

INFORMATION
ANALYSIS
DIRECTORATE



Healthy Child, Healthy Future

Health Review Statistics for Northern Ireland
2020/21



Department of
Health

An Roinn Sláinte
Máinnstríe O Poustie
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Target Audience	Health Visitors, Directors of Nursing, Directors of Children's Services, Chief Executives of HSC Board, PHA and Trusts in Northern Ireland.
Main use of document	Data from this report is used to monitor the delivery of services to children, to help assess Health and Social Care (HSC) Trust performance, corporate monitoring, to inform and monitor related policy, and to respond to parliamentary/assembly questions.

The statisticians within IAD are out posted from the Northern Ireland Statistics & Research Agency (NISRA) and the statistics are produced in accordance with the principles and protocols set out in the [Code of Practice for Official Statistics](#).



IAD comprises four statistical sections: Hospital Information, Community Information, Public Health Information & Research and Project Support Analysis.

This report is produced by Community Information Branch.

About the Community Information Branch

The purpose of Community Information Branch (CIB) is to promote effective decision making in children and adult social services and community health by providing quality information and analysis.

We collect, analyse and publish a wide range of community information that is used to help monitor the delivery of personal social services policy. Information collected by CIB is used to assess HSC Trust performance, for corporate monitoring, policy evaluation, and to respond to parliamentary/assembly questions.

Information is widely disseminated through a number of regular key statistical publications and ad hoc reports, details of which are available online.

<https://www.health-ni.gov.uk/topics/dhssps-statistics-and-research-social-services/social-care-statistics>

Our Vision and Values

- *Provide up-to-date, quality information on children and adult social services and community health;*
- *To disseminate findings widely with a view to stimulating debate, promoting effective decision-making and improvement in service provision; and*
- *Be an expert voice on health and social care information.*

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Child Health Promotion Programme

[Healthy Child, Healthy Future \(HCHF\)](#) is a framework for the universal Child Health Promotion Programme within Northern Ireland. It is recognised as being central to improving child health across a range of issues and giving every child and young person the best start in life.

Effective implementation of the programme will lead to:

- Strong parent-child attachments resulting in better social and emotional well being;
- Care that keeps a child healthy and safe;
- Early detection of and actions to address developmental delay, abnormalities, ill health and concerns about safety;
- Identification of factors that could influence health and well being in families;
- Increased rates of breast feeding;
- Early recognition of growth disorders and risk factors for obesity;
- Healthy eating and increased activity leading to a reduction in obesity;
- Prevention of serious and communicable diseases;
- Better short and long term outcomes for children at risk of social exclusion;
- Increased learning and readiness for school.

In order to meet these goals, the framework sets out a programme of child health reviews that every family can expect. This statistical bulletin details the number of preschool health reviews completed within the accepted timeframe (tolerance), outside the tolerance (both earlier and later) and the number that were not completed^{1, 2}.

Health Visitor Reviews	Timing / Tolerance
New Baby Review /First Visit	10 - 14 days
6 - 8 Week Review	6 - 11 weeks
14 - 16 Week Health Review	14 - 19 weeks
6 - 9 Month Contact	26 - 42 weeks
Health Review at 1 Year	52 - 60 weeks
Health Review at 2 - 2 ½ Years	104 - 140 weeks

Covid-19 pandemic

As so many other services, health reviews were impacted by the Covid-19 pandemic. Since the start of the pandemic (March 2020), upon advice provided by the Public Health Agency (PHA), the Health and Social Care Trusts in Northern Ireland have been required to pause some Healthy Child Healthy Future reviews. This was deemed necessary for staff to be able to manage and respond to the Covid-19 pandemic.

1 - This publication does not cover Antenatal visits, 3 Year Contact information, or the 4 Year Record Review.

