a variety of community groups
- Develop international and global links

Eco-Schools in Highland
A large number of pre-school centres in Highland have achieved an Eco Schools award and there is a user-friendly website which provides information, advice and support including case studies http://www.ecoschoolsscotland.org/earlyyears/
SECTION 4

CHILD PROTECTION

Everyone has a duty to ensure children are safe from harm and to act if they are concerned about a child’s safety or long-term wellbeing. All statutory, voluntary and private childcare and pre-school education providers should be working to the latest version of Highland Child Protection Policy Guidelines (see weblink below). Private providers should have a Child Protection Policy in place, which includes knowing what to do in cases of unexpected absences. Key guidance is below.

All providers should have a Designated Child Protection Contact, a member of staff with responsibility for passing on any concerns about a child’s safety to Social Work Services, ensuring their agencies carry out relevant procedures and contributing to child’s protection plan meetings and reviews.

If you do not have a procedure in place and need help in devising a policy, contact your umbrella organisation, the Child Protection Development Officer at Highland Child Protection Committee or for the voluntary sector: Keeping Children Safe. Contacts are below.

Copies of “Child Protection Guidance for Your Community Group” and of “Highland CPC Child Protection Interagency Guidelines” are available to download from: http://forhighlandschildren.org/2-childprotection/

Unregistered informal services, such as toddler groups, or individuals, should contact their local Health & Social Care office if they have concerns about a child. Please insert your local office number in the Our Key Contacts page, above the printed emergency out-of-hours telephone number.

Highland Child Protection Line
Office hours 01463 703488 Emergency Out of Hours: 08457 697284

or

National Child Protection Line 0808 800 5000 Text 88858
KEY GUIDANCE

If you are concerned that a child is at significant risk of harm and you are unsure what you should do:

1. Ensure you know which person in your group or service is the Designated Child Protection Contact and speak to them.

2. If you do not have a Designated Child Protection Contact or cannot speak to them, contact your local Social Work Services office or the emergency out of hours number (see ‘Our Key Contacts’ page at the front of this folder)

Unexplained absence

If a child is unexpectedly absent from pre-school education sessions but there are no concerns that a child is at risk:

Local authority nursery: follow your school’s policy.
Partner centre: follow your agreed policy.

If you have any concerns then you must follow your Child Protection policy.

The Scottish Executive’s report ‘It’s Everyone’s Job to make sure I’m Alright’ is a valuable starting point to understanding the importance of ensuring we have strong child protection systems in place:

www.scotland.gov.uk/library5/education/iaar-00.asp

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The Scottish Executive produced two key documents:

**A Children’s Charter**
Thirteen statements of what children and young people expect when they are in need of protection. It is the voice of children and young people, and what they can expect to feel safe and supported.

**Framework for Standards**
This sets out what agencies should endeavour to achieve to protect children. It comprises eight Standards, covering how professionals should act, information sharing and partnership working.

Copies are available from the Childcare & Early Education Service or at: [www.scotland.gov.uk/childrenscharter](http://www.scotland.gov.uk/childrenscharter) and [www.scotland.gov.uk/library5/education/pcypfs-00.asp](http://www.scotland.gov.uk/library5/education/pcypfs-00.asp)

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**Protection of Children (Scotland) Act 2003**
The Protection of Children (Scotland) Act 2003 created a list of people unsuitable to work with children. The measures contained in the Act are designed to ensure that people who have harmed children in the past - or exposed them to harm - are not able to work with children, in paid or voluntary work. (See also *Protecting Vulnerable Groups Scheme* below).

It is a criminal offence to knowingly employ someone in a paid or unpaid ‘childcare’ position who is disqualified from working with children.

A check should be processed through Disclosure Scotland to determine whether the person is barred or in any other way unsuitable to work with children.

It is an offence for an individual who is disqualified from working with children to apply for, offer to do, accept or do any work (paid or unpaid) in a child care position. If an applicant for a childcare post is disqualified then carrying out a disclosure check will alert the authorities to this fact and they will both inform the agency running the check and take action against the applicant.
• If an organisation ‘Disclosure’ checks an existing child care employee and discovers that this person is disqualified from working with children, that employee must be removed from the child care position and from contact with children. It is an offence to fail to do so.

• If an individual harms a child or places a child at risk of harm and is dismissed, resigns or moved away from contact with children as a consequence, the organisation has a duty to refer the individual to Scottish Ministers for inclusion on the Disqualified from Working with Children List. It is an offence to fail to do so.

More information can be downloaded from The Central Registered Body in Scotland (CRBS) website: www.crbs.org.uk/

**Disclosure Scotland** provides potential employers and voluntary sector organisations with criminal history information on individuals applying for posts.

Disclosure Scotland issues certificates - known as 'Disclosures' - which give details of an individual's criminal convictions, or state that they have none. Enhanced Disclosures, where appropriate, will also contain information held by police forces and other Government bodies. Disclosure Scotland also manages the **Protecting Vulnerable Groups Scheme**.

**The Protecting Vulnerable Groups Scheme (PVG)** was established by the Scottish Government in February 2011. The PVG Scheme replaced the previous disclosure arrangements for people who work with vulnerable groups.

The PVG scheme helps to ensure that those who have regular contact with children and protected adults through paid and unpaid work do not have a known history of harmful behaviour.

When an application to join the PVG Scheme is received, Disclosure Scotland will first check that the individual is not already barred from doing regulated
work. If the individual is barred, they will be refused PVG Scheme membership.

Being barred means the inclusion of an individual on the PVG children’s list or PVG adults list, maintained by Disclosure Scotland. Listing is the outcome of a consideration for listing process where it is determined that an individual is unsuitable to work with one or other vulnerable group or the result of automatic listing. Barring is the consequence of being listed.

**Childcare & Early Education Staff Development Programme**

Child Protection training is arranged as part of the annual programme to ensure that each member of staff from council and commissioned pre-school centres has been trained. Places can be booked online at [http://highland.cpdservice.net/](http://highland.cpdservice.net/) (requires password, or call 01463 711176.)

**Keeping Children Safe (KCS)**

KCS supports, trains and communicates with the voluntary sector in Highland with regard to all aspects of keeping children safe. The aim of KCS is to build on the past good practice and trust that has developed within agencies working in partnership in relation to child protection needs.

Tailored programmes are available that can be delivered across the Highlands through a range of methods, including directly to larger voluntary agencies and to smaller voluntary sector groups such as child care and family support providers, sports groups, youth clubs and other organisations who recognise their responsibility in the area of child protection. Training is provided free of cost, and can be for an organisation alone, or it can bring together a number of different groups in the area. A Certificate of Basic Child Protection Awareness will be issued to those who attend the training.

Keeping Children Safe represents the voluntary sector on the Delivery Group of the Highland Child Protection Committee and can also offer advice on many aspects of Child Protection.
For further information on Child Protection, contact:

- Your umbrella organisation
- Keeping Children Safe  tel. 01463 235285  www.kcs-highland.org.uk
- Your local Childcare & Family Resource Officer

Or go to the Highland Child Protection Committee website:  
http://www.forhighlandschildren.org/2-childprotection/

Domestic Abuse
Domestic Abuse may be more common than you think. The vast majority of domestic abuse is experienced by women and perpetrated by men – in approximately 90% of all cases. In Highland, as in Scotland, 1 in 5 women will experience domestic abuse in their lifetime. This abuse can be physical, mental, sexual, financial or a combination of these. Domestic abuse is only one form of violence against women – others include rape and sexual assault, child sexual abuse and prostitution.

Children can also be affected by domestic abuse. During attacks on their mothers, in 90% of cases, children are in the same or next room. Studies looking at links between domestic abuse and child abuse have found that where women are physically abused by their partners, children are also directly abused by him in 40-60% of cases. There are clear links between abuse of women and abuse of children that we need to be aware of. Where there are children a Child Concern form should be submitted. Child Protection procedures should be followed if there is risk of significant harm.

Domestic abuse is a crime and will be treated as such by the police. If you or someone you know is experiencing domestic abuse, please contact your local police officer or Women’s Aid group for information and support.
Further information is available by telephoning:

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Abuse helpline</td>
<td>0800 027 1234</td>
</tr>
<tr>
<td>Inverness Women’s Aid</td>
<td>01463 220719</td>
</tr>
<tr>
<td>Lochaber Women’s Aid</td>
<td>01397 705734</td>
</tr>
<tr>
<td>Ross-shire Women’s Aid</td>
<td>01349 863568</td>
</tr>
<tr>
<td>Caithness &amp; Sutherland Women’s Aid</td>
<td>0845 408 0151</td>
</tr>
<tr>
<td>Northern Constabulary</td>
<td>01463 715555</td>
</tr>
</tbody>
</table>

**No Smoking Policy**

Children should not be exposed to tobacco smoke or other dangerous fumes. Adults responsible for their care are influential role models, whether paid staff, volunteers or parents. Legislation bans smoking in all enclosed public places.

You should have a No Smoking policy in place. Some groups (such as most parent and child groups) meet in premises that will already be bound by No Smoking rules and therefore do not need to adopt a separate policy.
CONTROLLING INFECTION see also Section 6: Food Safety

All people who care for children in childcare settings have a ‘duty of care’ to provide a safe environment for children in their care. This section summarises national guidance on:

- controlling infection
- infections requiring exclusion
- head lice
- E.coli awareness
- vaccination awareness
- nappy changing

Guidance

Guidance is provided in *Infection Prevention and Control in Childcare Settings (Day care and childminding settings)*. It may be accessed at: [http://www.hps.scot.nhs.uk/haiic/ic/guidelinedetail.aspx?id=47103](http://www.hps.scot.nhs.uk/haiic/ic/guidelinedetail.aspx?id=47103) or by email from the Health Protection Team tara.mackintosh1@nhs.net

Guidance concerning children who may need to be excluded is available at: [http://www.documents.hps.scot.nhs.uk/hai/infection-control/guidelines/exclusion-criteria-childcare-A3-2011-12.pdf](http://www.documents.hps.scot.nhs.uk/hai/infection-control/guidelines/exclusion-criteria-childcare-A3-2011-12.pdf) and also at the end of this section. NHS Highland will also advise on exclusion queries: tel. 01463 704886.

*Infection Prevention and Control in Childcare Settings (Day care and childminding settings)* guidance covers all day care facilities for children in Scotland (except schools) including nurseries, day-care centres, playgroups, crèches, children’s centres, childminders, after-school clubs and holiday clubs. Day care facilities for children in this document also refers to those services based in schools. Two amendments to the document were issued in October 2011:

<table>
<thead>
<tr>
<th>Pages</th>
<th>Amendment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glossary and when referred to throughout document</td>
<td>Where disinfectant is mentioned in the document the approved disinfectant type is a Chlorine releasing agent (e.g bleach) unless otherwise stated.</td>
</tr>
<tr>
<td>9. Section 5.3, Table 2</td>
<td>For nappy changing the ‘Personal Protective Equipment’ should be Disposable aprons and non-plastic gloves.</td>
</tr>
</tbody>
</table>

Highland Council employees: Please see also safety advice on the use of latex gloves overleaf.
Controlling Infection

KEY GUIDANCE  See also Section 6: Effective Hand Washing Technique

Handwashing  
is the single most effective practice  
that prevents the spread of germs  
in the childcare setting

- Cover cuts and lesions with a waterproof dressing.
- Take simple protective measures to avoid contamination of person or clothing with body fluids. Wear disposable gloves as a protective barrier if you are doing any job in which there is the potential for your hands to have contact with blood or body fluids, for example when administering first aid.
- Try to prevent children from biting and scratching.
- Ensure that all staff are aware of safe first aid procedures.
- Clean up blood or body fluid (faeces, urine and vomit) spills immediately.

As part of regular good practice:
- Children should always wash their hands before eating and after using the toilet.
- If you are concerned about a child with an infection please contact the Health Protection team for advice.
- Clean toys as frequently as possible and when visibly soiled.
- Clean and disinfect toys during an outbreak of illness.
- Contaminated soft toys that cannot be laundered should be disposed of.
- Only soft toys that can be laundered should be in use.
Helping children to learn about hand hygiene

Electronic copies of hand hygiene resources, aimed at 3-6 year olds, are available to download free from: http://www.washyourhandsofthem.com/the-campaign/childrens-pack.aspx

The NHS Highland Information and Resource Service (HIRS) tel. 01463 704647 or email: hirs.mailbox@nhs.net can provide a wide range of resources, including:

Hand Inspection Cabinet
A fluorescent lotion is applied to the hand and then washed off. When the hands are placed in the cabinet, any remaining lotion will fluoresce under the lamp. Children can thus see any parts of their hands that haven’t been properly washed, and how germs can be passed on. The HIRS catalogue is available via http://www.nhshighland.scot.nhs.uk/HIRS/Pages/HIRSHome.aspx
Childcare & Family Resource Officers and EHOs may also be able to loan you a cabinet.

Latex gloves
Highland Council issued a safety bulletin in May 2012 aimed at workers who repeatedly use latex products: “Allergic reactions to exposure to natural rubber latex (NRL) have increased significantly over the last ten years….Latex gloves should ONLY be used when handling certain chemicals (e.g. methanol and ketones such as acetone). In such cases, HSE advice should be followed: “Single use, disposable natural rubber latex gloves may be used where a risk assessment has identified them as necessary. When they are used they must be low-protein and powder-free.
At all other times non-latex gloves must be used.”
Communicable diseases (see also ‘Exclusion criteria’ above)
The Health Protection Team at NHS Highland can offer advice: tel. 01463 704886. Information leaflets about the following are available from the team. Except for the leaflet on hepatitis, the leaflets are also available at www.nhshighland.scot.nhs.uk and use the ‘Search’ facility:

- Campylobacter
- Cryptosporidiosis
- E. coli O157
- Flu
- Hand, foot and mouth disease
- Head Lice
- Hepatitis A, B and C
- Meningococcal disease
- MRSA
- Norovirus
- Salmonella
- Scabies
- Scarlet fever

Head Lice
Head lice are a constant problem but early years practitioners are in an ideal position to draw parents’ attention to methods of tackling infections. Pre-school education centres are now responsible for distributing head lice detection combs and leaflets to parents. Please see the key guidance below for details.

NHS Highland’s Policy for Managing Head Lice Infestation (March 2012) has been sent to Health & Social Care Services within Highland Council. A copy is available from the Health Protection Team (tel. 01463 704886) or from the NHS Highland website – see above.

NHS Health Scotland’s leaflet ‘Head Lice – Information for Parents’ is a useful short guide. Copies are available from the Childcare & Early Education Service, tel. 01463 711176. It can also be downloaded from: www.healthscotland.com/uploads/documents/headlice.pdf

Key Guidance is overleaf
**KEY GUIDANCE: Head Lice Control**

Head lice control should be based upon the regular provision of information to parents on how to detect and treat head lice. Written information and training sessions for staff and parents are helpful. Contact your Link Health Visitor/Public Health Nurse for advice.

- At any time, there are likely to be children with head lice in a group.
- Head lice cannot be prevented.
- Regular wet-combing (as part of weekly hair washing) increases the chance of discovering an infection early on.
- Treatments should only be used if live lice are found (not dead lice or eggs). Head lice may become resistant to lotions if they are used too often.
- A child should not be excluded if they are suspected of having head lice.
- Parents should be advised to check their child’s hair and scalp and commence treatment if live lice are found.
- Information about wet combing / Bug Busting treatment is available at [http://www.chc.org/](http://www.chc.org/)
- Supplies of combs and leaflets for distribution to parents by pre-school education centres are available from: NHS Highland Information and Resource Service (HIRS) tel. 01463 704647 or email: hirs.mailbox@nhs.net
Controlling Infection

**E.coli O157 awareness**  *See also Section 6*

E.coli O157 is an organism that can be transmitted to humans and can cause severe illness in young children. Very low numbers of E.coli O157 can cause infection.  *See Advice at end of this section.*

**NOTE:**  *Early years services may grow and eat produce, providing health and safety precautions are followed* – *see also Food and Health - Section 10*

**Vaccinations**

Early years providers should remind parents of the vaccination programme by including the following note in their Welcome Pack information:

<table>
<thead>
<tr>
<th>Is your child up-to-date with their vaccinations?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children receiving out-of-home care, including nurseries and playgroups, have more opportunities to come into contact with infections so it is especially important to make sure that they have had all the vaccinations due.</td>
</tr>
<tr>
<td>It is never too late to have your child immunised. If they have missed one, you don’t have to start the course from the beginning again. Contact your health visitor/GP for further advice.</td>
</tr>
</tbody>
</table>

Information about immunisations is at:


**Hepatitis B immunisation for staff**

In some circumstances, staff may perceive themselves to be at risk of infection from children who habitually bite others. While the risk of infection being passed on in these circumstances is low, there is nonetheless a theoretical risk. If there is concern about transmission of infection, staff may be offered immunisation against hepatitis B infection. GPs are likely to
charge for the costs of the vaccine and administering it. In this situation vaccination would be required because of a potential occupational hazard and so could be deemed to be the responsibility of the employer.

