

---

## Plan Overview

*A Data Management Plan created using DMPonline*

**Title:** Health of young Looked After Children in Scotland

**Creator:** Daniel Bradford

**Principal Investigator:** Daniel Bradford, Denise Brown, Mirjam Allik, Alex McMahon

**Data Manager:** Daniel Bradford

**Affiliation:** University of Glasgow

**Funder:** Medical Research Council (MRC)

**Template:** MRC Template

**ORCID ID:** 0000-0002-7523-8764

### Project abstract:

Children that require formal looking after by local authorities have poorer health than similar children that don't need formal care. The term 'looked after' in Scotland can include children living with their parent(s) but receiving additional input from health and social services, children living with other members of their family such as grandparents, children that need specialist healthcare and must live away from their parents to get it, children living with foster parents, children in residential care homes and schools, as well as children in secure accommodation.

Poor health and development outcomes in childhood can have negative consequences on health and wellbeing over the entire lifetime, so it is important to act early. NHS Scotland carries out scheduled health reviews of every child from birth through to the age of five. One such review happens at age 27-30 months. Using data from this review from April 2013-March 2022 we will look at the health and development of young children that are formally looked after and compare it to children that are not.

The risk of poor perinatal health of children that later enter care is higher than their peers that do not enter care. Where possible, this study will include indicative data about the child's health at birth. For example, low birth weight is an outcome that can be caused by poor prenatal health that may be driven by lifestyle challenges faced by the mother. Attempting to account for poor perinatal health can help identify the most appropriate time to provide support to children and mothers to attain the best health for the child in later years.

Deprivation is also associated with poorer health so this study will also investigate health differences by level of deprivation. This will be achieved by linking health review data to the Scottish Index of Multiple Deprivation. This will also help clarify if any potential differences in health between children that are looked after and those that aren't are due to a higher proportion of children that are looked after living in more deprived areas.

Maternal health and health behaviours can impact on a child's health pre- and postnatally. This work will include data that are available about maternal health from around the time of birth to adjust for appropriate.

We will also consider the effects of age, sex, ethnicity, and parent/guardian smoking to better understand the independent association between being a child being looked after and their

health.

**ID:** 70003

**Start date:** 01-11-2021

**End date:** 31-12-2026

**Last modified:** 27-05-2024

**Copyright information:**

The above plan creator(s) have agreed that others may use as much of the text of this plan as they would like in their own plans, and customise it as necessary. You do not need to credit the creator(s) as the source of the language used, but using any of the plan's text does not imply that the creator(s) endorse, or have any relationship to, your project or proposal

# Health of young Looked After Children in Scotland

---

## 0. Proposal name

### 0. Enter the proposal name

Health of young Looked After Children in Scotland

## 1. Description of Data.

### 1.1 Type of Study

Secondary data analysis of routinely collected health data.

### 1.2 Types of Data

Electronic health records generated from NHS Scotland routine work under the Child Health Surveillance Programme.

### 1.3 Format and scale of the data

~400,000 review records stored electronically and processed on NHS National Services Scotland National Safe Haven.

## 2. Data collection / generation

### 2.1 Methodologies for data collection / generation

Secondary data collected as part of routine NHS Scotland work.

### 2.2 Data quality and standards

N/A - no control over data collection standards.

## 3. Data management, documentation and curation

### 3.1 Managing, storing and curating data

Data stored electronically and processed on Public Health Scotland National Safe Haven.

### 3.2 Metadata standards and data documentation

N/A

### **3.3 Data preservation strategy and standards**

Records stored electronically Public Health Scotland National Safe Haven with plan to retain until 2036.

## **4. Data security and confidentiality of potentially disclosive personal information**

### **4.1 Formal information/data security standards**

Project will follow Public Health Scotland guidelines and standards for data processing and disclosure. See <https://www.publichealthscotland.scot/media/2707/public-health-scotland-statistical-disclosure-control-protocol.pdf>

### **4.2 Main risks to data security**

Although data will be anonymized by the Public Health Scotland electronic Data and Research Innovation Service (eDRIS) there is a risk that individuals will become identifiable through small cell sizes in results tables etc. However, results cannot be taken off the National Safe Haven without explicit permission of an eDRIS Research Coordinator (eRC). Project members submit a request to use results and the eRC checks the request against [statistical disclosure protocols](#) which are designed to avoid any individual becoming identifiable.

## **5. Data sharing and access**

### **5.1 Suitability for sharing**

Data is not suitable for sharing and responsibility for data storage and access lies with Public Health Scotland electronic Data Research and Innovation Service (eDRIS). It contains health records of young children as well as data about ethnicity. Any use of NHS data must be approved by an appropriate panel (e.g., Public Benefit Privacy Panel). New research team members must be approved by eDRIS.

### **5.2 Discovery by potential users of the research data**

N/A

### **5.3 Governance of access**

N/A

### **5.4 The study team's exclusive use of the data**

N/A

### **5.5 Restrictions or delays to sharing, with planned actions to limit such restrictions**

N/A

### **5.6 Regulation of responsibilities of users**

N/A

## 6. Responsibilities

### 6. Responsibilities

All project team members must sign the eDRIS User Agreement that specifies how data is accessed and used. All team members have individual responsibility for managing data on the National Safe Haven and maintaining up-to-date certified training in information governance.

## 7. Relevant policies

### 7. Relevant institutional, departmental or study policies on data sharing and data security

Project will follow Public Health Scotland guidelines and standards for data processing and disclosure. See <https://www.publichealthscotland.scot/media/2707/public-health-scotland-statistical-disclosure-control-protocol.pdf>

## 8. Author and contact details

### 8. Author of this Data Management Plan (Name) and, if different to that of the Principal Investigator, their telephone & email contact details

#### Main applicant:

Daniel Bradford - PhD student in MRC/CSO Social and Public Health Sciences Unit  
0607646b@student.gla.ac.uk

#### Project team:

Denise Brown - PhD Supervisor/Epidemiologist/Statistician in MRC/CSO Social and Public Health Sciences Unit  
denise.brown@glasgow.ac.uk

Mirjam Allik - PhD Supervisor and Research Fellow in MRC/CSO Social and Public Health Sciences Unit  
mirjam.allik@glasgow.ac.uk

Alex McMahon - PhD Supervisor and Reader in University of Glasgow Dental School  
alex.mcmahon@glasgow.ac.uk