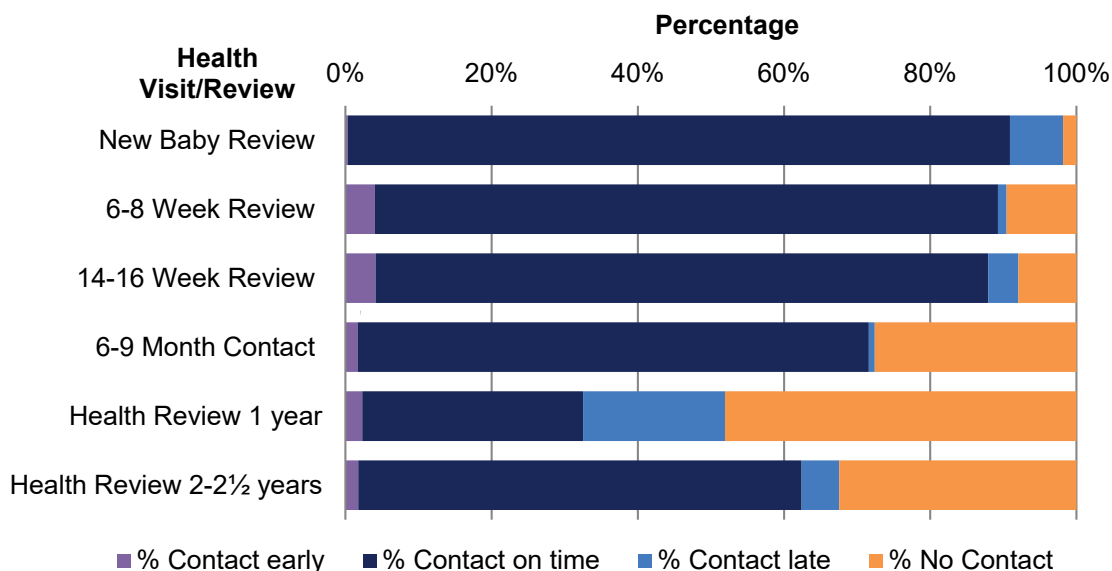
2 - As a result of workforce pressures during the last years, the Public Health Agency issued interim measure guidance to HSC Trusts where the 1 Year contact may be omitted if the 6-9 month visit had been delivered by a health visitor who determined in consultation with a parent or guardian that a planned 1 Year contact is not required or can be delegated to a member of the health visiting team. This should be borne in mind when considering the following data.

Summary Statistics – 2020/21

During 2020/21, Health Visitors were expected to have completed 132,026 reviews of children across Northern Ireland³.

- Some 91,859 of these (70%) were completed within the recommended time frame (contact on time).
- An additional 9% (11,552) were completed, but outside the recommended time frame (contact early or late).
- Some 22% of the reviews did not take place.

Percentage (%) of health reviews completed by timing of the contact (2020/21)



³ These figures exclude Antenatal Visits, 3 Year Contact and the 4 Year Record Review.

New Baby Review / First Visit

Timing:

Visit to be carried out between day 10 and 14 after birth.

Purpose

- Check Vitamin K status;
- Maintain infant health;
- Health promotion;
- Growth;
- Assess maternal mental health;
- Promote sensitive parenting;
- Identify and review risk factors;
- Assess promote and support infant feeding;
- Promote development of parent-baby relationship;
- Safeguarding – awareness of accident prevention;
- Establish newborn baseline clinical assessment.

91%

of all reviews were completed within the accepted time

of reviews were completed in total

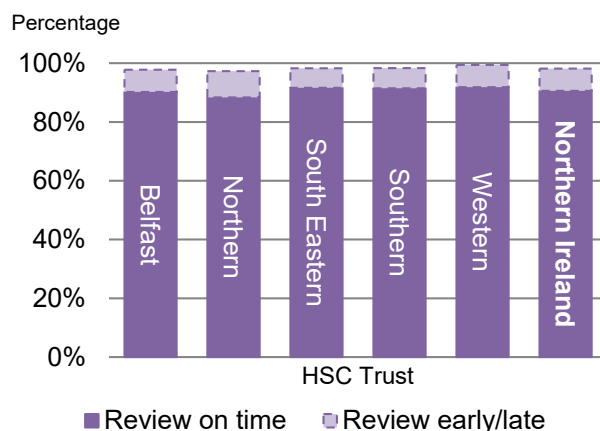
98%

% of reviews completed during 2020/21:

<i>Children in cohort</i>	21,363
Early contact (before day 10)	<1%
On time contact (day 10 - 14)	91%
Late contact (after day 14)	7%
Not seen	2%

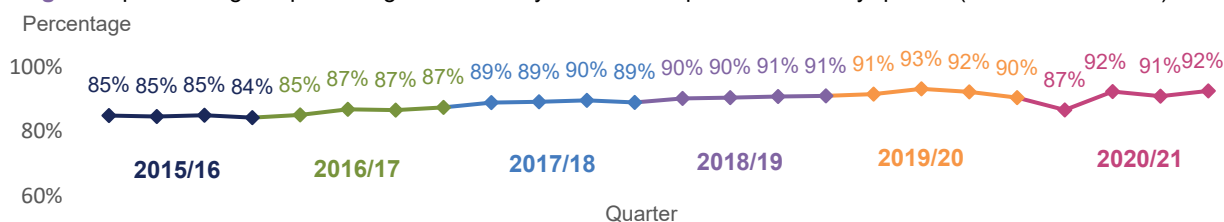
South Eastern and Western HSC Trusts had the largest proportion of reviews take place within 10 - 14 days (92%).