Nappy Changing

For existing providers, below is a summary of essential points:

- Walls, ceiling, door and flooring must be suitable, easily cleaned surfaces
- Heating should provide a comfortable temperature for the child without the risk of burns or scalds. Suitable ventilation is used such as a window that opens or an extractor fan that does not vent into another room
- Nappy changing unit must confirm to safety and health standards ad have some form of separation between multiple units; be a suitable size and strength and have an easy to clean surface
- Hand wash facilities be in the nappy changing area and of a suitable size to prevent spillage; running hot and cold water, non-hand operated taps, no sink plug and dispensers for liquid or foam soap (not antibacterial) and paper towels.
- Waste bins for disposal of used disposable nappies and equipment must be hands free operated. A general waste bin should be provided for used paper towels. A storage facility for bagged, used non-disposable nappies or soiled clothing awaiting collection may also be necessary.
- All storage in the nappy changing area should be enclosed. Protective equipment such as disposable aprons and gloves must be stored in a way that protects them from contamination
- Potties must never be washed in the hand wash sink. They must be stored out of the reach of children when not in use.
- The door to nappy changing facilities should be closed during nappy changing to allow effective extractor fan operation as well as preserving privacy of children
- Good practice is to allow children including babies to wash their hands after nappy changing.
KEY GUIDANCE: Nappy Changing

*in addition to the Care Inspectorate guidance above*

- The nappy changing area must not be in the same room where food is prepared or eaten.
- Staff should inform colleagues that they are going to change a child. When possible, staff should ensure that they are in sight and hearing of others.
- Only staff should be involved in changing a child.
- A parent who is visiting the service can only change his or her own child.
- Dispose of the soiled nappy in a tightly covered container that is lined with a disposable liner and hands-free operated.
- Non-disposable nappies should be placed directly into a plastic bag to give to parents. Solid faecal matter may be disposed of into the toilet.
- Never rinse or wash non-disposable nappies because the risk of splashing may cause germs to spread to staff or children.
- Follow hygiene advice on hand-washing and cleaning spills and surfaces.

Information on cotton washable nappies is available from:

**Highland Real Nappy Project**

tel. 0845 201 2609 or email: infor@hrnp.org.uk

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**Advice on E.coli O157**
What is E.coli O157?
E.coli are a type of bacteria found in the human intestine, most of which are quite harmless. However, E.coli O157 produces toxins that can cause severe disease in man.

Where does E.coli O157 come from?
E. coli O157 can be found in animals and can contaminate water supplies and certain types of food. Contact with faeces of an infected person can cause person to person spread. Billions of bacteria can be shed by an infected child during bouts of diarrhoea.

What Are the Symptoms?
Symptoms of E. coli O157 infection include bloody diarrhoea and severe stomach cramps. In its mildest form, the symptoms often clear up within about eight days. Unfortunately, a low number of cases develop kidney disease or failure (Haemolytic Uraemia Syndrome – HUS). Children under 10 are most susceptible to HUS.

There are four crucial areas to prevent the spread of E. coli O157 infection in your childcare facility:

1. **Toilet and Hygiene Practices**
   - Always wash your hands in warm soapy water:
     - Before and after preparing food
     - After changing nappies
     - After going to the toilet.
   - Children should be taught to wash their hands after using the toilet, before eating and after direct contact with animals. This should be supervised.
   - Soiled nappies and used wipes should be disposed of hygienically.

2. **Avoid the Spread of Infection between Children**
   - Children and staff who are suffering from sickness and/or diarrhoea should be kept away from the childcare facility until at least 48 hours after their symptoms cease.
   - If a child has vomited or has suffered a bout of diarrhoea in the childcare facility, the affected area should be cleaned and disinfected at once. The child’s parents should be contacted to collect the child immediately. All children should be kept out of this area until it has been cleaned and disinfected. Those cleaning the area should wash their hands thoroughly afterwards.

3. **Food Preparation and Storage** *(see also Section 6)*
   - Wash your hands regularly
   - Keep the storage and preparation of raw and cooked food strictly separate.
   - Avoid unnecessary handling of food – use spoons or tongs wherever possible.
   - Keep perishable food refrigerated.
   - Do not prepare food too far in advance.
• When cooking or reheating food ensure it gets piping hot. Care must be taken to ensure foods cool down to be safe eating temperature before serving.
• Clean as you go. Keep all equipment and surfaces clean.
• Keep yourself clean and wear clean clothing.
• When cooking burgers or minced meat, make sure you cook thoroughly so that the juices run clear.
• Pay particular attention to preventing cross contamination of ready-to-eat foods with bacteria on raw meat. Store these foods separately and use separate utensils. Clean equipment and surfaces thoroughly and immediately after preparing raw meat.
• Please refer to the document included in Section 6 ‘E.coli O157: An Invisible Threat To Your Business’ for further information.

4. Safe Water Supply
If your childcare facility is served by a private drinking water supply you should ensure that the water is safe and that it complies with legal drinking water standards. Please contact your local environmental health office for further information.

NHS HIGHLAND HEALTH PROTECTION TEAM: 01463 704886

ENVIRONMENTAL HEALTH AREA OFFICE TELEPHONE NUMBERS:

<table>
<thead>
<tr>
<th>Wick</th>
<th>01955 607737</th>
<th>Nairn</th>
<th>01667 458540</th>
</tr>
</thead>
<tbody>
<tr>
<td>Portree</td>
<td>01478 612727</td>
<td>Kingussie</td>
<td>01540 664501</td>
</tr>
<tr>
<td>Inverness</td>
<td>01463 703968</td>
<td>Fort William</td>
<td>01397 707007</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dingwall</td>
<td>01349 868604</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Golspie</td>
<td>01408 635322</td>
</tr>
</tbody>
</table>

See also: Shedding light on E.coli O157 – what you need to know, at

FARM VISITS
See Appendix 6 of Infection Prevention and Control in Childcare Settings (Day Care and Childminding Settings)
and the industry code of practice guidance: Preventing or controlling ill health from animal contact at visitor attractions:
Advice to Teachers and Others who organise visits for children
At: http://www.face-online.org.uk/codeofpractice
### Exclusion Criteria for Daycare and Childminding Settings

**Recommended time to be kept away from daycare and childminding**

**Main points**
- Any child who is unwell should not attend, regardless of whether they have a confirmed infection.
- Children with diarrhoea and/or vomiting should be excluded until they have had no symptoms for 48 hours.
- Coughs and runny noses alone need not be a reason for exclusion but if the child is unwell they should not attend.
- Skin rashes should be professionally diagnosed and a child should only be excluded following appropriate advice.
- Certain individuals exposed to an infection, for example an immunocompromised child who is taking long term steroid treatment or has cancer, may require specific advice from their GP.
- Children should only be excluded when there is good reason. If in doubt contact a member of the Health Protection Team (HPT).
- If an outbreak of infection is suspected the Local Health Protection Team should be contacted.

#### Infection/ Illness | Exclusion period | Comments
---|---|---
**DIARRHOEA AND VOMITING ILLNESS**
- **Genitive advice**
  - Exclude until 48 hours after the diarrhoea and/or vomiting has stopped.
  - (Depending on the specific infection, exclusion may apply to:
    - young children;
    - those who may find hygienic practices difficult to adhere to;
    - those who prefer or handle food for others. Your local HPT will advise.)
- **Common Infections**
  - Norovirus: 48 hours from last episode of diarrhoea and vomiting.
  - Campylobacter: 48 hours from last episode of diarrhoea and vomiting.
  - Salmonella: 48 hours from last episode of diarrhoea and vomiting.
- **Less common infections**
  - Cryptosporidium: 48 hours from last episode of diarrhoea and vomiting.
  - E. Coli 0157: Your local HPT will advise.
  - Shigellosis (Bacterial Dysentery): Your local HPT will advise.
  - Giardiasis (Protozoan dysentery): Your local HPT will advise.

**RESPIRATORY INFECTIONS**
- Coughs/colds
  - Until recovered.
  - Consider influenza during the winter months.
- Flu (Influenza)
  - Until recovered.
- Tuberculosis (TB)
  - Consult with your local HPT.
  - Not easily spread by children, requires prolonged close contact for spread.
- Whooping cough (Pertussis): 5 days from commencement of antibiotic treatment or 21 days from onset of illness if no antibiotic treatment.
  - Preventable by vaccination.
  - After treatment non-infectious coughing may continue for many weeks.
  - Your local HPT will organise any contact tracing.

**RASHES/SKIN**
- Athlete’s foot
  - None.
  - Athlete’s foot is not serious. Treatment is recommended.
- Chickenpox (Varicella zoster)
  - 5 days from onset of rash.
- Cold sores
  - Herpes simplex
  - None.
- German measles (rubella)
  - 6 days from onset of rash.
  - Preventable by immunisation (MMR v 2 doses). Pre-teenage staff should seek advice from their GP.
- Hand, foot and mouth (coxsackie)
  - None.
  - Contact your local HPT if a large number of children are affected.
- Impetigo (Staphylococcal Group a skin infection)
  - Until areas are crusted or healed or until 48 hours after antibiotic treatment has started.
  - Antibiotic treatment may speed healing and reduce infectious period.
- Measles
  - 4 days from onset of rash. Always consult with HPT.
  - Preventable by immunisation (MMR v 2 doses). Pre-teenage staff should seek advice from their GP.
  - Severe infection may occur in unvaccinated children.
  - Your local HPT will organise contact tracing.
- Hand, foot and mouth (coxsackie)
  - None.
- Varicella zoster
  - Examine only if rash is weeping and cannot be covered, e.g. with adhesive.
  - Can cause diarrhoea in those who have not had chickenpox.
  - Pre-teenage staff should seek advice from their GP.

**OTHER INFECTIONS**
- German measles
  - None.
- Chickenpox
  - None.
- Cold sores
  - Herpes simplex
  - None.
- German measles
  - Rubella
  - None.
- Impetigo (Staphylococcal Group a skin infection)
  - Until areas are crusted or healed or until 48 hours after antibiotic treatment has started.
  - Antibiotic treatment may speed healing and reduce infectious period.
- Measles
  - 4 days from onset of rash. Always consult with HPT.
  - Preventable by immunisation (MMR v 2 doses). Pre-teenage staff should seek advice from their GP.
  - Severe infection may occur in unvaccinated children.
  - Your local HPT will organise contact tracing.
- Hand, foot and mouth (coxsackie)
  - None.
- Varicella zoster
  - Examine only if rash is weeping and cannot be covered, e.g. with adhesive.
  - Can cause diarrhoea in those who have not had chickenpox.
  - Pre-teenage staff should seek advice from their GP.

**Exclusion from work**
- None.
- Exclusion will apply. Always consult with your local HPT.
- Pre-teenage staff should seek advice from their GP.

**Outbreaks**
- None.

**Contact details**
- NHS Highland Health Protection Team (HPT)
  - Email: bace.markinchuch@nhs.net
  - Telephone: 01463 704866

Further information can be found in Infection Prevention and Control in Childcare Settings (Day Care and Childminding Settings) at [http://www.hps.scot.nhs.uk/eic/td-conceptguideline/docs/IPP/47350](http://www.hps.scot.nhs.uk/eic/td-conceptguideline/docs/IPP/47350).

Information on current immunisation schedule for children can be found at [http://www.immunisation.nhs.co.uk/index.aspx](http://www.immunisation.nhs.co.uk/index.aspx).

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**References:**
Guidance on Infection Control in School and Other Child Care Settings Places, HPA, April 2010.


December 2011
FOOD SAFETY

All childcare services regulated by the Care Inspectorate who prepare food and/or drinks will require to be registered with their local Environmental Health Officer (EHO) – see contact numbers in Section 5. If you are not already registered, please contact your nearest EHO.

Under the *Food Hygiene Regulations* there is a statutory obligation for anyone who handles food to notify the person in charge immediately if they are suffering from diarrhoea, salmonella or other germs likely to cause food poisoning, skin infections, nose or throat infections, ear or eye discharge.

The regulations set out a number of structural requirements such as the standards for lighting, walls, floors etc. One structural item which can cause issues is the provision of a sink designated only for hand washing. This wash hand basin should not be used for food preparation/dishwashing. It is preferable that separate facilities are provided for food preparation and equipment washing. It is however accepted that in very limited operations one sink may be used for both equipment and food washing, provided that both activities can be done effectively and without prejudice to food safety. The feasibility of this will vary depending on the type of food preparation being carried out. If you have any concerns on this matter or other structural issues please contact your local EHO. Often local solutions can be found.

The centre needs to look at the way food is prepared and to put controls in place to ensure that their practices do not prejudice food safety (risk assessment). Centres considering refurbishment or planning action as a result of a Care Commission inspection should discuss this with their local EHO - see Section 5 for local contacts.
KEY GUIDANCE : Key Rules of Hygiene

1. Keep the storage and preparation of raw and cooked food strictly separate.
2. Avoid unnecessary handling of food.
4. Do not prepare food too far in advance.
5. When reheating food ensure it gets piping hot.
6. Clean as you go. Keep all equipment and surfaces clean.
7. Keep yourself clean and wear clean clothing.
8. Always wash your hands:
   - before handling food
   - after using the toilet
   - after handling raw foods or waste
   - before starting work
   - after each break
   - after blowing your nose
9. Do not smoke, eat, or drink when preparing food, and never cough or sneeze over food.
10. Ensure cuts and sores are covered with a waterproof, high visibility dressing.
11. Tell your supervisor, before commencing work of any skin, nose, throat, stomach or bowel trouble or infected wound.
12. Follow any food safety instructions either on food packaging or from your supervisor.
13. If you see something wrong - tell your supervisor.

Certificated Training

Every member of staff must be fully aware of the key rules for food hygiene as listed above. These must be explained to all new members of staff as part of their induction training before they become involved with any food preparation.
If staff are involved in the preparation of high risk foods such as sandwiches then at least one member of staff holding the *Elementary Certificate in Food Hygiene* or an equivalent qualification should be present. The one-day certification course is usually offered in the Early Education staff development programme and is also available from local training providers.

The Food Standards Agency website is a source of very important food safety and hygiene information. You are encouraged to visit the website to keep up to date with food safety and hygiene matters: [www.food.gov.uk](http://www.food.gov.uk)

Two documents published by the Food Standards Agency concerning how to control the risks from E.coli 0157 and how to effectively wash hands have been included at the end of this section because of the important information they contain.
Effective Hand Washing Technique

Food handlers must be trained and verified as competent in an effective hand washing technique. This is particularly important where there is a risk of cross contamination between raw and ready-to-eat foods.

The following steps should always be included:

Wet your hands thoroughly and apply liquid soap

Rub Steps

1. Rub palm to palm to make a lather.

2. Rub the palm of one hand along the back of the other hand and along the fingers. Then repeat with the other hand.

3. Rub palm to palm with fingers interlaced.

4. Rub the backs of the fingers with the opposite palm with the fingers interlocked. Then repeat with the other hand.

5. Clasp and rotate the thumb in the palm of the opposite hand. Then repeat with the other hand.

6. Rub backwards and forwards over the palm with clasped fingers. Then repeat with the other hand.

Rinse off the soap with clean water and dry your hands hygienically with a single use towel.

To ensure washed hands do not come into contact with the taps, use a clean single use towel to turn the taps off.

Please Note: If after washing, your hands are not visibly clean, then the Hand Washing Technique has not been effective and should be repeated.

*These materials are recommended as part of the generic CookSafe approach. Operators may use alternative materials provided they will produce equivalent hygienic outcomes.
**E. coli O157:**
An invisible threat to your business

Bacteria, such as *E. coli* O157, are invisible to the naked eye, so they can easily be spread to food without you realising. These bacteria could make your customers seriously ill, and can even kill. Food businesses must practise good food hygiene at all times to make sure the food they produce is safe.

If your business handles raw food, which could be contaminated with *E. coli* O157, in the same establishment as ready-to-eat food, there will be a greater risk. Raw food, such as meat, fruit and vegetables, that have been in contact with the soil and are not supplied as ready-to-eat, should be handled as if they are contaminated by *E. coli* O157.

This factsheet highlights the strict measures that are necessary to control *E. coli* O157. Local authority enforcement officers will consider these measures as part of their inspections.

The key control measures involve:
- separation of equipment and staff involved in handling raw food from staff that handle ready-to-eat food
- effective cleaning and disinfection
- personal hygiene and handwashing

If there has been a risk of contamination, all work must stop until the surfaces and equipment in the area have been sufficiently cleaned and disinfected, or replaced. Any potentially contaminated food should not be supplied for consumption. If it is suspected that contaminated food has gone to consumers, appropriate action must be taken.

