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Short Article

Upholding rights to health, reducing risk to health and improving health outcomes in collaboration: A 'Health Safety Check' service for infants, children and young people in care in a health board area in Scotland.

Andrea McKeown, Laura Doherty, Claire McMorland, and Jane Gibson

NHS Ayrshire and Arran

Abstract:

Care-experienced infants, children and young people often experience adversity, which contributes to poorer health outcomes at a population level. While research frequently focuses on an increased prevalence of clinical disorders, corporate parents have a statutory and moral responsibility to uphold children's right to health and to reduce avoidable inequalities. Poor health is not an inevitable consequence of being care-experienced; with the right collaborative systems, communication and advocacy, infants, children and young people can achieve excellent health into adulthood. The Health Safety Check is one such system — a small but critical 'cog' in the complex wider care structure of the health and social work system in Scotland, UK. It is designed to protect infants, children and young people during one of the highest-risk moments in their care journey: placement change, and particularly unplanned or emergency moves. This article details the governance-approved HSC process with the most recent real-world data (n=98 HSCs completed from October 2021 to February 2026) to demonstrate the impact, learning, and continued importance of the HSC pathway in upholding the right to health and improving individual and population health outcomes in the care-experienced population.



Introduction

People with experiences of care have often faced adversity in childhood and, as a consequence, have poorer outcomes (Allik et al., 2021) as a group at a population level. Research tends to view this through a lens of clinical disorder, however, corporate parents, as defined in the Children and Young People Scotland Act (2014), can and must advocate for our children's right to health. Poor health and health inequalities are not inevitable for care-experienced infants, children, young people, or adults.

With the right support, care-experienced infants, children, and young people can attain excellent health that continues throughout their lives. The Health Safety Check is a practical example of a 'cog' in the wider care system which could contribute to positive health outcomes and uphold rights for infants, children, and young people when they most need support.

This case study and evaluation outline the process for conducting 'Health Safety Checks' for infants, children, and young people who experience the care system within the geographical footprint covered by Ayrshire and Arran Health Board. Care-experienced children are subject to health assessments at various stages of their care journey to ensure their physical, emotional, and developmental health needs are being met. However, in the immediacy of moving home, vital health information may not always be available to new carers, social work, or the infants, children, and young people themselves.

Upon entering care, Scottish Government guidance states children must receive a health assessment within four weeks (Scottish Government, 2014). Nonetheless, there is variation across Scotland regarding how often medical health assessments are carried out. It is recommended by the Scottish Government that for children under five years old assessments should take place every six months, while for those over five years of age this should be annually. Additionally, health assessments are required within six months of adoption or permanency planning panels. In some areas, medical health assessments are carried out purely for permanency planning.

When infants, children, and young people move to live somewhere else in an emergency, for example moving from their family home to foster parents or between foster parents, there has been no reliable mechanism



to inform emergency carers of the infant, child, or young person's immediate health needs. This has in the past resulted in the infant, child, or young person failing to receive their required medication or missing important healthcare appointments. This is especially pertinent to relatively common conditions, which can be potentially life threatening if untreated, such as diabetes, severe allergies, and asthma.

The Health Safety Check pathway has been created for when infants, children, and young people move to live somewhere else in an emergency. Through a collaborative approach undertaken from a public health perspective, including social work, acute paediatrics, local authority corporate parenting strategic groups, and relevant clinical governance groups, the Health Safety Check form and process have been developed.

Through this process, social work partners have access to a designated telephone line that connects directly to the Paediatrics Assessment Unit within the local district general hospital. This triggers the completion of the Health Safety Check by the assessment unit, which is then emailed to the relevant professional within four hours. Information about the infant, child, or young person's existing medical conditions, medications, or allergies can then be provided to their caregiver accurately and efficiently.

Data and impact

The Health Safety Check has been designed to mitigate risks associated with emergency placements or unplanned moves, where children might begin living somewhere new without essential health information or medications. This check ensures critical health data is available to social workers, caregivers, and the infant, child, or young person themselves, allowing for safe placement and continuity of care, particularly in urgent situations. An example of the impact of the Health Safety Check process is included at Figure 1. The Health Safety Check emphasises the need for collaboration between health and care professionals, social workers, and carers to safeguard children's health. It also addresses equality and diversity, ensuring that communication is tailored to the needs of care-experienced infants, children, and young people and their carers.



