

Scotland's national data surveillance system: the Child Health Systems Programme Pre-School (CHSP-PS)

Summary

Scotland provides national, publicly available data on the percentage of children with developmental difficulties, as well as the percentage of children developmentally on track.

This is facilitated by routine developmental assessments for children, embedded within Scotland's national Universal Health Visiting Pathway.

A key part of Scotland's universal child health programme is detecting pre-school developmental concerns and facilitating effective intervention.

The pathway consists of 11 home visits by

qualified health visitors within the child's first five years of life.

At three of these visits (at ages 13-15 months, 27-30 months, and 4-5 years) a full review of development across eight domains is conducted.

Health visitors are directed to use the Ages and Stages Questionnaire (ASQ-3 and ASQ-SE2) to support standardised reviews.

If developmental concerns are identified, the health visitor will provide support and/or refer the child to onward specialist support or further assessment.



Target audience

- Policy makers, health professionals and all those working in early years/children's services



Delivery settings

- National and local government, healthcare settings



Objectives

The Child Health Programme aims to help each child to attain their highest possible standard of health by:

- delivering universal health promotion services
- detecting medical or social risks or problems at an early stage
- facilitating effective intervention



Professionals involved

- Policy makers,
- early years providers
- healthcare professionals
- education professionals
- professionals in children's services



Responsible organization:

National government, NHS, Public Health Scotland



Countries
Scotland

How can this practice be implemented?

- Use national frameworks and commitments to align sectors.
- Ensure a Named Person to facilitate access to services, particularly for families who may face additional barriers
- Use a standardised national approach to facilitate uptake of developmental checks.
- Take an evidence-based approach to produce a robust surveillance system.

Implementation Highlights

Scotland's early detection system is delivered through a national consensus between the Scottish Government and territorial Health Boards, underpinned by a commitment to improve the wellbeing of children via a national legislative framework 'Getting it Right for Every Child' (GIRFEC). GIRFEC supports the health and wellbeing of children by directing practitioners to assess their progress against eight wellbeing indicators.

Where concerns are identified, assistance can be requested from other services and support can be managed through a bespoke Child's Plan.

In Scotland, a 'Named Person', often a health visitor or teacher, can provide advice and help parents to navigate services, and a 'Lead Professional' is available for more complex cases that helps to coordinate care and oversees an individualised care plan.



Impact

The surveillance system enables the collection of developmental monitoring data and uptake, and automates the call and recall of pre-school children for scheduled child health reviews.

The breakdown of data (such as by developmental domain, deprivation, sex, ethnicity, age, children in care, English as main language in household, bi/multilingual) allows professionals and policymakers to monitor the need of population groups over time and allocate resources appropriately, to identify and address health inequalities.



What makes this a good practice?

Impact: does it work?

Effectiveness and efficiency

The embedded universal pathway achieves a high uptake of developmental assessments in the early years via a standardised approach.

Reach: who can benefit?

Equity and access

The universal coverage allows all children and families to access the Child Health Programme. The use of a Named Person may also help to overcome access barriers, e.g. for families new to the country or with language barriers. The use of detailed data surveillance also allows health inequalities to be identified and resources to be allocated appropriately.

Transferability and scalability

The programme is delivered on a national scale. The principles of a universal child health programme, regular developmental assessment and a holistic, nationally agreed framework to support child health could be transferred to other national contexts.

Integration: keeping it going and working across sectors

Sustainability

Developmental assessments are embedded within the universal Health Visiting Pathway, introduced in 2015. This allows forward planning and sustainability. Additionally, the use of the national Getting It Right For Every Child framework ensures that all professionals across children's services are able to assess and support children's wellbeing.

Intersectorality

The programme is co-delivered by the national government and the National Health Service, via territorial health boards. Additionally, the use of the national Getting It Right For Every Child framework across all children's services, including health, allows a holistic approach to be taken by all child health professionals to identify any issues and refer children to specialist services when required.

Participation

Families are supported by a health visitor and Named Person, allowing improved support to navigate ECI services.

References and additional tools to favour translation

- Scottish Government. Health Visitors Home Visiting Pathway. 2015. Accessed June 22, 2026 <https://www.gov.scot/publications/universal-health-visiting-pathway-scotland-pre-birth-pre-school/pages/2/>.
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