For more information on good food hygiene and keeping food safe, refer to your food hygiene information packs at: [www.food.gov.uk/goodbusiness](http://www.food.gov.uk/goodbusiness)
Always separate

Cross-contamination is one of the most common causes of food poisoning. It happens when harmful bacteria are spread onto ready-to-eat food from other food, surfaces, hands or equipment.

Identifying separate work areas, surfaces and equipment for raw and ready-to-eat foods is the only certain way of preventing *E. coli* O157 contamination.

Stop *E. coli* O157 spreading

**Work areas:** Provide separate working areas, storage facilities, clothing and staff for the handling and storage of ready-to-eat food. This is the designated clean area.

**Storage:** Use separate storage and display facilities, including refrigerators and freezers. Where separate units are not provided, the clean areas should be sufficiently separated and clearly identifiable.

**Equipment:** Use separate machinery and equipment, such as vacuum packing machines, slicers and mincers, for raw and ready-to-eat foods. Where this equipment is used for ready-to-eat food, it should be kept in the designated clean area.

**Utensils:** Separate chopping boards and utensils must be used for raw and ready-to-eat foods unless cleaned and disinfected in a commercial dishwasher between uses.

**Packaging:** Packaging materials for ready-to-eat food should be stored in a designated clean area and the outside surfaces of any wrapping materials for ready-to-eat food brought into a clean area must be free from contamination. It may be possible to establish an assurance of cleanliness with your supplier.

**Cash registers:** Cash registers and other non-food equipment should not be shared by staff handling ready-to-eat food and staff working in other areas. A single cash register can be used, but staff must ensure their hands and clothing are clean when moving into the designated clean area.

**Cleaning products:** Separate cleaning materials, including cloths, sponges and mops should be used for the designated clean area. Use disposable, single-use cloths wherever possible.
Clean effectively

Effective cleaning is essential to get rid of harmful bacteria and stop them spreading to food. Work surfaces and equipment should be washed regularly and disinfected between tasks. Single-use, disposable cloths should be used wherever possible.

Cleaning and disinfecting

Disinfection can be used to destroy bacteria from surfaces. However, chemical disinfectants only work if surfaces have been thoroughly cleaned first to remove grease and other dirt.

This is the two-stage process for effective disinfection:
- use a cleaning product to remove visible dirt, food particles and debris, and rinse to remove any residue
- apply disinfectant using the correct dilution and contact time, according to the manufacturer’s instructions, and rinse with drinking water

Sanitisers have both cleaning and disinfection properties in a single product, but the two-stage cleaning and disinfecting process must still be carried out as above to ensure the sanitisers work effectively, that is, to first provide a clean surface and then again to disinfect.

Any disinfectant or sanitisers used must at least meet the official standards of BS EN1276:1997 or BS EN 13697:2001. You can check with your supplier that they meet the required standards.

Heat cleaning

Heat is one of the best ways of killing bacteria, but the temperature and contact time must be sufficient to destroy harmful bacteria. For example:

**Utensils:** If using a dishwasher, water reservoirs should be kept above 80°C for at least 15 seconds. Dishwashers should be cleaned regularly, including the removal of food debris, plastic wrapping and limescale from the water jets, filters and drains.

**Cloths:** Re-usable cloths should be washed on a hot cycle, at 82°C or above, and dried between tasks.
Handle food hygienically

It is vital for staff to follow good personal hygiene practices to help prevent harmful bacteria spreading to ready-to-eat food by cross-contamination.

Handwashing

Staff should wash and dry their hands thoroughly, using a recognised technique, for example from the Department of Health or the NHS, before handling food.

It is particularly important to wash your hands before touching ready-to-eat food, after going to the toilet, after touching raw meat or surfaces that might have come into contact with staff handling raw food.

Separate handwashing basins with hot water, liquid soap and drying facilities must be made available. The use of non-hand-operable taps is recommended, but if they are not available, taps should be turned off using a paper towel.

Single-use towels or air driers are recommended for drying hands hygienically.

Anti-bacterial hand gels should not be used instead of thorough handwashing.

Handling food

Minimising direct contact with food will reduce the risk of harmful bacteria spreading.

Safety tips:

Use tongs and other utensils to handle food
- keep hands clean to prevent contamination of handles

Use disposable gloves
- change gloves between tasks, as well as at every break, and when they become damaged
- remember to wash hands thoroughly before putting on gloves and after taking them off
- the use of separate packs of disposable gloves for different activities
- contaminated gloves must never enter a clean area used for handling or storing ready-to-eat foods

Wear clean clothing or disposable aprons
- change outer clothing (e.g. aprons and overalls) before handling ready-to-eat food or entering a clean area
- wash hands after changing contaminated clothing and before putting on clean clothing
INJURY PREVENTION

Unintentional injury

Unintentional injury is one of the main causes of death and emergency hospital admissions for children. The term "unintentional injury" is preferred to "accidents" as the latter implies events are inevitable and unavoidable whereas a high proportion of these incidents are now regarded as being preventable.

In the Highlands 159 children aged 0-4 years were emergency admissions to hospital as a result of an unintentional injury in the year ending March 2011. Falls were the most common cause of injury in this age group.

(www.isdscotland.org)

Statistics show that children in more deprived areas are more likely to suffer an unintentional injury. The Growing Up in Scotland longitudinal study that is tracking the lives of a cohort of Scottish children, found that children were ‘more likely to have had an accident or injury if their family had spent some time in poverty’

Childcare and early education providers have a duty to ensure children’s safety as far as possible and also play a valuable role in helping children (and parents/carers) to learn how to assess risks and addressing the inequalities linked to deprivation.

It is a challenge to early years staff to find ways of enabling children (and sometimes parents and carers) to learn to assess and manage risk, rather than preventing children from having fun while gaining the skills necessary to avoid injury. Highland Council Childcare & Early Education Service and the Care and Learning Alliance are able to advise practitioners on procedures and policies.

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4 Growing up in Scotland: the circumstances of persistently poor children, National Centre for Social Research, 2010
The Health and Safety Executive has some straightforward advice on dispelling misconceptions, such as children not being allowed to throw snowballs or play conkers and has established a Myth Busters Challenge Panel – see the cases considered at http://www.hse.gov.uk/myth/ (see also Section 12 - Play).

All registered childcare centres must use a risk assessment system which identifies hazards and measures the level of risk. Control measures must be included and risk minimised. This also applies to any risks to practitioners, for example from lifting.

You should have in place:

- **A Health & Safety policy** and conduct regular risk assessments. Older children can be valuable partners in assessing any likelihood of dangers: they may spot possibilities that adults might miss, because they are not as tall and also because they bring different viewpoints to the process.

- **Accident Procedure** – typically this will cover: details of the qualified First Aider(s) in your group, who should be informed and how to record the incident.

**FIRE PROCEDURES**

Your group will probably already have a policy in place and you should regularly practise your fire drill with the children. Groups that meet in community halls or other rented premises should check and practise the venue’s own fire procedures. These are normally on the wall in the meeting room and tell you the location of the nearest fire door and where to gather when you leave the building. For information, contact Highland & Islands Fire Brigade http://www.hifrs.org/Home/Community-Safety/Legislation---Regulations or tel. 01463 227000
We can't do that...... because the Care Commission says we can't!

Ronnie Hill, former Director of Children’s Services Regulation, Care Commission

There are urban myths about many things. These occasionally include fables about demands by inspectors when they are looking at risk assessment of day care for children.

One such urban myth was that nursery staff should tie children to a tree when they were out fishing! While it is easy to discount such strange urban myths, we know that some providers and staff worry about how the Care Commission (now Care Inspectorate) will approach risk taking and risk assessment.

A clear statement of aims and objectives

We are committed to regulating in a way that supports best practice, provides assurance and does not stifle innovation. The first expectation is that a service has a clear statement of aims and objectives. This ensures that parents and staff have a shared understanding of what the service provides and how it will go about providing it.

A statement of aims and objectives helps to set the context in which risk-assessed activities will take place. Opportunities for young children to engage in physical activities outdoors and indoors need to be a part of that context.

Managing risks

The importance of appropriate risk taking in children’s physical and emotional development is crucial. All activities will have some degree of risk associated with them. What is important is that the service has thought carefully about the risks involved, considered best practice and guidance, consulted the children’s parents, assessed that the risks are not unacceptable, and planned to control and manage any risks.

Ideas for new activities or ways of doing things should not be discounted simply because an element of risk may be involved. We want to encourage good risk management, not risk aversion......
For further information on injury prevention:

**Highland Council Community Safety Officer**  tel. 01463 702246

Other useful sources of information are:

Child Accident Prevention Trust  [www.capt.org.uk](http://www.capt.org.uk)

Royal Society for the Prevention of Accidents  [www.rospa.com](http://www.rospa.com)

**OUTINGS**

There is no fixed adult:child ratio for outings.

Your risk assessment procedure should be applied to decide on the safe level of supervision and any other precautions to be taken. For example, a walk out with 10 similarly-aged children along a safe footpath to a nearby playground may require two adults. However, the same number of children including three very young ones having to cross two busy roads to reach the playground may require a different approach. Therefore the arrangements you make should be appropriate to the capacity of the children involved, the activity and the environment.

**SUN SAFETY**

It's important to remember that while prolonged exposure strong sunlight may be damaging, spending a small amount of time in the sun is beneficial as it provides the body with vitamin D. Vitamin D helps to control the amount of calcium and phosphate in the body, which is needed to keep bones and teeth healthy.

*See also* Section 10- Food and Health, Section 13 – Outdoor play
For short sessions, parents should be asked to apply a sunscreen with a sun protection factor of 15 or more to their child before they attend. For longer sessions, where staff may need to administer sunscreen, parents should be asked to:

- Provide a letter giving full and clear instructions
- Provide a sunscreen with a sun protection factor of 15 or more, labelled with their child’s name.

General advice is: avoid being out in the sun between 11am and 3pm; stay in the shade; wear a long-sleeved shirt or t-shirt and a wide brimmed hat or legionnaire style cap.

More information and sample policy for pre-schools is at:

http://publications.cancerresearchuk.org/downloads/Product/SSPSN.pdf

ROAD and IN-CAR SAFETY

Road traffic accidents are the major cause of accidental deaths for children and young people in Scotland. Road Safety education has a vital role to play in ensuring that children stay safe on our roads. It needs to start at an early age and must be developmentally appropriate.

The main Road Safety issues in relation to under 5s are that they:

- Require constant supervision
- Are unable to see/be seen because of their height
- Go through the motions but lack comprehension
- Are unable to control attention and concentrate on more than one thing
- Have difficulty judging speed or distance until 8 years old

One effect of greater car usage is that children may now have little experience of how to be a safe pedestrian on roads and pavements.

Highland Councils’ Road Safety Team can offer advice on Road Safety Education, developing Safer Routes to School, equipment loans and small grants.  Contact:  Road Safety Officer  Tel. 01463 702690

Road Safety Scotland (RSC) has useful resources on a wide range of issues.  Tel. 0131 472 9200  www.road-safety.org.uk
Go Safe! – Ziggy's Road Safety Mission

The road environment still represents the single highest cause of death and injury to young people in Scotland. Road Safety Scotland has developed an innovative new approach to road safety education for young children from birth through to the early level of Curriculum for Excellence. This approach has been influenced by research, consultation and recent scientific insights into early brain development. It aims to inspire, involve and motivate children. Just as importantly, by working across curricular areas and involving multi-sensory learning, it is also geared to engage the adults involved in children’s lives who look after and educate them.

The multi-media approach encompasses key aspirations of the Early Years Framework and Curriculum for Excellence. It aims to encourage and inspire experiential learning through partnerships between home and educational settings. It recognises the importance of early intervention in developing positive attitudes and behaviours for life; enabling children to become successful learners, confident individuals, effective contributors and responsible citizens.

The Go Safe! Website includes activity ideas, sound and image galleries, curriculum links and story audio files http://www.gosafewithziggy.com/

In-Car safety
A study by Royal Society for the Prevention of Accidents found that 40% of Child Car Seats are either incorrectly fitted or not fit for their purpose. Having an appropriate car seat that is correctly fitted saves lives. Early years providers should ensure their own seats are safe and can encourage parents to check their own car seats too.
Detailed advice on choosing, using and fitting child care seats is available at www.protectchild.co.uk

Home Safety
Childcare services are in a good position to develop parent and carer awareness of domestic hazards (for example, scalds and falls) by:

- Being positive role models
- Raising topics such as how to make blinds and windows safe
- Signposting parents to more information
Other sources of information are:
Child Accident Prevention Trust [www.capt.org.uk](http://www.capt.org.uk)
Royal Society for the Prevention of Accidents [www.rospa.com](http://www.rospa.com)
RoSPA specialised site [www.childcarseats.org.uk](http://www.childcarseats.org.uk)

**FIRST AID**
including dealing with ASTHMA and ANAPHYLAXIS

Every early years setting should aim to have at least one person trained in administering First Aid to children. A guide to the contents of your First Aid Box is overleaf. Parents, together with your local public health nursing team and/or GPs, should be involved in helping your service to manage a child’s known conditions.  *See also Section 13 - Additional Support Needs*

**Asthma attacks**
Guidance on managing asthma is available via your Public Health Nursing Team or Link Health Visitor. Asthma UK has information: [www.asthma.org.uk](http://www.asthma.org.uk)
Helpline 08457 01 02 03

**Anaphylaxis (severe allergic reaction)**
Anaphylaxis is a severe allergic reaction. The body’s immune system reacts in response to the presence of substance it perceives as a threat. These substances are not normally perceived as a threat and do not affect the majority of the population, therefore this may be an unexpected response. Common causes include food such as peanuts, tree nuts (eg. almonds, walnuts), sesame, fish, shellfish, dairy products and eggs. Non-food items include wasp/bee stings, natural latex (rubber), penicillin or other drugs. For children with a known allergy, pre-loaded adrenaline injection kits (‘Epi-Pens’) are available on prescription. Staff must be trained in their use.

Guidance on managing anaphylaxis is available via your Public Health Nursing Team or Link Health Visitor.
Information is also available from the Anaphylaxis Campaign http://www.anaphylaxis.org.uk/

*See also*–

**Additional Support Needs: administration of medicines** Section 13

**Food Allergies** See also Section 10 - Food and Health
KEY GUIDANCE

First Aid Box

There is no mandatory list of contents for First Aid boxes. Below are suggestions, based on Health and Safety Executive advice.

A First Aid box should be easily accessible and placed if possible near to handwashing facilities. All first aid containers must be identified by a white cross on a green background. They should contain only the items that a first-aider has been trained to use, and nothing else.

A minimum stock would normally be:

- Leaflet on basic 1st Aid, e.g Health & Safety Executive leaflet Basic Advice on First Aid at Work available from www.hse.gov.uk/pubns/indg347.pdf
- One pair of disposable gloves
- Individually wrapped sterile adhesive dressings x 20 (assorted sizes)
- Two sterile eye pads
- Four individually wrapped triangular bandages (preferably sterile)
- Six safety pins
- Six medium sized (approx. 12cm x 12cm) and two large (approx. 18cm x 18cm) individually wrapped sterile unmedicated wound dressings

Where mains tap water is not readily available for eye irrigation, at least a litre of sterile water in sealed disposable containers should be provided. Once the seal is broken, or expiry date is passed, the containers should be disposed of. Containers should not be kept for re-use.

Additional items if space allows:

- Scissors
- Adhesive micropore tape
- Disposable aprons
- Individually wrapped moist wipes
- Plastic disposable bags for soiled items

Contents should be examined frequently and restocked as soon as possible after use.

Care should be taken to discard items safely after the expiry date has passed. Medicines, including tablets and antiseptic creams, should not stored in the first-aid container.
Enabling a child to become confident and establish positive self-esteem gives them the foundations to move forward and develop their potential. All policies relating to children emphasise the importance of encouraging good mental health from birth. NHS Highland has produced Infant Mental Health (prebirth - 3 years) Best Practice Guidelines (2012) 
http://forhighlandschildren.org/4-icspublication/index_56_3923857013.pdf

The Scottish Government’s mental health strategy to 2015 sets out four ‘key change areas’ and a range of key commitments across the full spectrum of mental health improvement, services and recovery. The first of the four key areas for change is Child and Adolescent Mental Health:

“The period between pregnancy and 3 years is increasingly seen as a critical period in shaping children's life chances, based on evidence of brain formation, communication and language development, and the impact of relationships formed during this period on mental health. It is therefore also a critical opportunity to intervene to break cycles of poor outcomes.”

…..Secure attachment and competent, confident parenting are known to be significant protective factors, conferring confidence, resilience and adaptability. Disorganised attachment in infancy has been linked by both longitudinal and retrospective studies to a number of severe mental health problems manifesting in later life. The importance of early experience in creating the conditions for good or poor mental health cannot be overstated.