Fig.1 Graph showing the percentage of new baby reviews completed by HSC Trust (2020/21)



Reviews on time by Quarter:

Fig.2 Graph showing the percentage of new baby reviews completed on time by quarter (2015/16 - 2020/21)



The proportion of new baby reviews completed within the expected timeframe has slowly increased since 2015/16; however, a slight dip was seen in the first quarter of 2020/21, the beginning of the [Covid-19](#) pandemic⁵. The numbers have since returned to pre-pandemic levels.

⁴ DoH report "Child Health System – Data entry audit 2017"

6 – 8 Week Review

Timing:

Review to be carried out between 6 - 8 weeks after birth; however up to week 11 is acceptable.

Purpose

- Review and update family health assessment;
- Promote the uptake of immunisations;
- Reassess Maternal Mental Health;
- Monitor the infants growth;
- Prevention of Sudden Unexpected Death in Infancy (SUDI);
- Record feeding status;
- Delivery of Key health promotion messages;
- Review and update risk factors.

85%

of all reviews were completed within the accepted time

of reviews were completed in total

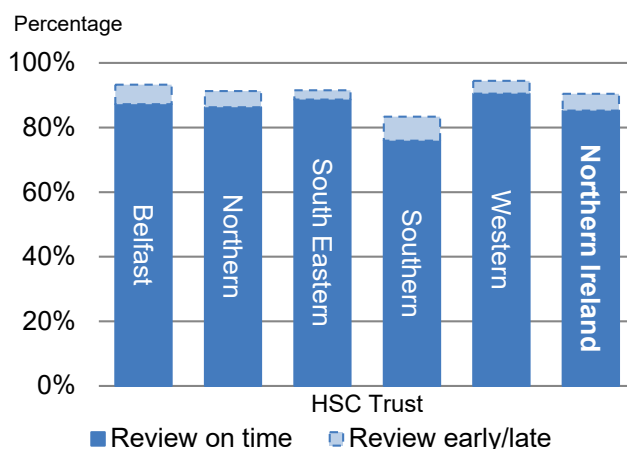
90%

% of reviews completed during 2020/21:

Children in cohort	21,220
Early contact (before week 6)	4%
On time contact (week 6-11)	85%
Late contact (after week 11)	1%
Not seen	10%

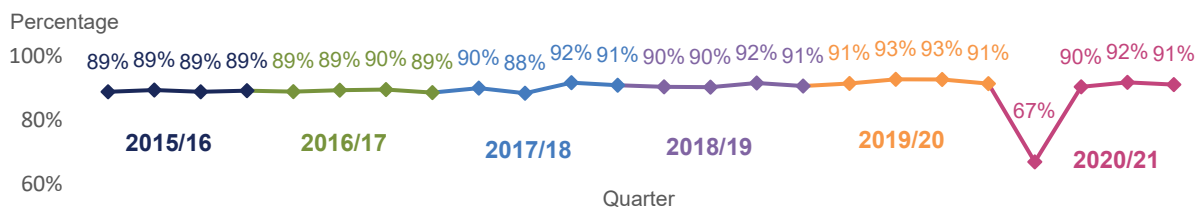
Western HSC Trust had the largest proportion of reviews on time (91%)

Fig.3 Graph showing the percentage of 6 – 8 week reviews completed by HSC Trust (2020/21)



Reviews on time by Quarter:

Fig.3 Graph showing the percentage of 6 – 8 week reviews completed on time by quarter (2015/16 - 2020/21)



The proportion of 6 – 8 Week Reviews completed within the expected timeframe have remained relatively stable since 2015/16. Furthermore, when including contacts made early or late, this review has consistently had a very high coverage. A dip was seen in the first quarter of 2020/21, the beginning of the [Covid-19](#) pandemic. The numbers have since returned to pre-pandemic levels.

14 – 16 Week Health Review

Timing: Review to be carried out between 14 - 16 weeks after birth; however up to week 19 is acceptable.

Purpose

- Review and update family health assessment;
- Review and update risk factors;
- Assess maternal mental health;
- Record infants feeding status;
- Monitor infants growth;
- Promote the uptake of immunisations;
- DDH age appropriate exam;
- Encourage uptake from other services e.g. Surestart.