Figure 1: An example of the impact of the Health Safety Check

An example of the impact of the Health Safety Check

A Health Safety Check was requested for a young person moving from home to a residential children's house. Upon checking, the young person had a diagnosis of diabetes and ADHD. They had various medications prescribed. These were unknown to the social care team. The young person did not know themselves the types of medication they were prescribed and, due to difficulties and complexity within their home situation, this information could not have been gathered from their family.

The Health Safety Check facilitated nursing teams, social care, and the young person's GP to work together to ensure that both medicines were obtained via an additional prescription. The diabetic team involved in the young person's care, the residential care staff, and the young person were aware of requirements to support and maintain the young person's health and wellbeing.

Training needs within the children's residential house were explored and training was put in place in partnership with the appropriate community nurse. Sharps bins were provided to ensure appropriate disposal of medical equipment and training around this was made available to the residential care staff who would be looking after the young person. Contacts for the diabetic team and out of hours information was made available. The responsible school nurse was updated and reached out to offer support with further awareness sessions for the carers.

This service has generated great interest across Scotland from corporate parenting partners. This process is designed to reduce the risk of missed health information and improve overall health outcomes for care-experienced children, who are often more vulnerable to health inequalities.

It reduces variation in practice and allows opportunity for early conversations about a child's health and shared decision making when a child is moving to live somewhere else in an emergency. It supports corporate parents to tailor value-based health and care to infants, children, and young people who may have previously missed healthcare encounters, and has provided an efficient pathway for social work and health teams to collaborate during emergency situations. The experience of a clinical team leader for nursing and health visiting services using the Health Safety Check in Ayrshire and Arran is included at Figure 2.



Figure 2: A Health and Social Care Partnership clinical team leader’s experience of the HSC process

“I am a clinical team leader for school nurses with a specific remit for the school aged children and care experienced children and young people in South Ayrshire. I have been part of the team who carry out health safety checks at the request of social work colleagues. Myself and the teams I manage have interrogated health systems and shared relevant, necessary and proportionate information with social care colleagues, to uphold the rights of the children we look after, to good health.”

Ninety-eight Health Safety Checks were completed between October 2021 and February 2026. Since 2021, the Health Safety Check process has evolved, having initially involved a rota of community health professionals. Through *learning by doing* the service has developed to involve only the acute sector in Health Safety Check reporting. This has required significant training and engagement across many sectors to ensure that the correct terminology is used and that health professionals are made aware of the Health Safety Check during their induction. There are three local authorities within NHS Ayrshire and Arran, and the Health Safety Check was tested in one local authority area first. Following positive evaluation, rollout has been completed across the remaining two areas.

Demographic data of those children where a Health Safety Check was requested is included in Table 1. Note that detail on age and health information was not available for one child due to incomplete recording. Of the 98 HSCs carried out, 52 (53.1%) were for females and 46 (46.9%) were for males. The mean age was 6.9 years old.

Measure	Item	Count	Percentage
Gender	Female	52	53.1%
	Male	46	46.9%
Age	<1 y	13	13.3%
	1-4 y	29	29.6%
	5-11 y	32	32.7%
	12-17 y	23	23.5%

Table 1: Demographic information of infants, children, and young people where a Health Safety Check was requested between October 2021 and February 2026 (n=98)

Table 2 shows the number of children where health data required to be recorded in the completed HSC forms, highlighting the importance of



infants, children, and young people moving to live somewhere else having up to date and accurate health information.

Measure	Count	Percentage	Common Examples
Medications required	29	29.9%	Salbutamol/inhalers Antibiotics Emollients/eczema treatments Allergy medications, including epi pen ADHD medications Melatonin Antidepressants Insulin
Upcoming appointments	30	30.9%	Frequent specialties included ENT, audiology, ophthalmology, paediatrics and Child and Adolescent Mental Health Services (CAMHS) 5 children had documented did not attend/was not brought to appointment patterns, often related to instability pre-placement
Diagnoses/conditions	26	26.5%	Asthma, allergies, autism, ADHD, diabetes, depression, anxiety, renal impairment, and neonatal abstinence syndrome
Specialist involvements	39	40.2%	Specialist involvements included: Child and Adolescent Mental Health Services (CAMHS), Neurodevelopmental teams, allergy/respiratory, neonatal follow-up, epilepsy services, diabetes team, occupational therapy, endocrinology, physiotherapy, and speech and language therapy.