Those most in need of help can be either easy or hard to identify depending upon whether the manifesting problems are visible (e.g. young children with very challenging behaviour) or hidden (e.g. babies who may be quietly suffering and anxious because their needs for social interaction through secure attachments are not being met).

Extracts from Mental Health Strategy for Scotland, Scottish Government, 2012
Two commitments likely to have an impact on 0-5 years services are

‘Commitment 7: In 2012 we will begin the process of a national roll out of Triple P and Incredible Years Parenting programmes to the parents of all 3-4 year olds with severely disruptive behaviour. We will include more information about the delivery of this commitment in our Parenting Strategy which will be published in October 2012.

Commitment 8: We shall make basic infant mental health training more widely available to professionals in the children's services workforce. We shall also improve access to child psychotherapy (a profession which specialises in parent infant therapeutic work) by investing in a new cohort of trainees to start in 2013.’

The full report is available at:
http://www.scotland.gov.uk/Publications/2012/08/9714

The Scottish guidance for the very early years, ‘Pre-Birth to Three’, focuses on four key aspects: Rights of Children, Responsive Care, Respect and Relationships. Childcare and early education providers with a positive ethos make an important contribution to maintaining and improving good mental health in the centres and in the wider community (see also Section 1). The ‘Health and wellbeing’ strand of Curriculum for Excellence also has a strong emphasis on building children’s confidence.

At all stages, practitioners who model positive behaviour are in a position to have a valuable impact on both children and their parents/carers.

The mental health of parents and carers inevitably has an effect on children's development. In addition to liaising effectively with their Link Health Visitor where there are any concerns, early years services may often be in a position to provide opportunities for parents/carers to build friendships, join in activities with children and to meet with professional staff (for example, health, social work or benefits advisers) who can offer advice or support.
There are many ways of promoting mental well-being and developing resilience in children and young people. For example, physical exercise contributes towards feelings of wellbeing: a simple and effective way of assisting positive mental health is to encourage children (and their parents) to enjoy being physically active together.

The play @ home booklets for 0-5 year olds and families, which all parents receive, include many activities that encourage family bonds and communication as well as physical exercise (see Section 11 – Physical Activity for more details).

Local singer Christina Stewart has produced Kist of Dreams and Bairn’s Kist, CDs of traditional Scottish and Gaelic lullabies:
http://www.kistodreams.org/request_a_cd_g.asp

The creative arts offer many ways to stimulate children and help to develop their self-confidence, imagination and communication skills. Many arts activities, from energetic dance and drama to puppet-making, combine encouraging expression with developing physical and mental skills.

**Artsplay Highland** brings together artists and childcare practitioners to explore ways of developing children’s creativity in variety of art forms. For more information: http://www.artsplay.org.uk/index.asp

Artsplay members now have access to a dedicated website with resources and contacts – see Play – Section 12.

Sharing stories is an excellent way of encouraging communication between children and adults. The Scottish Book Trust gifts book to children through the Bookbug programme (formerly Bookstart) – see www.scottishbooktrust.com Libraries are developing their services for very young children, including family rhyme-time sessions. For more information, contact your local library.
Positive mental health and wellbeing

Further sources of information on promoting positive mental health:

**Education Scotland** *Pre-Birth to Three guidance* and references for supporting infant mental health
http://www.educationscotland.gov.uk/earlyyears/prebirthtothree/index.asp

The **HandsOn Scotland online toolkit** provides information for workers who offer support to children and young people with troubling behaviour:
www.handsonscotland.co.uk

**Young Minds**, a charity committed to improving the mental health of all children and young people, offering publications, email links and a parent helpline:  www.youngminds.org.uk

*Why Love Matters: how affection shapes a baby’s brain*
Sue Gerhardt, Routledge  £9.99
www.whylovematters.com or available to loan from Health Information and Resources Service email  hirs@mailbox@nhs.net

*Talk to your Baby*: an initiative by the National Literacy Trust to encourage parents and carers to communicate with children from birth to three.
Tel. 020 7828 2435 or  www.wordsforlife.org.uk/liveSplash.htm

**DVDs – Baby It’s You, The Social Baby, The Social Toddler**
ask your local public health nurse team if they have a copy to loan:

*The Connected Baby* Dr. Suzanne Zeedyk
http://theconnectedbaby.org/home/
ORAL HEALTH

The good news is that the oral health of young children in Highland is improving! Just over 70% of children in P1 showed no signs of obvious decay experience, in the latest report from the National Dental Inspection Programme (2012). Early years and family support services should be proud of their contribution to this improvement, which is evidence of changes in snack policies, toothbrushing practice and modelling for parents and carers, together with oral health team input.

However, there are still a large number of children with early tooth decay and a dental problem is the single most common reason for admitting a child to hospital for a general anaesthetic. As this procedure carries a certain degree of risk, it is paramount that this number is reduced. Although tooth decay can affect any child, those in the following groups are most at risk:

- Children living in deprived areas and those in low-income families;
- Children with vegetarian/vegan diets;
- Minority ethnic groups at an increased risk of nutritional problems due to cultural or religious beliefs.

To promote good oral health there are four key messages.

1. DIET: reduce consumption and especially the frequency of intake of drinks, confectionery and foods with sugars. In addition the frequent consumption of acidic drinks, such as fruit juice, squashes and carbonated drinks should be avoided to help prevent erosion.

2. TOOTHBRUSHING: clean the teeth thoroughly at least twice every day with a fluoride toothpaste. Spit out but do not rinse with water after brushing. Fluoride toothpaste, which came into general use in the British Isles in the early 1970's, is now recognised as a development of greatest importance to oral health. It is the most cost effective topical fluoride agent for personal use and is thought to be the main reason for the decline in dental caries (tooth decay) prevalence in Europe during the last thirty years.

3. FLUORIDE: fluoridation of the water supply is a safe and highly effective public health measure. Water fluoridation should be targeted at communities with higher dental caries (tooth decay). Where it is not technically feasible other fluoride strategies should be employed, such as programmes to promote the use of fluoride toothpaste, containing effective levels of at least 1000 parts per million fluoride. The application of fluoride varnish twice a year is now recommended for all children over 2 year of age and up to 4 times a year for children at increased risk of dental decay. This can be applied in dental practice and parents should ask their dentist about this.

4. REGULAR ORAL EXAMINATIONS: Children may need to be seen more frequently than adults - at least once a year, as advised by your dentist.
**Childsmile** is a comprehensive programme to improve the oral health of children in Scotland, funded by the Scottish Government.

**Childsmile is made of four key components:**

- Childsmile Practice
- Childsmile Nursery
- Childsmile Primary
- Core Toothbrushing Programme

Childsmile Practice: Childsmile is introduced to the family by the public health nurse or health visitor who will refer them straight to a dental practice or to a Dental Health Support Worker (DHSW) following the 6-8 week assessment.

The DHSW will:

- Contact children from the age of three months.
- Make a first appointment for the child with a local Childsmile dental service.
- Provide the central link between dental services, the family and the public health nurse or health visitor.
- Give additional oral health support to children and families most in need.
- Link children who have been identified as not currently attending a dentist, with local Childsmile dental services.

Additional support will be given to the children and families most in need through home visiting, community initiatives and primary care dental services.

**Extra help**

For the most vulnerable families, a longer period of home support may be required prior to engaging with dental services.

The length of each appointment will vary depending of the needs of the individual and family.

**Continuous care**

From six months old, appointments will be made for the child to attend dental services on a regular basis.
A programme of Childsmile care, tailored to meet the needs of the individual child, will be provided by the dental team.

This includes:

Oral health advice (e.g. on healthy weaning, diet, teething and toothbrushing instruction).

Annual dental check-ups and treatment, if required.

Twice-yearly fluoride varnish applications from two years old.

Extended Duty Dental Nurses (EDDNs) from Childsmile practices are trained in oral health promotion and fluoride varnish application to support the dental team to provide Childsmile care.

It is envisaged that children attending a practice will continue with the same dental practice for their dental care needs throughout childhood and into adulthood.

**Childsmile Nursery and Primary:** Childsmile Nursery and Primary are being targeted towards the nursery and primary schools that fall within the designated Childsmile areas.

The parents of all children within these schools and nurseries will be asked to consent to their child participating in the Childsmile Nursery/Primary scheme. As a participating member of the scheme the child will have fluoride varnish applied to their teeth on a six monthly basis within the school or nursery setting.

This fluoride varnish will be applied by extended duty dental nurses. A team consisting of an oral health support worker and 2 trained dental nurses will facilitate the programme within the nursery/primary school.

Any children identified within Childsmile Nursery/ School as not having a local dentist, will be linked into Primary Care Dental Services.
Core Toothbrushing Programme: The Childsmile Toothbrushing Programme is a major Scotland-wide initiative to help improve the health of children's teeth. Free toothbrushes and fluoride toothpaste are provided, with key staff working with nurseries to encourage children to brush their teeth with a fluoride toothpaste.

The Programme includes both local authority, voluntary and private partnership playgroups and nurseries. In addition, children who attend primary school in targeted communities are offered daily supervised toothbrushing in both P1 and P2 classes.

Children who are at greater risk of tooth decay may be given additional supplies of free toothpaste and toothbrushes – usually via their Health Visitor or other professional groups. During their first year of life, children are also provided with a free drinking cup to encourage healthy weaning. Every child who attends a nursery should be offered free daily supervised toothbrushing with fluoride toothpaste from age 3 upwards.

Further information is available, including the National Standards for Toothbrushing Programme at www.child-smile.org

Useful local & national information

<table>
<thead>
<tr>
<th>Dental Help Line phone number: 0845 6442271</th>
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<tbody>
<tr>
<td><strong>NHS Highland Dental Services Oral Health team</strong></td>
</tr>
<tr>
<td><strong>North area (Caithness &amp; Sutherland)</strong> to be confirmed</td>
</tr>
<tr>
<td>tel. 07818002388</td>
</tr>
<tr>
<td><strong>Mid area (Ross &amp; Cromarty, Skye &amp; Lochalsh and Lochaber, including FortAugustus)</strong></td>
</tr>
<tr>
<td>Miranda Moodie <a href="mailto:miranda.moodie@nhs.net">miranda.moodie@nhs.net</a> tel. 07818002388</td>
</tr>
<tr>
<td><strong>South East area (Inverness, Nairn, Badenoch &amp; Strathspey)</strong></td>
</tr>
<tr>
<td>Kirstin Edmiston <a href="mailto:kirstin.edmiston@nhs.net">kirstin.edmiston@nhs.net</a> tel. 07824599514</td>
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An action plan for improving oral health and modernising NHS dental service www.scotland.gov.uk

Prevention and management of dental decay in the pre-school child SIGN 83 www.sign.ac.uk
A new document, *Oral Health and Nutrition Guidance for Professionals* was published by Health Scotland in June 2012. This includes an early years section that helpfully aligns advice on both topics. All registered providers should have received a hard copy. The guidance can also be downloaded at: http://www.healthscotland.com/uploads/documents/18891-OralHealthAndNutritionGuidance.pdf

See also Section 10 – Food and Health

**PRE-SCHOOL VISION SCREENING**

NHS Highland works in partnership with Highland Council to offer all children Pre School Orthoptic Vision Screening (POVS) in the year before they start school. This important test replaces the eyesight check which school nurses have carried out in P1 in the past. It is therefore the only vision test the children will have.

The POVS tests pick up eye problems, most of which can be easily corrected with glasses (spectacles) and/or an eye patch. It is important that the screening test is carried out at this age, before full visual development has taken place, so that any necessary treatment for eyesight problems has a better chance of success. It will also in most cases allow time for treatment to be started before the child starts school.

Orthoptists are trained to test for and treat eyesight problems in young children so are considered the most appropriate professional to carry out the screening tests.

**What does the test involve?**

The test is designed to be simple for pre-school children. It takes about 10 minutes and involves matching letters and looking at a light and at small
pictures. No eye drops are used. If a child is unable to perform the test it can be repeated at a later date.

**How is pre-school orthoptic vision screening arranged?**

A member of the Pre School Orthoptic Vision Screening (POVS) team phones to arrange a suitable date for the Orthoptist’s visit. A POVS Pack is then sent out, consisting of

- A list of children due to be screened
- Information/consent forms for parents/guardians are sent to the nursery for distribution by the nursery staff to parents/carers. These forms include an option for parents to opt out of the screening programme.
- A poster for display is sent to the nursery to let the parents/carers know when the eye tests are taking place.

The frequency of Orthoptist visits depends on the number of children to be tested and how smoothly the sessions run. The intention is to test approximately 15-18 children per visit.

For more information about the Pre-school Orthoptic Vision Screening services, please tel. 01463 704443.
FOOD AND HEALTH
(see also Food Safety - Section 6 and Physical Activity - Section 11)

“Our aim in NHS Highland is to ensure our children can enjoy being active and eating well. We also recognise that challenges in our environment and society often make healthy choices hard to follow through. We all need to work together to support children and families to lead healthy, active lifestyles, that are free from stigma, and which build strong relationships and communities.”

Dr. Margaret Somerville
Director of Public Health and Health Policy, NHS Highland

Food is much more than nutrition. Meals, snacks and drinks form part of our culture, social times, pleasure, satiety and as such form an important part of children’s experiences and education. But providing children with good nutrition can improve their ability to play, learn and socialise well, helps to ensure good growth and development and can protect against the development of heart disease, certain cancers and becoming overweight (See also Section 11 – Physical Activity).

Also, many people are involved in the production and preparation of food. So decisions like supporting local businesses, making fair-trade choices, selecting organic/non organic, can support the health of others through providing a secure income, ensuring a safe working environment, reducing food miles etc.

NHS Highland’s Maternal and Child Nutrition: best practice guidance (revised 2012) supports staff in all agencies working with pregnant women, parents/carers and children 0-5 years. It does not introduce new policies but combines existing legislation and guidance into one coherent format. Sections can be downloaded at www.forhighlandschildren.org Implementation will be supported by a programme of training which is currently under development – more information will be available from Childcare & Early Education Service.
The key national resource available to help childcare and early education providers, earlier sent to all registered providers, is:

- **Nutritional guidance for early years: food choices for children aged 1-5 years in early education and childcare settings.** This provides detailed advice on food and nutrition. All registered early years providers were sent a copy in 2006. It is also available to download from: [http://www.scotland.gov.uk/Publications/2006/01/18153659/0](http://www.scotland.gov.uk/Publications/2006/01/18153659/0)

NHS Highland has added a supplementary sheet on sweeteners, included later in this section.

**NOTE:** The Schools (Health promotion and Nutrition) (Scotland) Act 2007 does not apply to pre-school education providers, who should follow the *Nutritional guidance for early years* recommendations. However, out of school clubs operating on school premises are expected to abide by the legislation.

A new document, **Oral Health and Nutrition Guidance for Professionals** was published by Health Scotland in June 2012. This includes an early years section that helpfully aligns advice on both topics. All registered providers should have received a hard copy. The guidance can also be downloaded at: [http://www.healthscotland.com/uploads/documents/18891-OralHealthAndNutritionGuidance.pdf](http://www.healthscotland.com/uploads/documents/18891-OralHealthAndNutritionGuidance.pdf)

Many providers will also have the **Adventures in Foodland** pack. This is currently being updated by Health Scotland.

Childcare and early learning providers have many decisions to make on food, including:

- which food and drinks to serve
- how to involve parents and carers
- what to advise parents
- the use of food as rewards and treats
- birthdays
- eating out
- whether to support promotions of certain foods
The best way to make sure that children in your care get access to healthy foods on a consistent basis is to set out a Food and Health Policy. The Nutritional guidance for early years and Adventures in Foodland include policy ideas which can be adapted to your own setting. A sample Highland Council policy is included at the end of this section.

See also KEY GUIDANCE: INFANT FOOD

In the beginning.....

Breastfeeding is a key public health measure that can have enormous benefit to the health of both the mother and child, yet rates at 6 – 8 weeks remain low. In Scotland there has been a long tradition of formula feeding which is sadly now seen as the cultural norm. It is therefore important to create and environment which promotes positive images of breastfeeding and which starts to address some of the cultural attitudes which impact negatively on breastfeeding i.e. within the media. Breastfeeding is one of the most effective early interventions to achieve healthy children. It reduces the risk of respiratory, gastrointestinal, urinary tract and ear infections, type II diabetes, allergies, obesity and heart disease. Mothers who breastfeed have reduced their risk of breast and ovarian cancer and osteoporosis. Breastfeeding can also improve the bond between mother and child, and help the child to feel more emotionally secure.

Early years providers can play a vital role in encouraging a positive attitude towards breastfeeding and supporting breastfeeding mothers by becoming a breastfeeding friendly nursery.