84% of all reviews were completed within the accepted time

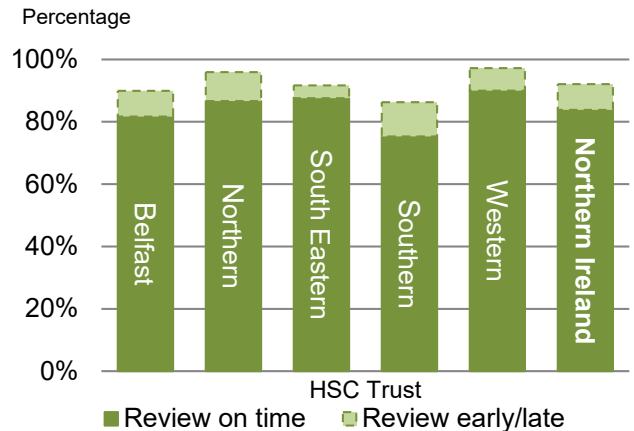
of reviews were completed in total **92%**

% of reviews completed during 2020/21:

<i>Children in cohort</i>	21,543
Early contact (before week 14)	4%
On time contact (week 14-19)	84%
Late contact (after week 19)	4%
Not seen	8%

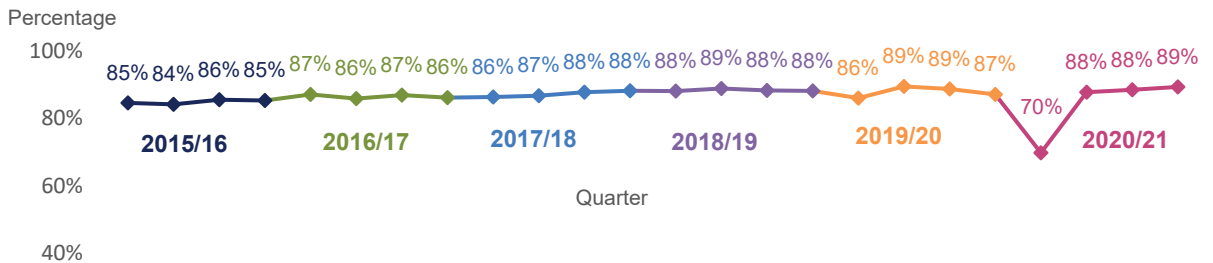
The Western HSC Trust had the largest proportion of reviews on time (90%).

Fig.5 Graph showing the percentage of 14 – 16 week reviews completed by HSC Trust (2020/21)



Reviews on time by Quarter:

Fig.6 Graph showing the percentage of 14 – 16 week reviews completed on time by quarter (2015/16 - 2020/21)



The proportion of 14 – 16 Week Health Reviews undertaken within the accepted timeframe has remained relatively stable since 2015/16. A dip was seen in the first quarter of 2020/21, the beginning of the [Covid-19](#) pandemic. The numbers have since returned to pre-pandemic levels.

6 – 9 Month Contact

Timing:

Contact to be carried out between 6 - 9 months after birth; however up to month 10 is acceptable.

Purpose

- Home safety;
- Introduce the Book start pack;
- Bath-book-bed routine;
- Record feeding status;
- Accident prevention;
- Promote the uptake of immunisations;
- Provide health information.

70%

of all contacts were completed within the accepted time

of contacts were completed in total

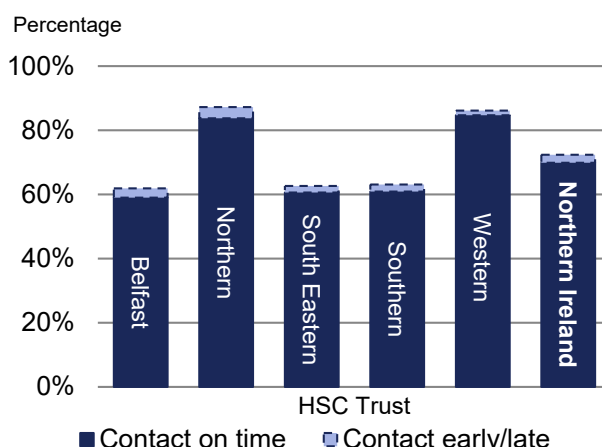
72%

% of contacts completed during 2020/21:

Children in cohort	22,025
Early contact (before month 6)	2%
On time contact (month 6-10)	70%
Late contact (after month 10)	1%
Not seen	28%

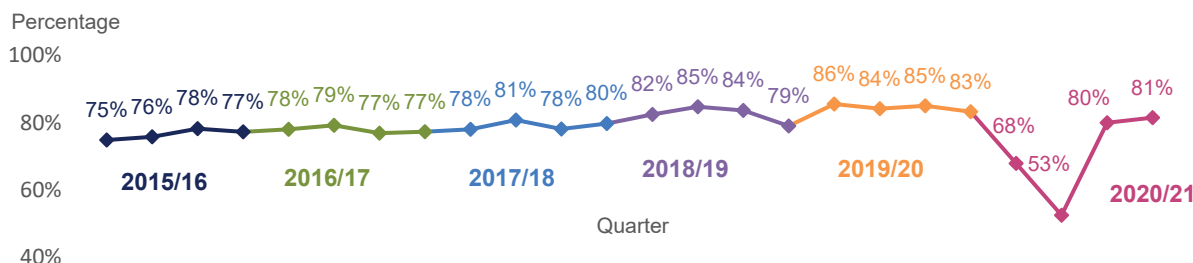
The Western HSC Trust had the largest proportion of reviews completed on time (85%), closely followed by the Northern HSC Trust (84%).