Table 2: Summary of information transferred regarding health needs of infants, children, and young people where a Health Safety Check was requested between October 2021 and February 2026 (available=97, as data was unavailable in one instance)

Conclusions - Learning from quality improvement processes

Nearly one third of all emergency placement moves involved infants, children, and young people who were prescribed medication. Medication included: Salbutamol/inhalers, antibiotics, emollients/eczema treatments, allergy medications (including epi pens), ADHD medication, Insulin and antidepressants. This has highlighted the vital need for up-to-date information to be transferred in order to provide training for carers in appropriate caregiving. This is not reflective of a need for acute paediatrics to organise or prescribe prescriptions, but gave the professional team involved in the move the opportunity to confirm correct medications and to arrange training where required.



Unsurprisingly, with significant levels of prescribing within the group, there were also indicators that this cohort of infants, children, and young people are likely to need ongoing outpatient support. By completing the Health Safety Check, appointments scheduled in the future could be identified. Furthermore, appointments missed because the infant, child, or young person was not brought previously could be re-arranged. There were several missed appointments noted. Specialist involvement for follow-up included Child and Adolescent Mental Health Services (CAMHS), neurodevelopmental teams, allergy/respiratory, neonatal follow-up, epilepsy services, diabetes teams, occupational therapy, endocrinology, physiotherapy, and speech and language therapy.

The Health Safety Check gave health and care professionals an opportunity to understand children and their health in more detail. There were several diagnoses noted including: asthma, allergies, autism, ADHD, diabetes, depression, anxiety, renal impairment, and neonatal abstinence syndrome. Not only did this aid the team around the infant, child, or young person in understanding their physical needs, but it gave them the opportunity to think about their needs in terms of their mental health and potential neurodivergence.

In these ways, Health Safety Checks directly address known contributors to health inequalities, thereby improving continuity and safeguarding.

The Health Safety Check is now a proven, high impact intervention in Ayrshire and Arran NHS, which does not place unmanageable additional demands on corporate parents. By rapidly sharing essential health information, it strengthens corporate parents' responses to their responsibilities, ensuring that infants, children, and young people are not placed at unnecessary risk during transitions.

Analysis of the updated dataset confirms the continued relevance and effectiveness of the Health Safety Check and supports ongoing investment in cross-sector collaboration, workforce training, and consistent data capture.

Insights from children and young people, and the experiences of our corporate family across Ayrshire and Arran, have been foundational in developing the Health Safety Check service and highlight the importance of robust information sharing and collaborative partnership working across health and social care. Strengthening these connections enables



corporate parents to identify and address key health priorities for individual infants, children, and young people earlier.

The Health Safety Check service was developed, tested, implemented, and rolled out to enhance early identification and support for the health needs of infants, children, and young people. By practising realistic medicine we are delivering a personalised approach to care, ensuring the people we care for are involved in shared decision-making, with a focus on what matters most to those children and young people.

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About the authors

Andrea McKeown is a speciality doctor in community paediatrics with NHS Ayrshire & Arran. She graduated from the University of Aberdeen in 2003 and has experience in public affairs, having previously worked with both the UK and Scottish Governments. Andrea serves as the clinical lead for care-experienced children and is the co-lead for realistic medicine within NHS Ayrshire & Arran. Her work focuses on improving outcomes for vulnerable children, promoting evidence-based practice, and championing person-centred, sustainable approaches to healthcare.

Laura Doherty has worked in research and project management in public health in NHS Ayrshire and Arran for nine years. Her studies include human language and communication, BSc Psychology, MRes, and currently the MPH at The University of Glasgow. Her current role focuses on reducing inequalities and improving outcomes for infants, children, and young people.



Claire McMorland is currently a clinical team leader for children's health with a specific remit for school-aged children and care-experienced children and young people. She has contributed to the Health Safety Check implementation and supported successful roll out and evaluation. Her aim is to ensure that all infants, children, and young people are supported in reaching their full potential.

Jane Gibson was a looked after children's nurse and public health facilitator for many years. Her dedication to and care for improving the lives of the children and young people she worked with was instrumental in ensuring the success of the Health Safety Check service.