Becoming a Breastfeeding Friendly Nursery

- Welcome breastfeeding by mothers and volunteers, and make a suitable space available for them if they would like it. Breastfeeding in public areas
is protected by the Breastfeeding etc. Scotland Act 2005, which makes it an offence to ask breastfeeding women to move from a public place.

- Join the Highland Baby Friendly sticker scheme and put up Breastfeeding Welcome signs. (Contact 01463 704842 for information). This will demonstrate that you fully support breastfeeding in your public place.

- Positively support breastfeeding mothers, including safely storing and using breastmilk if available. Refer the breastfeeding mother to the NHS Scotland booklet – breastfeeding and returning to work – available from Health Information and Resources (HIRS) tel. 01463 704647 http://healthyhighlanders.co.uk/HPAC/

- Never give breastfed babies supplementary feeds of formula milk or water unless the parent made a fully informed choice to do this.

- Never use bottles or dummies with breastfed babies as this can affect their ability to suckle from the breast and can also mask feeding cues. If you have been instructed to, give supplementary feeds use feeding cups or spoons unless the parents have given consent to use a bottle and teat.

- Remember that the World Health Organisation states that breastfed babies do not need any food other than breastmilk for up to 6 months.

- Bring the idea of breastfeeding into play, so that children are encouraged to see breastfeeding as a natural part of a baby's life.

- Have posters on the wall which give a positive image of breastfeeding. (Contact HIRS for materials).

- Do not use toy baby bottles, but replace with toy feeding cups. Remove all books or other materials which reinforce bottle feeding as the normal way to feed a baby. Images can be found in unexpected places!
The Health Information Resources Service has a *Nursery Age Breastfeeding Awareness Teaching Pack* available to loan (Resource ID: T1BAB/007/T) to raise awareness of breastfeeding to nursery pupils in line with Curriculum for Excellence. : [http://healthyhighlanders.co.uk/HPAC/](http://healthyhighlanders.co.uk/HPAC/)

**The Curriculum for Excellence – health and wellbeing outcomes**

Early year settings have a strong health focus and close relationships with parents and carers of young children, which makes them the ideal environment where breastfeeding is acknowledged as the culturally normal way to feed and infant and where breastfeeding is promoted, supported and protected. Including breastfeeding as part of the curriculum will help to raise the profile of breastfeeding.

A programme for delivering a short breastfeeding awareness session to nursery aged children has been piloted and is ready for delivery – Principal Teachers (Pre-school) have been sent resources to support this.

**Examples of where breastfeeding can be supported through the Curriculum for Excellence:**

HWB 0 – 015a “I am developing my understanding of the human body and can use this knowledge to maintain and improve my wellbeing and health

HWB 0 – 47b – “I am aware of my growing body and I am learning the correct names for its different parts and how they work

HWB 0 – 48a – “I am learning what I can do to look after my body and who can help me”

HWB 0 – 50a – “I am learning about where living things come from and about how they grow, develop and are nurtured”

HWB 0 – 51a – “I am able to show an awareness of the tasks required to look after a baby”
Resources

It is important that the resources within your early years environment use positive and culturally appropriate images of breastfeeding and avoid materials which promote artificial feeding.

Here are 6 questions which provide a checklist to evaluate resources:

- Do children’s books or textbooks show bottles being used to feed babies, dolls or animals?
- Do resources contain pictures of infant feeding bottles?
- Are bottles, teats or dummies used as a symbol for babies?
- Do toys promote bottle feeding as the cultural norm i.e. do dolls come with bottles?
- Does the resource depict breastfeeding?

It is really important not to use any materials or leaflets which promote a formula milk company. This would contravene the WHO International Code of Marketing of Breastmilk Substitutes. For more information please follow this link www.babyfriendly.org.uk
KEY GUIDANCE  Infant food

There is evidence to suggest that early weaning is linked to an increased risk of asthma, eczema, digestive diseases, allergies and obesity in later life. Six months is the recommended age for introduction of solid food, as an infant's energy and nutrient needs begin to exceed that which can be fulfilled by breast or infant formula milk alone. Infants will vary in their readiness for weaning, but there are developmental signs which indicate readiness, including the ability to sit up, eye-hand coordination to reach out and grasp an object and an increased interest in food being eaten.

The introduction of solids should be gradual, starting with one or two teaspoons of cooked and mashed vegetables, mashed not pureed fruit or baby rice/other gluten free cereal once daily using a plastic spoon. (see Fun First Foods leaflet available from Health Information and Resources (HIRS) tel. 01463 704647 or email: hirs.mailbox@nhs.net

‘Finger foods’ can be introduced any time after six months, and some infants enjoy food better when they can pick it up and feed themselves eg. slices of apple or toast, carrot sticks, cubes of cheese. New foods should be introduced gradually at 3-4 day intervals, and by 12 months, infants should be eating three meals and two in-between meal snacks, and enjoying a full range of foods and a variety of textures.

Full fat cow’s milk can be used in cooking, but should not be introduced as a drink until 1 year. Breast milk or a whey-protein dominant infant formula should be used until this age and remains an important part of the weaning diet. Infants should be drinking about 1 pint per day once weaning has been established.

All children need to consume adequate energy for growth and development – this can be challenging in children under two years of age as they eat relatively small volumes of food. Therefore, full fat versions of dairy products should be offered.
From two years a gradual introduction of low fat dairy products should be considered for children who are growing well and eating a varied diet. Semi-skimmed milk or water should be offered in pre-school education settings.

By the age of five most children should be eating in accordance with the Eatwell plate model of healthy eating

http://www.nhs.uk/Livewell/Goodfood/Pages/eatwell-plate.aspx

**Free milk**

Registered childcare and pre-school providers can claim free milk for children under five years old. If you are a local authority nursery, please contact Childcare & Early Education Service, tel. 01463 711176 for details of how to claim. Other providers can find further information from the Welfare Food Reimbursement Unit, tel. 020 788 71212.

**HEALTHY START**
is the national scheme to support and encourage an improvement in nutrition among pregnant women and families on low incomes. The scheme makes provision for maternal and infant vitamin supplements, and vouchers with a fixed monetary value which can be exchanged for fresh fruit and vegetables or formula milk at listed retailers and food co-ops. Further information and application forms are available from the website or Midwives and Public Health Nurses. (NHS outlets no longer issue formula milk). For information: see NHS Highland’s *Maternal and Child Nutrition – best practice guidance* and [www.healthystart.gov.uk](http://www.healthystart.gov.uk)

**Vitamin D**

extract from NHS Health Scotland leaflet: ‘Vitamin D and You’

Research shows that many people in Scotland have low vitamin D levels, and several groups are at greater risk of deficiency, including children under 5 years of age. It is difficult to get enough vitamin D from food alone, however, it is found naturally in small amounts in:
Food and Health

- oily fish – both fresh and tinned – such as salmon, mackerel, trout, kippers and sardines
- eggs and meat.

Some foods have vitamin D added to them, including:
- all margarines with a fat content above a certain level (manufacturers in the UK are required by law to add it to these)
- some breakfast cereals, soya and dairy products, powdered milks and low-fat spreads (amounts in these products vary and are often quite small).

In the UK it is recommended that Vitamin D supplements are taken by groups as risk of deficiency, included under 5s.

Access to vitamin D supplements
If you are a pregnant or breastfeeding mother or have a child under five years of age and are entitled to Healthy Start, then vitamin supplements are available free of charge.
Visit [www.healthystart.nhs.uk](http://www.healthystart.nhs.uk) or ask a health professional for more information.
Vitamin supplements are also available to buy from a pharmacist.

See also Section 13 – Outdoor Play

Growing your own food provides lots of opportunities for fun and learning especially when you get to eat the results! The Care Inspectorate has no regulations concerning the growing and eating of food in pre school groups and does not object to such activities providing that the usual risk assessment and health safety precautions are followed. In particular, centres should:

- Ensure the growing medium and the growing environments are safe
- Be aware of any possible contamination from animals e.g. cats
- Wear gloves if necessary
- Wash hands after gardening and before preparing food
- Scrub and or rinse food before cooking/eating
Snack in Highland Council nurseries

“Snack is an integral part of the social life of the nursery. It is also a time to reinforce children’s understanding of the importance of healthy eating.”

Sample Nursery snack policy, Highland Council (see end of section)

Parents are no longer charged money to pay for snack in council nurseries. This supports the principle of free education at the point of delivery and removes the problems associated with the different methods of charging, handling and storing of cash received from parents. Further guidance for school nurseries is available from the Childcare & Early Education Service. A sample healthy eating policy is at the end of this section.

Fun with Fruit & Veg is a scheme for pre-school education groups, where NHS Highland has provided a small sum per child to assist centres to use fresh fruit and veg. This is designed to supplement and not to replace the snack provision. In 2012 the allocation was increased slightly, on the basis that pre-schools will be invited to help promote the Healthy Start scheme to families.

NHS Highland/Highland Council leaflets on healthy lunch boxes (Rising Stars), food for celebrations, snacks and healthier home baking are available. Although aimed at school-age children they may also be useful for pre-school providers. Copies are available from Childcare & Early Education Service.

School food: opportunities for pre-school education providers

As part of preparing for the transition to P1, pre-school education centres can play a valuable part in enabling children - and their parents – to learn about the food that will be available in primary school. The Catering Service is happy to assist schools who wish to initiate activities, for example by providing a sample lunch in the school canteen for parents and children, or inviting them
Note for pre-school education providers on processed meats, yoghurts and snack portion sizes.

Queries have been raised by practitioners about how much and what type of processed meats (particularly ham) and yoghurts are recommended and portion sizes for snacks. Below is advice from NHS Highland, which is in line with the *Nutritional guidance for early years*. Snack is an opportunity for children to try different foods, explore textures and discover tastes. Limiting very salty or sweet foods helps to avoid distorting children’s palates.

**Processed meats** including ham, bacon, sausages, spam, hot dogs and corned beef are often high in salt and nitrites which are used as preservatives and sometimes high in fat.

- Processed meat should not be offered more than once a week
- If using ham, choose a product with no more than 850mg of sodium per 100g.
- Processed cured meats are a convenient source of the protein rich group because of their long shelf life. Eggs, fish, beans and lean, uncured red and white meats are also available as protein sources.
- Only 12% of the diet needs to be from the protein rich group, so most snacks can be from the fruit and vegetables, starchy or dairy foods group.

**Yoghurts & dairy snacks**

Natural or fruit based yoghurts, fromage frais or quark should be offered - please no novelty (straw/cartoon/celebrity/corner) or confectionery type yoghurts! Choose yoghurts that are:

- no more than 4g fat per 100g
- no added sweeteners
- low or medium total sugar = less than 15g/100g
**Portion sizes:** guidance can be found in the *Nutritional guidance for early years.* A simple way to check amounts is to use cups, spoons or containers that will give the correct portions of different foods. Practitioners can decide on these, using the national guidance in the first instance and perhaps produce a chart to give a quick guide.

**Supplementary memo on Artificial Sweeteners and the Nutritional Guidance for Early Years**

The guidelines rightly warn against the use of drinks and some foods high in added sugar. Such drinks and foods, if consumed frequently, can lead to tooth decay.

Please be aware however, that many soft drinks (fizzy and still) are free from added sugar, but instead contain artificial sweeteners. We believe it may be unwise to provide these drinks either. The reasons for this are outlined below:

1. Drinks containing artificial sweeteners (or added sugar) may help children develop a taste for very sweet foods, meaning that the more subtle natural sweetness of fruit and vegetables taste bland by comparison.

2. There has been some research and anecdotal reports suggesting that some artificial sweeteners may be harmful to the health of some vulnerable children.

3. Some artificial sweeteners are not permitted in foods marketed for children under 2 years of age.

4. Some parents are concerned about the use of these sweeteners and other food additives, and would prefer these not to be given to their children.

Applying the precautionary principle, we advise therefore that foods or drinks containing artificial sweeteners are not provided for pre-school children in child care settings, and that parents and carers should not be encouraged to purchase them.
Instead, we suggest that three types of drink are provided. Namely milk (anytime), water (anytime) or pure fruit juice (or “Smoothies”) in a cup, not a bottle, (at mealtimes only). Look out for artificial sweeteners in low fat yoghurts too. These are best avoided. Plain or fruit flavoured is better.

Further advice on food additives in foods is available from David Rex, Specialist Dietitian for Health Promoting Schools and ASD, Email: david.rex2@highland.gov.uk or tel. 01463 720065.

From NHS Highland Health Protection Team:
The Food Standards Agency (FSA) has published a list of product ranges from food manufacturers, caterers and retailers that have voluntarily withdrawn six food colours associated with possible hyperactivity in young children. The colours are:

- Sunset yellow FCF (E110)
- Allura red (E129)
- Quinoline yellow (E104)
- Carmoisine (E122)
- Tartrazine (E102)
- Ponceau 4R (E124)

Note that some manufacturers are still using these colours.

Parents and carers should check labels, especially in the case of products with a long shelf life. Further detail of manufacturers is available from: www.food.gov.uk/policy-advice/additivesbranch/
Healthy Eating Policy

Snack time is an integral part in the social life of the nursery. It is also a time to reinforce children’s understanding of the importance of healthy eating.

This can be achieved by ensuring that:

- All snacks provided are nutritious and varied, avoiding large quantities of fat, sugar, salt, additives, preservatives and colourings.

- Children can expect a snack to be provided.

- Children’s medical and personal dietary requirements are respected.

- Parents of children who are on special diets will be asked to provide as much written information as possible about suitable foods.

- Menus are planned in advance and food offered is fresh, wholesome and balanced.

- A multi-cultural diet is offered to ensure that children from all backgrounds encounter familiar tastes and that all children have the opportunity to try unfamiliar foods.

- The dietary rules of religious groups and also of vegetarians/vegans are known and met in appropriate ways.

- If a main meal is offered, the following elements are included:
  - protein for growth
  - carbohydrate for energy
  - essential minerals and vitamins in vegetables, salads and fruits
  - water, semi-skimmed milk or fruit juice to drink

- Dairy foods: whole milk yoghurts, plain natural yoghurt, plain fromage frais and hard cheese can all be offered. Lower fat cheeses are also useful e.g. cottage cheese.

- Semi-skimmed milk or water will be served with morning and afternoon snacks

- Water will be available if children are thirsty
• The Healthy Eating Policy and snack menus are shared with parents. Nursery recipes can be available on request.

• Parents or guardians will be advised if their child is not eating well.

• Children will be encouraged to develop good eating skills and table manners and will be given plenty of time to eat.

• Withholding food will not be used as a form of punishment.

• Carers will sit with children while they eat and will provide a good role model for healthy eating and if rolling snack is in place, an adult will be monitoring the area.

• Food will be prepared and served in accordance with food hygiene guidelines.

_________________________         ____________________________
Signature  Role

_________________________         ____________________________
Signature  Role

Date__________________
LOCAL RESOURCES

Highland One World Group has resources to loan on food topics that incorporate learning about other cultures. Contact: Susan Appleby, tel. 01349 863441

susan.appleby@highlandoneworld.org.uk

Highland Environmental Network: member organisations are able to offer a range of advice and support on growing food
http://www.highlandenvironment.org.uk/

REAL Foods is a social enterprise based at Inverness High School which grows and sells its own produce.

Health Information & Resource Services www.nhshighland.scot.nhs.uk/hirs

Other sources of information on food and health topics are:

Community Food and Health (Scotland) supports local communities to tackle inequalities in diet and health. It provides a free newsletter, website and a small grants scheme. Tel. 0141 226 5261 or
http://www.communityfoodandhealth.org.uk/2012/cfhs/

NHS: www.nhs.uk/livewell/5aday/pages/5adayhome.aspx

Food Standards Agency (includes food labelling) www.food.gov.uk

Food and physical activity: www.healthyliving.gov.uk

BBC: www.bbc.co.uk/food/ and www.bbc.co.uk/health/healthy_living/nutrition

PHYSICAL ACTIVITY

New recommendations for physical activity levels for children are in place, set out in the report from the UK’s Chief Medical Officers in 2011:

For infants who are not yet walking

- Physical activity should be encouraged from birth, particularly through floor-based play and water-based activities in safe environments.
- All under 5s should minimise the amount of time spent being sedentary (being restrained or sitting) for extended periods (except time spent sleeping).

Detailed advice for practitioners:

For children who are capable of walking

- Children of pre-school age who are capable of walking unaided should be physically active daily for at least 180 minutes (3 hours), spread throughout the day.*
- All under 5s should minimise the amount of time spent being sedentary (being restrained or sitting) for extended periods (except time spent sleeping).

Detailed advice for practitioners:

* Most UK pre-school children currently spend 120–150 minutes a day in physical activity, so achieving this guideline would mean adding another 30–60 minutes per day.

Individual physical and mental capabilities should be considered when interpreting the guidelines.