Fig.7 Graph showing the percentage of 6 – 9 month contacts completed by HSC Trust (2020/21)



Reviews on time by Quarter:

Fig.8 Graph showing the percentage of 6 – 9 month contacts completed on time by quarter (2015/16 - 2020/21)



From 2015/16 to 2019/20, there has been a year on year increase of the proportion of 6 – 9 month contacts undertaken on time. There was a large reduction in the percentage of completed contacts the first two quarters of 2020/21, the beginning of the [Covid-19](#) pandemic. The numbers have since almost returned to pre-pandemic levels.

1 Year Health Review

Timing:

Review to be carried out 1 year after birth; however up to month 14 is acceptable.

Purpose

- Review and update of family health assessment;
- Record feeding status;
- Monitor growth;
- Review speech and language development;
- Promote oral health – dental registration;
- Offer parenting support;
- Health Promotion.

30%

of all reviews were completed within the accepted time

of reviews were completed in total

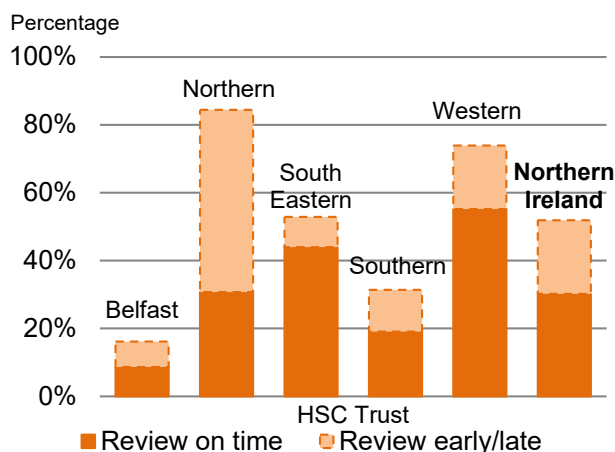
52%

% of contacts completed during 2020/21:

Children in cohort	22,505
Early contact (before month 12)	2%
On time contact (month 12-14)	30%
Late contact (after month 14)	19%
Not seen	48%

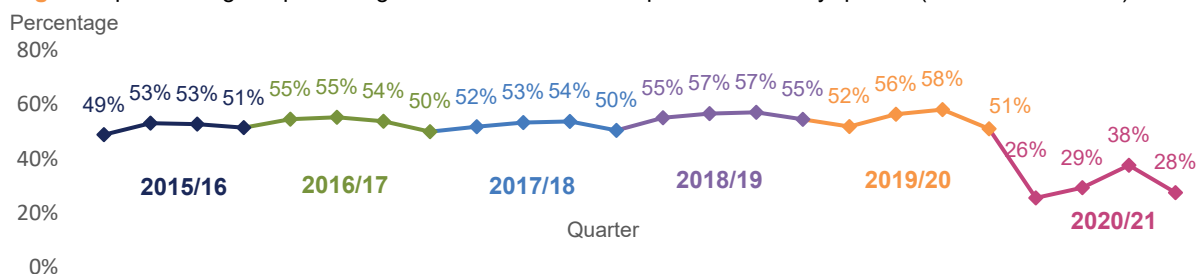
The Western HSC Trusts had the largest proportion of reviews within 12 - 14 months (55%).

Fig.9 Graph showing the percentage of 1 Year reviews completed by HSC Trust (2020/21)



Reviews on time by Quarter:

Fig.9 Graph showing the percentage of 1 Year reviews completed on time by quarter (2015/16 - 2020/21)



As a result of workforce pressures, the Public Health Agency has previously issued interim measure guidance to HSC Trusts. The 1 Year contact may be omitted if the 6 – 9 month visit had been delivered by a health visitor who determined, in consultation with a parent or guardian that a planned 1 Year contact was not required, or could be delegated to a member of the health visiting team. This should be considered when reviewing the data above.

Furthermore, there was a large reduction in the percentage of completed contacts during 2020/21, likely to be a result of the [Covid-19](#) pandemic.

2 – 2 ½ Years Health Review

Timing:

Review to be carried out 2 – 2 ½ years after birth; however up to 2 years 8 months is acceptable.

Purpose

- Review and update risk factors;
- Monitor the infants growth;
- Monitor child’s social, emotional, speech and behavioural development;
- Monitor vision and hearing ;
- Offer guidance on behaviour management;
- Promote language development;
- Toilet training;
- Safeguarding.

61%

of all contacts were completed within the accepted time

of contacts were completed in total

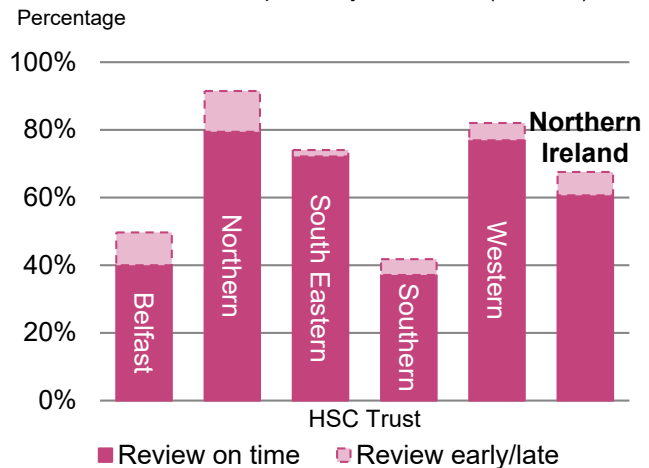
68%

% of contacts completed during 2020/21:

Children in cohort	23,370
Early contact (before 2 years)	2%
On time contact (2 years – 2 years 8 months)	61%
Late contact (after 2 years 8 months)	5%
Not seen	32%

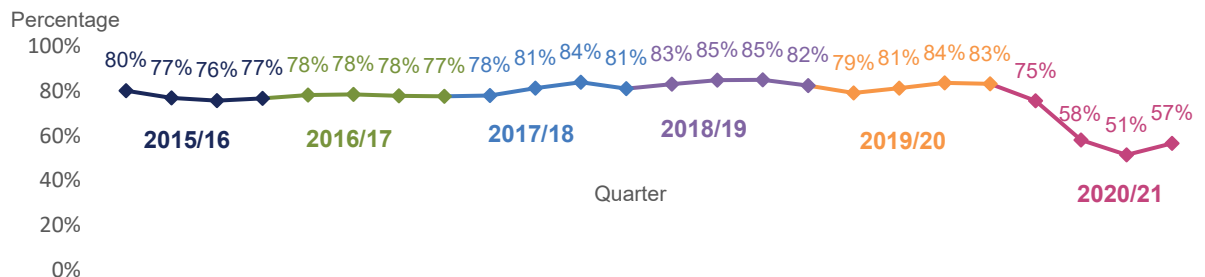
The Northern HSC Trust had the largest proportion of reviews within 2 years – 2 ½ years (79%).

Fig.11 Graph showing the percentage of 2 – 2 ½ Year reviews completed by HSC Trust (2020/21)



Reviews on time by Quarter:

Fig.12 Graph showing the percentage of 2 – 2 ½ year reviews completed on time by quarter (2015/16 - 2020/21)



Following a general increase in the proportion of 2 – 2 ½ year Health Reviews completed on time from 2015/16 to 2019/20, 2020/21 saw a large dip at the beginning of the [Covid-19](#) pandemic. The numbers have continued to reduce and have not returned to pre-pandemic levels (Figure 13).

Annex A

Table 1: Summary Health Visits 2020/21

Northern Ireland	Children in Cohort	Contact Early	Contact In Range	Contact Late	No Contact
New Baby Review by HV	21,363	70	19,351	1,551	391
6 to 8 Week Review by HV	21,220	856	18,086	248	2,030
14 to 16 Week Health Review by HV	21,543	886	18,057	890	1,710
6 to 9 Month Contact by HV	22,025	375	15,396	175	6,079
Health Review at 1 Year by HV	22,505	519	6,796	4,368	10,822
Health Review at 2-21/2 Years by HV	23,370	412	14,173	1,202	7,583

Northern Ireland	% Contact Early	% Contact on time	% Contact late	% No Contact	% Contact Early, On time or Late
New Baby Review by HV	0%	91%	7%	2%	98%
6 to 8 Week Review by HV	4%	85%	1%	10%	90%
14 to 16 Week Health Review by HV	4%	84%	4%	8%	92%
6 to 9 Month Contact by HV	2%	70%	1%	28%	72%
Health Review at 1 Year by HV	2%	30%	19%	48%	52%
Health Review at 2-21/2 Years by HV	2%	61%	5%	32%	68%

Table 2: New Baby Review by Health Visitor 2020/21

New Baby Review	Children in Cohort	Contact Early	Contact In Range	Contact Late	No Contact
Belfast	4,025	28	3,631	278	88
Northern	5,137	15	4,539	445	138
South Eastern	3,672	24	3,364	221	63
Southern	4,881	[S]	4,466	333	[S]
Western	3,648	[S]	3,351	274	[S]
Northern Ireland	21,363	70	19,351	1,551	391

[S] cell counts have been suppressed to avoid personal disclosure.