Young children’s physical and mental health, fitness and co-ordination can be developed by regular appropriate physical activity. Research is showing that physical activity also plays an important role in the development of brain
function from birth onwards and that exercise helps children to develop their reflexes and co-ordination.

The latest Scottish clinical guideline recommends that parents are made aware that more than two hours per day of sedentary behaviour for children, particularly of screen time, should be discouraged (see reference at end of Section).

The major longitudinal study, Growing up in Scotland, is producing valuable information on children’s early lives. This includes examining the range of childhood experiences of healthy eating and physical activity: www.growingupinscotland.org.uk and see ‘Research Summaries’.

The British Heart Foundation (BHF) has published a new Early movers physical activity guide (suggested donation £15). This pack of seven booklets is designed to help early years practitioners plan and organise physically active play environments for children under five.

The guide helps early years settings build on existing practices by supporting a whole setting approach to physical activity. It also provides innovative ideas to extend physical activity provision. More details are at http://www.bhfactive.org.uk/homepage-resources-and-publications-item/360/index.html

BHF also produces some helpful factsheets and also two parent leaflets to encourage movement and play, available at:


What’s happening in Highland?

play @ home
All Highland parents of 0-5 year olds are offered the play @ home booklets, aimed at encouraging early enjoyment of exercise through active play and positive family communication. The programme comprises a series of three books for parents/carers, covering the 0-5 years stages. The booklets’ design has been updated in 2012, incorporating photographs to illustrate the games, alongside clearer text.

Each book has ideas for simple activities that encourage children’s development and gives advice on infant massage. The emphasis is on building parents’ confidence and helping them to recognise the benefits of playing, using their own skills and everyday household items or inexpensive toys. An update on play @ home in the Highlands is distributed approximately twice a year by the Childcare & Early Education Service.
**Baby book** (0-12 months) All babies born in Highland are offered the book by their Health Visitor.

**Toddler Book** (1-3 years) is posted to families just after their child’s 1st birthday. In the Inverness, Nairn, Badenoch & Strathspey area a pilot scheme is underway with parents being offered the book at their 12-15 month health contact.

**Pre-school Book** (3-5 years) is offered to families when children start pre-school education sessions, included in their Bookbug Pirate Bag. A for centres is available, suggesting ways of making the most of the Pre-school Book, for example activities can be included in sessions to contribute towards the Curriculum for Excellence experiences and outcomes and be used as a tool to aid transition between home and pre-school sessions.

**Play @ home and Curriculum for Excellence: examples of links**

**Health and Wellbeing outcomes – Early Level**

I am learning to move my body well, exploring how to manage and control it and finding out how to use and share space

I am developing my movement skills through practice and energetic play

I am aware of my own and others' needs and feelings especially when taking turns and sharing resources. I recognise the need to follow rules

By exploring and observing movement, I can describe what I have learned about it

I am enjoying daily opportunities to participate in different kinds of energetic play, both outdoors and indoors

I know that being active is a healthy way to be

I can describe how I feel after taking part in energetic activities and I am becoming aware of some of the changes that take place in my body
**Gaelic**

- A CD of Gaelic songs and rhymes to accompany all three *play @ home* books, *Cluich Comhla*, is available to download from [http://gaelic4parents.com/nip/listen-and-sing](http://gaelic4parents.com/nip/listen-and-sing)
- There is a complete Gaelic version of the Toddler book

**Polish**

The Toddler Book has been translated in Polish, available in electronic format. The Care and Learning Alliance has produced activity cards with games and songs in Polish: contact info@careandlearningalliance.org

**Training to promote *play @ home***

A half-day training course introducing practitioners to *play @ home* is being rolled out. For details or more information about the programme, please contact Childcare and Early Education Service, tel. 01463 711176

**A Healthy Weight Strategy** (see also later in this Section) for Highland has been developed, that involves health, local authority and other partners and includes:

- Promoting breastfeeding and appropriate weaning
- Encouraging good nutrition and exercise in the early years
- Offering interventions for 2-15 year olds along with their families, so that they can maintain health at any and every weight
- Supporting health promotion activities in communities and schools

NHS Highland’s *Maternal and Child Nutrition: best practice guidance* (see Section 10) includes information on physical activity: available at [www.forhighlandschildren.org](http://www.forhighlandschildren.org)
**Highland Physical Activity and Sports Strategy (PASS) 2009-2014**

This includes actions on several issues affecting the early years and access to play and activity. Two particularly relevant goals are:

- *Provide 120 minutes of good quality PE per week for all pupils aged 3-18 years.*
- *Encourage young people and families to participate in play and physical activity from an early age.*

More information: [www.highland.gov.uk/leisureandtourism/sportsfacilities/pass](http://www.highland.gov.uk/leisureandtourism/sportsfacilities/pass)

**Rain Starts Play** All Highland’s pre-school education centres are equipped all-in-one suits and wellies to encourage more outdoors activity – see also Section 12, Play.

**School travel plans** are in place in some areas – you may want to link up with these and/or introduce them to parents in preparation for starting in P1.

**HEALTHY WEIGHT**

There is growing concern in developed countries over children’s lack of exercise, because of its relationship to the short and long-term increase in the risks of heart disease, obesity, type II diabetes and cancers. The prevalence of overweight and obesity among young children increases with deprivation.

Children grow at different rates, and whilst the primary focus is on being healthy rather than the numbers on the scales, continued increasing overweight that is not matched by height growth can have an impact on children’s development and confidence.

The Body Mass Index (or BMI) is a way of seeing if weight is appropriate for your height. The calculation is weight (in kilograms) divided by height (in metres) squared. This value is then mapped against specific growth charts for children. Over the decade, the prevalence of overweight and obesity in Scotland has remained at a similar rate of 21% for P1 children.
In the Highlands

There is some concern that the Highland rate is higher than the national average: approximately 25% of children in P1 have a high BMI (i.e. one in four children).

‘The causes of overweight and obesity are complex and multifactorial and result from a combination of biology, behaviour and environment. It is therefore difficult to provide a single explanation of the higher trends in BMI in Highland children. However actions to support healthy weight are clear, but not simple: environmental and cultural change along with education, to support behavioural change to improve diet and activity, and reduce the stigmatisation associated with being overweight.’

*Report by Head of Health to Highland Adult and Children’s Services Committee, August 2012*

While many of the factors causing overweight need to be addressed at a government level, parents, childcare providers and family support practitioners all have a key role to play in enabling children to maintain a healthy weight, and be healthy at the weight they are. Current Scottish guidance on the management of obesity in children is summarised in NHS Highland’s *Maternal and Child Nutrition* guidance (See also Section 10 *Food and Health*).

In response to targets set by the Scottish Government, Highland is undertaking a programme of work to support children and young people aged 2-15, and their families, to make healthy and confident choices that maintain health and optimal growth patterns. While there is currently an emphasis on school age children and their families, 0-5 services have an important role to play. Setting up healthy patterns of behaviour that maximise potential, before a child reaches P1, relies on working with parents and carers at an early stage.

Below is a summary of the interventions in place in Highland:
High 5 Primary School Programme – A flexible teacher led, 8 session Health & Wellbeing programme for the whole class, covering Food and Physical activity “Outcomes and Experiences” within Curriculum for Excellence. Work is underway to establish a complementary programme for early years settings.

X Programme – a group based intervention of 8 sessions, delivered by children’s services professionals for overweight children and their carers / families.

Individual Interventions - one to one intervention delivered to individual children and families by public health nursing and children’s services staff.

Community Interventions – additional support is given to existing community programmes to enable them to be delivered as a healthy weight intervention. A checklist will allow assessment of community programmes against the key healthy weight criteria.

For more information: NHS Highland, Public Health team tel. 01463 717123

National resources

Active Scotland national website showing local opportunities for physical activity: www.activescotland.org.uk

Growing up in Scotland: research summary on The impact of children’s early activities on cognitive development and Food and Activity, Scottish Centre for Social Research, The Scottish Government, 2009 Available at: www.growingupinscotland.org.uk

Curriculum for Excellence through Outdoor Learning
www.educationscotland.gov.uk/learningteachingandassessment/approaches/outdoorlearning/index.asp
Management of obesity: A National Clinical Guideline No.115
SIGN 2010  http://www.sign.ac.uk/guidelines/fulltext/115/index.html

At least five a week – evidence on the impact of physical activity and its relationship to health, A Report from the Chief Medical Officer (England & Wales) is a useful reference: available at www.dh.gov.uk/PublicationsAndStatistics/fs/en and go to the Chief Medical Officer website > Other Reports

Take Life On – website supporting national goals around healthy lifestyle; contains range of information, practical hints and tips, and real stories. www.takelifeon.co.uk
Physical Activity and Healthy Weight
SECTION 12

PLAY

Play is a crucial part of childhood, valuable in its own right, without any extrinsic goals.

Play is also recognised as key to positive development for children, from encouraging physical skills and establishing healthy enjoyment to developing intellectual, social and emotional maturity.

ARTICLE 31
The child’s right to play is enshrined in Article 31 of the United Nations Convention, ratified by the UK government in 1991. This states that signatories will:

‘recognise the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts.’

For many of you working with 0-5 year olds, play will form the core of your activities. The quality of children’s play experience is often in the hands of adults: adults’ attitudes towards play, the physical setting, the level and type of encouragement, the amount of risk enabled, the duration of play and types of equipment are usually controlled by adults and all affect the richness of children’s play. The Health & Safety Executive has produced a useful statement on balancing risk and benefits (end of Section).

The Early Years Framework (see Introduction) includes play as one of its ten priorities for action, with a particular focus on improving outdoor play opportunities for all children. For Highland’s Children 4 (forthcoming) will actions to improve the quality and accessibility of play opportunities (see www.forhighlandschildren.org)
'Play Matters 2012 - 2015 For Highland's Children Play Strategy' was adopted by the Joint Committee for Children & Young People in March 2012. The strategy focuses on four key topics and desired outcomes:

**Involvement**

Children and other stakeholders are meaningfully involved in the decision making and planning around play.

**Communication**

Highland is actively promoted as a play friendly place, where adults give value to and understand the benefit to children of freely chosen challenging play.

**Access**

Residential areas across Highland are play-friendly, providing access to a variety of play experiences, including natural and informal spaces, to involve and include the diversity of children and young people represented in the community.

**Child Centred Play**

Children are supported to access opportunities for freely chosen play (reflecting their own views and aspirations), which may be challenging and or creative.

Play Highland is a hub for sharing good practice, advertising events and providing other information about play. 

[http://www.playhighland.co.uk/index.asp](http://www.playhighland.co.uk/index.asp)

Any person interested in the promotion of Play Matters can sign up as a member and thereby receive email updates about events and training in Highland. Play Highland also provides a forum to evaluate how well Play Matters is delivering the desired outcomes:

The Play Highland website has examples of good practice as well as links to research that has been carried out on the benefits of play and links to other useful websites and tools.
**play @ home** *(see also Section 11 – Physical Activity)*  
*play @ home* books contain hundreds of play ideas for children aged 0-5s and their families that encourage communication and children’s all-round development. These are simple games that don’t require any special equipment or knowledge, just adult confidence to start them off. All new parents in Highland receive a Baby, Toddler and Pre-school Book. While the books are aimed at parents, childcare practitioners, health and family support staff are also able to use the ideas in groups or with individual families.

**Care and Learning Alliance** promotes play through all its activities. In addition, three part-time ‘Play Practice Advisers’, supported through the national Early Years Early Action fund, are focussing on supporting vulnerable families.

**Artsplay Highland** provides workshops on play and the arts to childcare practitioners and teachers and groups. More information is at:  

An **Artsplay Highland Members** website is also now available at  
The website enables formal and informal educators, carers and artists to meet up and exchange ideas about the arts and children. Members can view and workshop notes, videos, images and a database of artists.

**Play Scotland** has a wealth of resources, advice and research:  
[http://www.playscotland.org](http://www.playscotland.org)

**Health and Safety Executive** has produced a useful statement *Children’s play and leisure – promoting a balanced approach* which gives clear messages that it recognises the benefits of allowing children to explore risk in play – see end of section. It can be downloaded at  
Outdoor play

Indoor environments can make it difficult to encourage active physical play and learning through boisterous games that allow children to let off steam. The natural environment also offers valuable aesthetic experiences and enables children to build up their stores of Vitamin D (see end of section).

Wherever possible, outdoor play should be considered as the first option.

For pre-school education groups, outdoor play will offer many opportunities to work on aspects of the curriculum. Education Scotland has materials on outdoor learning:

www.educationscotland.gov.uk/learningteachingandassessment/approaches/outdoorlearning/index.asp

Curriculum for Excellence through Outdoor Learning has set out a vision for all schools and educational settings to provide frequent and progressive outdoor learning opportunities which are clearly part of the curriculum.

'It is the responsibility of all involved in education to recognise the place of outdoor learning within the curriculum and plan accordingly to ensure that all children and young people in Scotland receive these opportunities as part of their learning journey.

The journey through education for any child in Scotland must include opportunities for a series of planned, quality outdoor learning experiences. Curriculum for Excellence through Outdoor Learning is designed to help teachers, educators, Community Learning and Development (CLD) and their partners, including the voluntary sector, plan such experiences to ensure that progressive and sustainable outdoor learning opportunities are embedded in the new curriculum.

All staff at every level of involvement with the education of children and young people have a responsibility to make the most of the outdoor environment to support the delivery of the experiences and outcomes of Curriculum for Excellence.'
Through the *Rain Starts Play* project, all Highland pre-school education centres now have a stock of all-in-one suits and wellies funded by the People’s Lottery. The aim is to ensure all children can experience outdoor play, no matter how parents have dressed them. Sheltered areas, such as a den, lean-to, play hut or large porch can be excellent places to allow children to play in the open air with a little protection from the sun, rain or wind.

A sample **Outdoor Play Policy** for pre-school education groups is overleaf, together with a grid to help staff work on its implementation. While encouraging outdoor play, please also be aware of the guidance on controlling infection, see Section 5.

**VITAMIN D**

extracts from *Vitamin D and You* NHS Health Scotland leaflet, at


**Why is vitamin D important?**

Throughout life, vitamin D is essential for keeping bones healthy. It is important for

- pregnant women
- breastfeeding women
- babies
- young children

to get enough vitamin D when bones are growing.

Babies need enough vitamin D in their bodies before they are born. Without enough vitamin D children can be at risk of developing rickets, which causes weak and badly formed bones.

In adulthood and later life, lack of vitamin D can lead to osteomalacia (softening of the bones) and a greater risk of broken bones. Recent research indicates that vitamin D may have an important role in preventing other health problems too.
How do we get vitamin D?
We get vitamin D from sunlight and from some foods.

From the sunlight
Our bodies can make most of the vitamin D we need through sunlight. In Scotland, we only get enough sunlight of the right wavelength (UVB) for our bodies to make vitamin D in this way during roughly half the year (April to September), mostly between 11 am and 3 pm.

10–15 minutes of unprotected Scottish sun exposure is safe for all but care should always be taken to cover up or apply sunscreen before any exposed skin becomes red or begins to burn. However, 10–15 minutes of unprotected Scottish sun may not be enough to make vitamin D. This means some groups of people are unlikely to get enough vitamin D from sunlight.

Sunbeds are not a recommended source of vitamin D.

Remember – if you use sunscreen correctly this will block UVB light and, therefore, vitamin D from being made. However, staying in the sun for long periods of time without the protection of sunscreen increases the risk of skin cancer.

See also Section 7– Injury Prevention, Section 10 –Food and Health
Outdoor Play Policy

It is important that children should be given the opportunity, on a regular basis, to enjoy energetic activity both indoors and out and the feeling of well-being that it brings. Outdoor play provides an environment that responds to individual learning styles. It complements and enhances all aspects of children's development and learning through its physical and open-ended nature.

Learning Outcomes:

To enjoy regular outdoor activity including energetic, physical play, throughout the seasons
To investigate and experiment with a variety of natural resources
To make discoveries using senses
To use language to describe, explain, predict, ask questions and develop ideas
To develop an appreciation of natural beauty and a sense of wonder
To learn about personal safety

We do this by:

- Ensuring the outdoor area is adequate, safe and secure
- Modelling a positive attitude to outdoor play
- Raising parental awareness of the benefits of the outdoors
- Encouraging parental involvement in outdoor activities
- Interacting with the children to extend their learning
- Providing resources that cover all aspects of the curriculum
- Ensuring a range of outdoor toys is supplied such as small/large apparatus and wheeled toys
- Presenting resources in a stimulating manner
- Providing resources that allow children to make choices
- Endeavouring to provide outdoor activities on a daily basis
- Dressing the children appropriately for all weather conditions
- Providing resources for the outdoors in the nursery
- Encouraging activities stated in the nursery to be extended in the home environment
- Planning appropriately in order to respond to children's needs and interests

Date: _____________________________
Outdoor Play Policy/Implementation

Support grid for staff teams to create their own policy and ways of working in outdoor environments. Each section introduces an aspect that should be addressed within the policy.