New Baby Review	% Contact Early	% Contact on time	% Contact late	% No Contact	% Contact Early, On time or Late
Belfast	1%	90%	7%	2%	98%
Northern	0%	88%	9%	3%	97%
South Eastern	1%	92%	6%	2%	98%
Southern	<1%	91%	7%	2%	98%
Western	<1%	92%	8%	1%	99%
Northern Ireland	0%	91%	7%	2%	98%

Table 3: 6 - 8 Week Review by Health Visitor 2020/21

6 - 8 Week Review	Children in Cohort	Contact Early	Contact In Range	Contact Late	No Contact
Belfast	3,964	168	3,458	71	267
Northern	5,163	155	4,455	103	450
South Eastern	3,672	96	3,256	10	310
Southern	4,834	317	3,670	42	805
Western	3,587	120	3,247	22	198
<i>Northern Ireland</i>	21,220	856	18,086	248	2,030

6 - 8 Week Review	% Contact Early	% Contact on time	% Contact late	% No Contact	% Contact Early, On time or Late
Belfast	4%	87%	2%	7%	93%
Northern	3%	86%	2%	9%	91%
South Eastern	3%	89%	0%	8%	92%
Southern	7%	76%	1%	17%	83%
Western	3%	91%	1%	6%	94%
<i>Northern Ireland</i>	4%	85%	1%	10%	90%

Table 4: 14 - 16 Week Health Review by Health Visitor 2020/21

14 - 16 Week Health Review	Children in Cohort	Contact Early	Contact In Range	Contact Late	No Contact
Belfast	4,089	183	3,339	156	411
Northern	5,166	213	4,475	268	210
South Eastern	3,722	109	3,260	43	310
Southern	4,939	260	3,720	282	677
Western	3,627	121	3,263	141	102
<i>Northern Ireland</i>	21,543	886	18,057	890	1,710

14 - 16 Week Health Review	% Contact Early	% Contact on time	% Contact late	% No Contact	% Contact Early, On time or Late
Belfast	4%	82%	4%	10%	90%
Northern	4%	87%	5%	4%	96%
South Eastern	3%	88%	1%	8%	92%
Southern	5%	75%	6%	14%	86%
Western	3%	90%	4%	3%	97%
<i>Northern Ireland</i>	4%	84%	4%	8%	92%

Table 5: 6 – 9 Month Contact by Health Visitor 2020/21

6 - 9 Month Contact	Children in Cohort	Contact Early	Contact In Range	Contact Late	No Contact
Belfast	4,141	95	2,443	25	1,578
Northern	5,266	102	4,410	83	671
South Eastern	3,828	64	2,320	15	1,429
Southern	5,137	74	3,129	39	1,895
Western	3,653	40	3,094	13	506
<i>Northern Ireland</i>	22,025	375	15,396	175	6,079

6 - 9 Month Contact	% Contact Early	% Contact on time	% Contact late	% No Contact	% Contact Early, On time or Late
Belfast	2%	59%	1%	38%	62%
Northern	2%	84%	2%	13%	87%
South Eastern	2%	61%	0%	37%	63%
Southern	1%	61%	1%	37%	63%
Western	1%	85%	0%	14%	86%
<i>Northern Ireland</i>	2%	70%	1%	28%	72%

Table 6: Health Review at 1 Year by Health Visitor 2020/21

Health Review at 1 Year	Children in Cohort	Contact Early	Contact In Range	Contact Late	No Contact
Belfast	4,226	100	366	217	3,543
Northern	5,359	81	1,646	2,798	834
South Eastern	3,971	66	1,746	288	1,871
Southern	5,268	159	1,006	489	3,614
Western	3,681	113	2,032	576	960
<i>Northern Ireland</i>	22,505	519	6,796	4,368	10,822

Health Review at 1 Year	% Contact Early	% Contact on time	% Contact late	% No Contact	% Contact Early, On time or Late
Belfast	2%	9%	5%	84%	16%
Northern	2%	31%	52%	16%	84%
South Eastern	2%	44%	7%	47%	53%
Southern	3%	19%	9%	69%	31%
Western	3%	55%	16%	26%	74%
<i>Northern Ireland</i>	2%	30%	19%	48%	52%

Table 7: Health Review at 2 - 2½ Years by Health Visitor 2020/21

Health Review at 2 - 2½ Years	Children in Cohort	Contact Early	Contact In Range	Contact Late	No Contact
Belfast	4,260	102	1,704	311	2,143
Northern	5,557	106	4,415	563	473
South Eastern	4,154	41	2,998	36	1,079
Southern	5,462	96	2,028	158	3,180
Western	3,937	67	3,028	134	708
Northern Ireland	23,370	412	14,173	1,202	7,583