<table>
<thead>
<tr>
<th>Area of Content</th>
<th>Questions to discuss</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rationale</td>
<td>Why do you feel outdoor play is important? Why are you encouraging children to go out? What references are there to outdoor play in the curriculum documents?</td>
</tr>
<tr>
<td>Aims (broad)</td>
<td>How often would you like children to be outside?</td>
</tr>
<tr>
<td>Objectives (detail)</td>
<td>How long do you feel they should be outside? 15 min, 60 minutes. All morning?</td>
</tr>
<tr>
<td></td>
<td>To what extent should children be outside throughout the year?</td>
</tr>
<tr>
<td>Time</td>
<td>What preparations will you make for rainy, cold, hot weather?</td>
</tr>
<tr>
<td></td>
<td>Will children be allowed to go out in poor weather?</td>
</tr>
<tr>
<td>Weather</td>
<td>Which aspects of the curriculum do you wish to cover when you are outside?</td>
</tr>
<tr>
<td>Curriculum</td>
<td>How will planning link indoor and outdoor learning?</td>
</tr>
<tr>
<td></td>
<td>How will you consult children about their plans/ideas?</td>
</tr>
<tr>
<td>Planning</td>
<td>What system will you use for observations outside?</td>
</tr>
<tr>
<td>Methodology/Organisation of resources</td>
<td>How will staff make sure that there is self selection and choice outside?</td>
</tr>
<tr>
<td></td>
<td>How will staff involve children in setting out equipment?</td>
</tr>
<tr>
<td>Adult Role</td>
<td>What are the adults expected to do when they are outside?</td>
</tr>
<tr>
<td>Risk Assessment/Vandalism, etc</td>
<td>Who will monitor the safety of the ground/equipment?</td>
</tr>
<tr>
<td></td>
<td>How will equipment be stored?</td>
</tr>
</tbody>
</table>
CHILDREN’S PLAY AND LEISURE – PROMOTING A BALANCED APPROACH

1. Health and safety laws and regulations are sometimes presented as a reason why certain play and leisure activities undertaken by children and young people should be discouraged. The reasons for this misunderstanding are many and varied. They include fears of litigation or criminal prosecution because even the most trivial risk has not been removed. There can be frustration with the amounts of paperwork involved, and misunderstanding about what needs to be done to control significant risks.

2. The purpose of this statement is to give clear messages which tackle these misunderstandings. In this statement, HSE makes clear that, as a regulator, it recognises the benefits of allowing children and young people of all ages and abilities to have challenging play opportunities.

3. HSE fully supports the provision of play for all children in a variety of environments. HSE understands and accepts that this means children will often be exposed to play environments which, whilst well-managed, carry a degree of risk and sometimes potential danger.

4. HSE wants to make sure that mistaken health and safety concerns do not create sterile play environments that lack challenge and so prevent children from expanding their learning and stretching their abilities.

5. This statement provides all those with a stake in encouraging children to play with a clear picture of HSE’s perspective on these issues. HSE wants to encourage a focus on the sensible and proportionate control of real risks and not on unnecessary paperwork. HSE’s primary interest is in real risks arising from serious breaches of the law and our investigations are targeted at these issues.

Recognising the benefits of play

*Key message:* ‘Play is great for children’s well-being and development. When planning and providing play opportunities, the goal is not to eliminate risk, but to weigh up the risks and benefits. No child will learn about risk if they are wrapped in cotton wool’.

6. HSE fully recognises that play brings the world to life for children. It provides for an exploration and understanding of their abilities; helps them to learn and develop; and exposes them to the realities of the world in which they will live, which is a world not free from risk but rather one where risk is

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5 The Courts have made clear that when health and safety law refers to ‘risks’, it is not contemplating risks that are trivial or fanciful. It is not the purpose to impose burdens on employers that are wholly unreasonable (R v Chargot (2009) 2 All ER 660 [27])
ever present. The opportunity for play develops a child’s risk awareness and prepares them for their future lives.

7. Striking the right balance between protecting children from the most serious risks and allowing them to reap the benefits of play is not always easy. It is not about eliminating risk. Nor is it about complicated methods of calculating risks or benefits. In essence, play is a safe and beneficial activity. Sensible adult judgements are all that is generally required to derive the best benefits to children whilst ensuring that they are not exposed to unnecessary risk. In making these judgements, industry standards such as EN 1176 offer benchmarks that can help.

8. Striking the right balance does mean:
   ✓ Weighing up risks and benefits when designing and providing play opportunities and activities
   ✓ Focussing on and controlling the most serious risks, and those that are not beneficial to the play activity or foreseeable by the user
   ✓ Recognising that the introduction of risk might form part of play opportunities and activity
   ✓ Understanding that the purpose of risk control is not the elimination of all risk, and so accepting that the possibility of even serious or life-threatening injuries cannot be eliminated, though it should be managed
   ✓ Ensuring that the benefits of play are experienced to the full

9. Striking the right balance does not mean:
   ● All risks must be eliminated or continually reduced
   ● Every aspect of play provision must be set out in copious paperwork as part of a misguided security blanket
   ● Detailed assessments aimed at high-risk play activities are used for low-risk activities
   ● Ignoring risks that are not beneficial or integral to the play activity, such as those introduced through poor maintenance of equipment
   ● Mistakes and accidents will not happen

What parents and society should expect from play providers

Key message: ‘Those providing play opportunities should focus on controlling the real risks, while securing or increasing the benefits – not on the paperwork’.

10. Play providers\(^6\) should use their own judgement and expertise as well as, where appropriate, the judgement of others, to ensure that the assessments and controls proposed are proportionate to the risks involved.

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\(^6\) Play providers include those managing or providing play facilities or activities in parks, green spaces, adventure playgrounds, holiday playschemes, schools, youth clubs, family entertainment centres and childcare provision.
11. They should communicate what these controls are, why they are necessary and so ensure everyone focuses on the important risks.

12. It is important that providers’ arrangements ensure that:

- The beneficial aspects of play - and the exposure of children to a level of risk and challenge - are not unnecessarily reduced
- Assessment and judgement focuses on the real risks, not the trivial and fanciful
- Controls are proportionate and so reflect the level of risk

13. To help with controlling risks sensibly and proportionately, the play sector has produced the publication *Managing Risk in Play Provision: Implementation Guide* which provides guidance on managing the risks in play. The approach in this guidance is that risks and benefits are considered alongside each other in a risk-benefit assessment. This includes an assessment of the risks which, while taking into account the benefits of the activity, ensures that any precautions are practicable and proportionate and reflect the level of risk. HSE supports this guidance, as a sensible approach to risk management.

**If things go wrong**

*Key message: ‘Accidents and mistakes happen during play – but fear of litigation and prosecution has been blown out of proportion.’*

14. Play providers are expected to deal with risk responsibly, sensibly and proportionately. In practice, serious accidents of any kind are very unlikely. On the rare occasions when things go wrong, it is important to know how to respond to the incident properly and to conduct a balanced, transparent review.

15. In the case of the most serious failures of duty, prosecution rightly remains a possibility, and cannot be entirely ruled out. However, this possibility does not mean that play providers should eliminate even the most trivial of risks. Provided sensible and proportionate steps have been taken, it is highly unlikely there would be any breach of health and safety law involved, or that it would be in the public interest to bring a prosecution.
Grounds for Learning (GfL), the school grounds charity has an ‘Early Years Practitioner’ section. Topics include:

- Can we use the grounds to deliver the curriculum appropriate to our children?
- What sort of play equipment is the best for our age group?
- How often should we cut the meadow grass?
- How can parents get involved in our grounds project?

All GfL programmes are free to participants and many include benefits such as teaching and learning resources, training and funding.

For more information: Grounds for Learning, tel. 01786 477190
www.ltl.org.uk/scotland/

Some other sources of information and resources:

www.creativestarlearning.co.uk

www.gameskidsplay.net  US website with instructions for simple games

Scottish Natural Heritage  tel. 0131 446 2277  www.snh.org.uk
Forestry Commission  tel. 0131 334 0303  www.forestry.gov.uk/scotland
RSPB  tel. 0131 311 6500  www.rspb.org.uk/youth/
SECTION 13

ADDITIONAL SUPPORT NEEDS

This section incorporates a short introduction, some sources of advice and information and summaries on legislation.

Introduction

Each child develops at her/his own pace and most will meet their milestones at the appropriate time. However, for a few, there may be some concerns and it may be difficult in very young children to be sure if these concerns are likely to be ongoing. The term ‘Additional Support Needs’ may be used to identify any support that a child needs, whether due to physical, emotional or social difficulties. If you are worried about a child’s development in any area, discuss your concerns with a senior staff member initially. **Parents should be involved in discussions before requesting a service from any other agency** *(see also Section 1A – Sharing information)*

Children with diagnosed conditions will already have a designated therapist or social work contact. Link Health Visitors and/or School Nurses have a role in working with pre-school education providers to identify children requiring additional support to flourish. Assessment of the child’s needs should identify what outcomes are sought and what type of support is required to address this, following the Highland practice model *(Getting it right for every child)* process. Daycare and after-school care services should contact their local Childcare and Family Resource Officer for advice.

Advice/ information

A workbook is available, produced by Highland Council and the Care and Learning Alliance: *Training for Group Support workers in the Pre-school Sector* *(November 2009)*. Contact the Childcare & Early Education Service if you require a copy.
The Highland Council’s **Pre-school Home Visiting Service** for children with additional support needs may be able to offer informal consultancy
Contact: Co-ordinator, Barbara Simons tel. 01478 613697

**CHIP+** (the Children in the Highlands Information Point) has a wealth of information and links for families and professionals.
Tel. 01463 711189 (Monday-Friday 9am-5pm)
Email: chip.birnie@ukgateway.net or www.childreninthehighlands.com

**Highland Children’s Forum** is a parent/carer led organisation that seeks to hear the voices of children and that of their parents/carers and to have that message influence the design and delivery of services. Contact: Calum Munro or Celia Baxter  tel. 01463 223000 or celia@highlandchildrensforum.org
www.highlandchildrensforum.org

Support groups in Highland include:
**Highland ADHD Support Group**  tel. 01463 238494
**Highland Developmental Co-ordination Disorder Group**  tel. 01463 709907
**National Autistic Society**: Information & Support Officer based in the Highlands. The role includes offering autism awareness raising sessions:
tel. 01463 720056

**ENQUIRE** is the national advice service for special educational needs in Scotland, hosted by Children in Scotland. It offers independent information and advice.   Helpline: 0845 123 2303 or www.childreninscotland.org.uk
Hearing problems
Deafness in the early years can have wide ranging adverse effects on all areas of a child’s development. In particular, the pre-school years are vital ones for learning language and the way we use it. Language competence is the foundation upon which more specialised areas of learning are built. It is estimated that 1 in 4 children in a primary school class will suffer with conductive hearing loss in at least one ear at any given time. Staff can assist with surveillance by being aware of the likely signs and symptoms, liaising with parents, referring appropriately and adopting strategies to minimise difficulties (see checklist below for babies).

### Checklist for REACTION TO SOUNDS

**Shortly after birth - a baby**
Is startled by a sudden loud noise such as a hand clap or a door slamming. Blinks or opens eyes widely to such sounds or stops sucking or starts to cry.

**1 month - a baby**
Starts to notice sudden prolonged sounds like the noise of a vacuum cleaner and may turn towards the noise. Pauses and listens to noises when they begin.

**4 months - a baby**
Quietens or smiles to the sound of a familiar voice even when unable to see speaker and turns eyes or head towards the voice. Shows excitement at sounds e.g. voices, footsteps etc.

**7 months - a baby**
Turns immediately to familiar voice across the room or to very quiet noises made on each side (if not too occupied with other things).

**9 months - a baby**
Listens attentively to familiar everyday sounds and searches for very quiet sounds made out of sight.

**12 months - a baby**
Shows some response to own name. May also respond to expressions like “no” and “bye bye” even when an accompanying gesture cannot be seen.
## 2. Checklist for MAKING SOUNDS

<table>
<thead>
<tr>
<th>Age</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 months - a baby</td>
<td>Makes soft sounds when awake. Gurgles and coos.</td>
</tr>
<tr>
<td>6 months - a baby</td>
<td>Makes laughter-like sounds</td>
</tr>
<tr>
<td></td>
<td>Starts to make sing-song vowel sounds e.g. a-a, muh, goo, der, aroo, adah.</td>
</tr>
<tr>
<td>9 months - a baby</td>
<td>Makes sounds to communicate in friendliness or annoyance.</td>
</tr>
<tr>
<td></td>
<td>Babbles (e.g. “da da da”, “ma ma ma”, “ba ba ba”). Shows pleasure in babbling</td>
</tr>
<tr>
<td></td>
<td>loudly and tunefully. Starts to imitate other sounds like coughing or</td>
</tr>
<tr>
<td></td>
<td>smacking lips.</td>
</tr>
<tr>
<td>12 months - a baby</td>
<td>Babbles loudly, often in a conversational-type rhythm.</td>
</tr>
<tr>
<td></td>
<td>May start to use one or two recognisable words.</td>
</tr>
</tbody>
</table>

Where children already have a diagnosed hearing problem, staff will need to work closely with families to devise effective communication methods and strategies. For information and advice, contact your Link Health Visitor or:

**Highland Deaf Education and Hearing Support Service**, works in partnership with parents, council staff and voluntary agencies to support deaf and hearing impaired children: tel. 01349 862882

**Highland Deaf Services and Hearing Support Team** can offer support to people with significant deafness and their families, including advice and specialist equipment: tel. 01349 868711.

**Speech, Language and Communication**

Communication skills are crucial for a child’s intellectual, educational, social and emotional development. Practitioners working with young children are in a good position to be aware of a child’s speech, language and communication development. If a child has difficulty understanding what you say, has difficulty using words and sentences, making specific speech sounds, or appears to have a difficulty with social communication and relationships, then it may be appropriate to seek professional advice.
The Speech and Language Therapy Service based at Raigmore Hospital, Inverness has an open referral system, which means anyone can contact them for help: telephone 01463 705424. Council nursery staff should make their concerns known to their Head Teacher or Support for Learning Teacher. Parental permission should be obtained prior to requesting support from the Speech and Language Therapy Service.

The ICAN Early Talk Scheme provides training for early years centres to obtain accreditation in their skills in supporting children’s speech, language and development: see www.ican.org.uk. For information about training in Highland, please contact Childcare & Early Education Service.

The TalkingPoint website provides advice and practical strategies on children’s communication, for both parents and professionals: www.talkingpoint.org.uk/

**Children with a first language other than English**

An increasing number of families from outwith the UK have chosen to settle in the Highlands.

- Highland Council and NHS Highland are able to arrange for interpretation and translation of material in some circumstances and have information to download. Further details are available from their websites.

- Highland Council’s education service offers advice on supporting children with English as an additional language.

- Highland Libraries stock books and other material - including the Bookbug packs - in a range of languages.

- The Literacy Trust produces free leaflets for parents in a variety of languages, downloadable from: www.literacytrust.org.uk/talktoyourbaby/quicktips.html
Many public service leaflets in Polish can be downloaded from www.healthinmylanguage.com/home.aspx

**Vision** see also Section 9; Pre-school Orthoptic Vision Screening
If you think a child is having difficulties seeing, appears to have a squint/turn in one eye or has a strong family history of glasses (parents and/or siblings) please ask the parent/carer to contact their GP, family Health Visitor and/or School Nurse, as soon as possible.

**Specific conditions**
For more information about specific conditions, see CHIP+ Children in the Highlands Information Point, for links www.chipplus.org.uk or contact Childcare & Early Education Service.

**Pre-school education providers: assessment tool**
A new tool to gauge 3 and 4 year olds developmental progress once a need has been identified has been devised by Highland Council. These Pre-school Overviews – links to the Additional Support for Learning Staged Approach are to be used following the completion of Needs Identified or Stage 1 sheets and subsequent interventions.

If concerns continue the overview is completed as part of the Stage 2 process - working towards a single agency plan or a referral to agencies outwith the setting. The overview should be completed or shared with parents/carers as part of an informed dialogue and discussed with the support structure within the setting (Childhood Practice Manager/Head Teacher/Support for Learning Teacher/Principal Teacher Pre-school Education) and the Link Health Visitor.

The developmental skills described should generally all be observable within the weekly routine of the setting. Any additional comments or observations, if needed, can be noted on a separate sheet and attach to the overview.
Administering medicines

Guidance that is appropriate for use in local authority pre-school education settings is available at:

http://www.nhshighland.scot.nhs.uk/Services/Pages/MedicinesInSchools.aspx

and go to Policy and Guidance for Administration of Medicines in School > ‘North Highland Partnership Area’

This web-page includes guidance on Anaphylaxis and Allergy, Asthma, Cystic Fibrosis, Diabetes and Epilepsy and a sample ‘Health Care Plan for a pupil with medical needs’.

For other providers, a policy on administering medicines should be in place - check with your umbrella organisation. For further information please contact your local Public Health Nursing Team or Childcare & Early Education Service.

LEGISLATION

Education (Additional Support for Learning) (Scotland) Act 2004
Amended by The Education (Additional Support for Learning) (Scotland) Act 2009.

This legislation places a duty on education authorities to meet the needs of all pupils in their schools. The 2004 Act introduced a new framework for supporting children and young people in education and introduced the term Additional Support Needs. The 2004 Act and the amendments resulting from the 2009 Act have extended the rights of parents and young people with regard to additional support needs.

The term Additional Support Needs applies to children or young people who, for whatever reason, require additional support, long or short term, in order to make the most of their education.

The Acts do not just cover education. They place a legal obligation on other agencies to help the Highland Council to support children and young people with Additional Support Needs. This includes local authority pre-school education centres and commissioned partner centres, together with NHS Highland.
Parents and young people can request an assessment of their needs at any time. The Additional Support Needs of most children and young people will be identified, and provided for by the systems which all schools have in place.

Some children and young people may require help from other agencies and this will be co-ordinated through the Child’s Plan under the Highland practice model (Getting It Right For Every Child).

A small number of children and young people will have additional support needs which are/arise from complex or multiple factors, have a significant adverse affect on their learning, will last for more than a year and require a significant level of support from more than one agency to benefit from education.

Where this support needs to be coordinated a Co-ordinated Support Plan (CSP) may be considered as part of the Child’s Plan. The format of the Co-ordinated Support Plan is set by law. Parents can request that the Education Authority considers whether or not their child should have a Coordinated Support Plan, and that particular assessments be carried out as part of the process by writing to their local Area Education Manager. Co-ordinated Support Plans must be formally reviewed every 12 months.

Sometimes parents/young people are unhappy with a decision made by the education authority or perhaps about the support arrangements made for their child. If a local solution cannot be found there are rights for parents and young people to use mediation and dispute resolution services and to appeal to independent tribunals.

Information regarding these appeal routes can be found from Highland Council, schools and CHIP+

Summaries of the duties of early education practitioners and health care staff are available from ENQUIRE: www.enquire.org.uk/pcp/pub/proguides.php and look up the relevant Factsheet.
The main provisions of the Equality Act 2010 came into force on 01 October 2010. As different sections of the Act are gradually brought into force, the Act will replace existing equality legislation. It is intended to simplify and strengthen the previous legislation, providing a modern, single legal framework with clear, streamlined law that will be more effective at tackling disadvantage and discrimination.

The Act applies to:
- Services and Public Functions
- Premises
- Work
- Education
- Associations, including Political Parties

Key forms of discrimination
The Equality Act 2010 provides protection from unlawful discrimination and harassment to groups and individuals because of the following "Protected Characteristics":
- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

Key Provisions of the Act particularly relevant to 0-5 years services:
- The basic framework of protection against direct and indirect discrimination, harassment and victimisation in services and public functions; premises; work; education; associations, and transport.
- Levelling up protection for people discriminated against because they are perceived to have, or are associated with someone who has, a protected characteristic, so providing new protection for people like carers.
Additional Support Needs

• Clearer protection for breastfeeding mothers;

• Applying the European definition of indirect discrimination to all protected characteristics.

• Extending protection from indirect discrimination to disability.

• Introducing a new concept of “discrimination arising from disability”, to replace protection under previous legislation lost as a result of a legal judgment.

• Harmonising the thresholds for the duty to make reasonable adjustments for disabled people.

For further information and guidance please visit the Equality and Human Rights Commission (EHRC) website http://www.equalityhumanrights.com/scotland/scottish-news/

Guidance on making ‘reasonable adjustments’ for disabled pupils
Schools and education authorities have had a duty to provide reasonable adjustments for disabled pupils since 2002. From 1 September 2012 the reasonable adjustments duty for schools and education authorities includes a duty to provide auxiliary aids and services for disabled pupils.

EHRC has produced Auxiliary Aids Technical Guidance for education authorities, head teachers and staff at all schools, including publicly funded schools, grant-aided schools, independent schools, special schools and pre-schools and nursery schools as well as for parents and disabled pupils.

The guide aims to help school leaders and education authorities understand and comply with the reasonable adjustments duty, including the new auxiliary aids and services provision. It will also help disabled pupils and their parents understand the duty.

The focus of this guide is on the practical implementation of the reasonable adjustments duty in schools. It includes practical case studies showing how the duty can be applied in contexts which will be familiar to teachers.

SECTION 14

TRAINING

People working with young children require suitable training and skills to be able to fulfil their important role. Practitioners are required to register with the Scottish Social Services Council (SSSC) which is responsible for registering staff and regulating their education and training (or another relevant regulatory body).

Within the Scottish Social Services Council, the childcare and early education workforce is covered by the category “Day Care of Children”.

Legislation sets out employers will be guilty of an offence if, without reasonable excuse, they employ a person as a manager, a practitioner or a support worker in a day care of children service who is not registered with the SSSC or registered with another relevant regulatory body, e.g. the Nursing and Midwifery Council.

The SSSC register has been opened gradually and the last category of early years staff to join are support workers. Applications to become registered should be submitted to the SSSC by 31 December 2013.

Registering without a qualification

Workers who apply to register but don’t already hold the relevant qualification(s) may still be registered if they meet the rest of the registration criteria, subject to the condition that they gain their qualification(s) within a specified period of time. This will normally be the first three years of their initial registration period.

To contact the Scottish Social Services Council, tel. Lo-call 0845 60 30 891 or www.sssc.uk.com
Highland Council, in partnership with local training providers, funds a range of qualifications for staff working in the childcare and early education sector. For more information on how to apply, please contact the Childcare and Early Education Service, tel. Lo-Call. 0845 60 11 345.

The service also co-ordinates an **Early Years Staff Development Programme** providing a range of training opportunities for example, child development, first aid, child protection, food hygiene etc., which can be accessed through the electronic staff development calendar at [http://highland.cpdservice.net/](http://highland.cpdservice.net/) (requires a username and password) or calling 01463 711176.

For other types of services, training may be available through umbrella organisations, statutory agencies or through Inverness or North Highland Colleges, the University of the Highlands & Islands network and private training providers.

Two key sources on on-line material are:

**Education Scotland**

Scotland’s Maternal and Early Years website also has a wide range of support materials for practitioners, relevant pre-birth to 8 years [http://www.maternal-and-early-years.org.uk/](http://www.maternal-and-early-years.org.uk/)

For information on local training opportunities, please contact your local Childcare and Family Resource Officer – tel. 01463 711176 if you require the contact details.
RESOURCE LIST

Entries are in alphabetical order, by topic

Additional Support Needs

CHIP+ (Children in the Highlands Information Point)
Contacts, advice, links and Parent Information Packs
chip.birnie@ukgateway.net  Tel. 01463 711189 (Monday-Friday 9am-5pm)
www.childreninthehighlands.com

Highland Children’s Forum
Contact: Calum Munro tel. 01463 223000 or calum.munrohcf@btconnect.com

ENQUIRE national advice service:  www.childreninscotland.org.uk/

Child Development

Education Scotland  www.educationscotland.gov.uk/earlyyears/
Early Years site has a wide range of information, including:
*Reggio Emilia approach to early years education*  (1999)
ISBN 1 85955 672 8
Downloadable or to buy at £3.50.  Tel. 08700 100 297

The British Association for Early Childhood Education (BAECE)
www.early-education.org.uk  publications and leaflets

*Play and Learning for under 3s*  (2001)  Jennie Lindon
£9.99  Nursery World  ISBN 1 84122 010 8

Scottish Book Trust site includes a database of recommended books, sorted by age:  www.scottishbooktrust.com

Nursery World site with features and booklist:  www.nursery-world.com

Games and activities to help children develop basic literacy, numeracy, ITC skills, with advice for parents and teachers.
www.funwithspot.com

NHS Health Scotland hosts the Early Years Learning Network:  available via www.healthscotland.com/topics/stages/early-years/index.aspx
**Child Protection**

National reports:  
[www.scotland.gov.uk/Topics/People/Young-People/children-families/17834](http://www.scotland.gov.uk/Topics/People/Young-People/children-families/17834)

Highland information:  [www.protectinghighlandschildren.org](http://www.protectinghighlandschildren.org)

**Environmental activities**

Highland Environmental Network: advice on a wide range of resources, including practical tips from the Plot to Pot project  
[www.highlandenvironment.org.uk](http://www.highlandenvironment.org.uk)

Scottish Natural Heritage:  [www.snh.org.uk](http://www.snh.org.uk)

Highland Council Ranger Service:  
[http://www.highland.gov.uk/leisureandtourism/what-to-see/rangers/](http://www.highland.gov.uk/leisureandtourism/what-to-see/rangers/)  
or call your local Service Point.

Highland One World Group contact  
tel. 01349 863441  
[www.globaldimensions.highlandschools.org.uk](http://www.globaldimensions.highlandschools.org.uk)

**Equal Opportunities**

**Highland Children’s Forum**  
[www.highlandchildrensforum.org](http://www.highlandchildrensforum.org)

An Equal Start – promoting equal opportunities in the early years  
Includes ‘Creating an inclusive environment’.  
Available from Childcare and Early Education Service.

First steps to Rights – activities for 3-7 year olds  
UNICEF publication. Also regular newsletter for pre-school practitioners.  
Both available from Highland One World Group,  
Scottish Development Education Centre  
Resources and links  
[www.globaldimensions.highlandschools.org.uk](http://www.globaldimensions.highlandschools.org.uk)

Equal Opportunities Commission  
[www.eoc.org.uk](http://www.eoc.org.uk)

UK disability information  
[www.disability.gov.uk](http://www.disability.gov.uk)
**Family Support - national**

Parenting Across Scotland: government-supported organisations, with wide range of tips and weblinks [www.parentingacrossscotland.org.uk](http://www.parentingacrossscotland.org.uk)

Play Talk Read  Scottish Government social marketing campaign. The website has ideas for games and songs and tips for parents of 0-3 year olds. [http://www.playtalkread.org/](http://www.playtalkread.org/)

Parentzone – Scottish Government sponsored site with information for parents and carers [www.parentzonescotland.gov.uk](http://www.parentzonescotland.gov.uk)

One Parent Families Scotland 0131 556 3899 [www.opfs.org.uk](http://www.opfs.org.uk)

Free Helpline  0800 018 5026  operating:  
Tues & Fri 1am – 1pm and 2 - 3pm;  Thurs 12.30pm - 3.30pm

BBC website has a wide range of practical advice covering child development and parenting : [www.bbc.co.uk/parenting/kids](http://www.bbc.co.uk/parenting/kids)

Parentline 0808 800 2222


Fatherhood Institute: UK  [http://www.fatherhoodinstitute.org](http://www.fatherhoodinstitute.org)

**Highland**


Public Health Nurse/Health Visitors are an important source of information and advice. Call local health centre for details.

**First Aid / Unintentional Injury**

Child Accident Prevention Trust   [www.capt.org.uk](http://www.capt.org.uk)

Royal Society for the Prevention of Accidents  [www.rospa.com](http://www.rospa.com)

Both sites carry extensive information and downloadable leaflets.

**NHS Inform**

[http://www.nhsinform.co.uk/common-health-questions/categories/childrens-health](http://www.nhsinform.co.uk/common-health-questions/categories/childrens-health)

**Healthy living**

Your Choice to Healthy Living
[www.highland.gov.uk/learninghere/childrensservices/healthyliving](http://www.highland.gov.uk/learninghere/childrensservices/healthyliving)
Healthy Living: NHS Health Scotland/Scottish Government site, promoting Scotland’s healthy living programme, with advice on food and exercise. www.healthyliving.gov.uk

Hands On Scotland: Toolkit of helpful responses to encourage children and young people’s emotional wellbeing http://www.handsonscotland.co.uk/

Food Standards Agency www.food.gov.uk
British Heart Foundation www.bhfactive.org.uk

**Infection, illnesses, allergies**

NHS Highland http://www.nhshighland.scot.nhs.uk

NHS Scotland http://www.show.scot.nhs.uk

Health Protection Scotland http://www.hps.scot.nhs.uk

Meningitis Association www.meningitis.org and 24 hour freephone 080 8800 33 44

Head Lice www.nits.net/bugbusting/

Asthma UK www.asthma.org.uk and Helpline 08457 010203 Mon-Fri 9-5

The Anaphylaxis Campaign. Information about severe allergic reactions www.anaphylaxis.org.uk and Helpline 01252 542029.

National Eczema Society www.eczema.org

**Oral Health**

Childsmile: national programme www.child-smile.org

**Play**

Artsplay Highland http://www.artsplay.org.uk/index.asp

Play Scotland www.playscotland.org/

Exercising muscles and minds: outdoor play and the early years curriculum
Marjorie Ouvry National Early Years Network, £9.50
ISBN 1904787 010
**Standards**

National Care Standards: Early Education and Childcare up to the age of 16
Care Inspectorate  [http://www.careinspectorate.com/](http://www.careinspectorate.com/)

Scottish Social Services Council
Lo-call 0845 60 30 891 or [www.sssc.uk.com](http://www.sssc.uk.com)

Pre-Birth to Three and Curriculum for Excellence
Education Scotland  [www.educationscotland.gov.uk/earlyyears/](http://www.educationscotland.gov.uk/earlyyears/)

**Training**  See Section 14.
**Glossary of common terms used in early years services**

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<th>Getting it right for every child: good practice in integrated working</th>
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<td>SHANARRI</td>
<td>Acronym for national vision that all children should be: Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included</td>
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<tr>
<td>Named Person</td>
<td>From birth to school entry, this is their Family Health Visitor. The Named Person acts as the focal point for agencies in the first instance. On school entry, the Named Person will usually be the Head Teacher</td>
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<td>Lead Professional</td>
<td>Where a Child’s Plan is required to co-ordinate multi-agency support, a Lead Professional is appointed to ensure Plan is carried out. This is usually the professional most involved with the child</td>
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<td>Request for service</td>
<td>New term for ‘making a referral’ or ‘referring on’ = retaining child and family at centre of actions, not ‘sending’ them on through services</td>
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<th>Public Health Nurse (PHN)</th>
<th>Health Visitor (HV) or School Nurse (SN)</th>
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<td>Family Health Visitor</td>
<td>Child’s own PHN/HV</td>
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<td>Link Health Visitor</td>
<td>PHN/HV who links with a pre-school education centre</td>
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<td>Community Nursery Nurse/ HV Assistant</td>
<td>Work alongside PHN/HVs</td>
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<td>Allied Health Professional (AHP)</td>
<td>Speech &amp; Language therapist, physiotherapist, occupational therapist, dietitian and other specialists</td>
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<td>Hall 4</td>
<td>UK child health programme: sets out core contacts</td>
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<td>Core, Additional</td>
<td>Health Plan Indicators: indicate level of child’s needs</td>
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<td>Schedule of Growing Skills</td>
<td>PHN/HV assessment tool to gauge all-round development where there are concerns</td>
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<td>Red Book</td>
<td>Personal Child Health Record given to parent for each child</td>
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<td>Childsmile</td>
<td>National oral health programme</td>
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<th><strong>CSW (EY) or CCW</strong></th>
<th>Children’s Service Worker (Early Years) or Community Children’s Worker: Trained to SVQ3 level who work in Health and Social Care service to support a child’s development</th>
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<td><strong>FSW</strong></td>
<td>Family Support Worker: provide practical support to child and family</td>
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<td><strong>Highland DSP</strong></td>
<td>Highland Data Sharing Partnership: comprises representation from Highland Council, NHS Highland, Northern Constabulary and Argyll &amp; Bute Council. It produces procedures for practitioners and advises on protocols (working arrangements) for sharing data between agencies</td>
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<tr>
<td><strong>Highland CPC</strong></td>
<td>Highland Child Protection Committee: Produces inter-agency guidance on child protection procedures and arranges training</td>
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### Pre-school Education

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<td>Framework for learning for 3-18 year olds</td>
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<td>Three core elements of Curriculum for Excellence. Each element has associated Experiences and Outcomes for each age stage.</td>
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<td>First stage of Curriculum, for 3-6 year olds</td>
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<td>Minimum qualification level for early years practitioners</td>
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<td><strong>10:1</strong></td>
<td>Child: Staff ratio for pre-school education</td>
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<td><strong>HMIe</strong></td>
<td>Her Majesty’s Inspectorate of Education: regulatory body for education services</td>
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<td><strong>Care Inspectorate</strong></td>
<td>Regulatory body for registered services including childcare</td>
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