Health Review at 2 - 2½ Years	% Contact Early	% Contact on time	% Contact late	% No Contact	% Contact Early, On time or Late
Belfast	2%	40%	7%	50%	50%
Northern	2%	79%	10%	9%	91%
South Eastern	1%	72%	1%	26%	74%
Southern	2%	37%	3%	58%	42%
Western	2%	77%	3%	18%	82%
Northern Ireland	2%	61%	5%	32%	68%

Table 8: Proportion of visits on time Quarter 1 2019/20 – Quarter 4 2020/21

	2019/20	2019/20	2019/20	2019/20	2020/21	2020/21	2020/21	2020/21
Northern Ireland	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
New baby review	91%	93%	92%	91%	87%	92%	91%	92%
6 – 8 Week Review	91%	93%	93%	91%	67%	90%	92%	91%
14 – 16 Week Health Review	86%	89%	89%	87%	70%	88%	88%	89%
6 – 9 Month Contact	86%	84%	85%	83%	68%	53%	80%	81%
Health Review at 1 Year	52%	56%	58%	51%	26%	29%	38%	28%
Health Review at 2 – 2½ Years	79%	81%	84%	83%	75%	58%	51%	57%

Annex B – Technical Notes

Purpose

This publication has been produced to measure the rate of completed child health contacts / reviews carried out by Health Visitors. Further information about these contacts and their purpose can be found in [‘Healthy Child, Healthy Future’](#).

Health Visitors and Health Reviews

Health Visitors are qualified nurses who have taken further training in Community & Child Health. Health Visitors work with individuals, families and groups whilst liaising closely with midwives, practice nurses and GPs.

A health review will take place in the family home, however can, for some type of contacts, also take place in a health centre and/or in a group setting.

Data Collection

The figures in this publication detail the number of preschool health reviews that should have been completed by the quarter end. It is recommended in ‘Healthy Child, Healthy Future’ that each health review should be completed within a certain time period; figures are reported on contacts that were completed early, within the recommended time period (on time), late or not completed⁷. Figures are presented regionally and by Health and Social Care (HSC) Trusts.

The statistics presented in this bulletin are derived from Child Health System extractions provided by each of the five HSC Trusts to the Public Health Agency (PHA) and Community Information Branch (CIB) within the Department of Health (DoH).

Methodology

This information collection identifies if a health review has taken place within the accepted time for that visit. Each visit’s accepted time/tolerance is set out in the introduction of this report. All reviews whose tolerance ended during the quarter is included. The contact itself may have been carried out in a previous quarter. This report therefore identifies whether the child received the contact within agreed time frames and is not an indication of workload during the quarter. Please note that if a contact occurs more than three months after the end of the relevant tolerance period it will be recorded as “not completed”.

Statement of Administrative Sources

Returns are derived from the Child Health System, which is the main administrative system used to support HSC Trusts in delivering the Child Health Promotion Programme.

Rounding Conventions

Percentages have been rounded to whole numbers and as a consequence some percentages may not sum to 100%. 0% may reflect rounding down of values under 0.5%.

⁷ Please note that if a health contact occurs more than three months after the end of the relevant tolerance period it will be recorded as “not completed”.

Data Quality

In 2015, a bespoke report was written to ensure the same health visit data was extracted from the local Child Health Systems (CHSs) by all 5 HSC Trusts.

To facilitate the return of accurate counts, HSC Trusts supply returns three months after the end of the quarter. Statistics published do not reflect information system updates after this window has passed. Following submission to CIB, further checks are carried out to verify that information is internally consistent. Trend analyses are used to monitor variations and emerging trends.

Queries arising from validation are submitted to HSC Trusts for clarification, and if required returns may be amended and/or re-submitted.

An audit (2017), carried out by CIB in cooperation with HSC Trusts and PHA, assessed the validity of the information at the stage of data input into the CHS. This audit, which focussed on the New Baby Review and the 2 Year Review, found that some Trust variation exists in recording. The full audit report with recommendations can be obtained by request to cib@health-ni.gov.uk.

User Engagement

If you have any comments on this publication please contact Community Information Branch at: cib@health-ni.gov.uk

Related Publications

GAIN Audit [Every Child Counts. Regional audit of the Child Health Promotion Programme – Health Visiting and School Nursing Services](#) (March 2016)

Next Release

“Healthy Child Healthy Future – Visit statistics for Northern Ireland 2019/20” has provisional release date of October 2022.

Statistical bulletins published by Community Information Branch are available to download from the Department of Health

<https://www.health-ni.gov.uk/topics/doh-statistics-and-research>