

INFORMATION  
ANALYSIS  
DIRECTORATE



# Healthy Child, Healthy Future

Health Review Statistics for Northern Ireland  
2021/22



Department of  
**Health**

An Roinn Sláinte  
Máinnstríe O Poustie  
[www.health-ni.gov.uk](http://www.health-ni.gov.uk)



Published 20 October 2022

# Reader Information

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Publication Date	20 October 2022
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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<sup>1, 2</sup>.

**Table 1:** The recommended timing of the Health Visitor Reviews

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

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

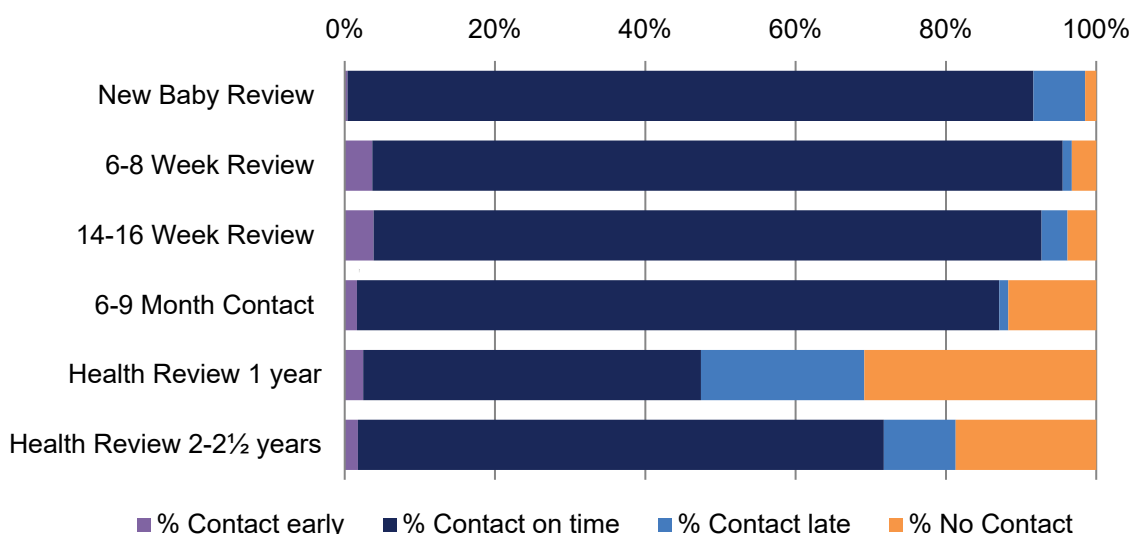
2 - As a result of workforce pressures during the last years, the Public Health Agency issued interim measure guidance to HSC Trusts where the 1 Year contact may be omitted if the 6-9 month visit had been delivered by a health visitor who determined in consultation with a parent or guardian that a planned 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 – 2021/22

During 2021/22, Health Visitors were expected to have completed 130,388 reviews of children across Northern Ireland<sup>3</sup>.

- Some 102,606 of these (79%) were completed within the recommended time frame (contact on time).
- An additional 10% (12,549) were completed, but outside the recommended time frame (contact early or late).
- Some 12% of the reviews did not take place.

**Fig. 1: Percentage (%) of health reviews completed by timing of the contact (2021/22)**



Please note that 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.

<sup>3</sup> These figures exclude Antenatal Visits, 3 Year Contact and the 4 Year Record Review.

# Covid-19 pandemic

As with other Health and Social Care services, health reviews were impacted by the Covid-19 pandemic. Since the start of the pandemic in March 2020, and upon advice provided by the Public Health Agency (PHA), the Health and Social Care (HSC) Trusts in Northern Ireland were required to pause some Healthy Child Healthy Future reviews. This was deemed necessary for staff to manage and respond to the added pressures resulting from the Covid-19 pandemic. Since June 2021, HSC Trusts have been working to catch up on reviews that were not undertaken.

The quarterly reports that are used to populate the figures in this publication are set to run with a time lag of three months following the end of the quarter, i.e. the report for quarter ending 31 March 2022 is run at 30 June 2022. As such, it will pick up any late visits carried out within three months of the quarter cut-off date.

To assess the complete uptake of reviews, a rerun of all quarter figures for the years 2020/21 and 2021/22 were completed on 1 September 2022. This has allowed for the inclusion of reviews outside of the three month lag timeframe<sup>2</sup>, meaning, this methodology differs from the regular approach and previous year's returns. Therefore, these rerun returns for years ending 31 March 2021 and 31 March 2022 will only be used for this stand-alone analysis.

Table 1 presents the increase of figures for the rerun quarter reports from the original quarter reports for years ending 31 March 2021 and 31 March 2022. The rerun figures show that a higher proportion of 1 Year and 2 – 2 ½ Years Health reviews were completed; however, this was outside of the recommended period. For example, an additional 12% of health reviews at 2 – 2 ½ Years was shown to be completed in the rerun quarterly report for 31 March 2021. However, these were completed outside of the normal reporting period.

**Table 2:** The percentage change of completed health reviews following a rerun of quarterly reports (2020/21 – 2021/22)

Northern Ireland	Percentage change							
	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22
New baby review	0%	0%	1%	0%	0%	0%	0%	0%
6 – 8 Week Review	2%	1%	1%	0%	1%	0%	1%	1%
14 – 16 Week Health Review	2%	1%	1%	1%	1%	1%	2%	0%
6 – 9 Month Contact	1%	3%	0%	1%	0%	0%	1%	0%
Health Review at 1 Year	9%	7%	8%	9%	3%	3%	8%	2%
Health Review at 2 – 2½ Years	3%	6%	10%	12%	6%	5%	3%	1%

<sup>3</sup> Please note that Trusts may have completed some late reviews on unscheduled forms that have not been recorded on the IT systems and therefore will not be counted within the re-run returns.

# New Baby Review / First Visit

## Timing:

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

**91%**

of all reviews were completed within the accepted time

of reviews were completed in total

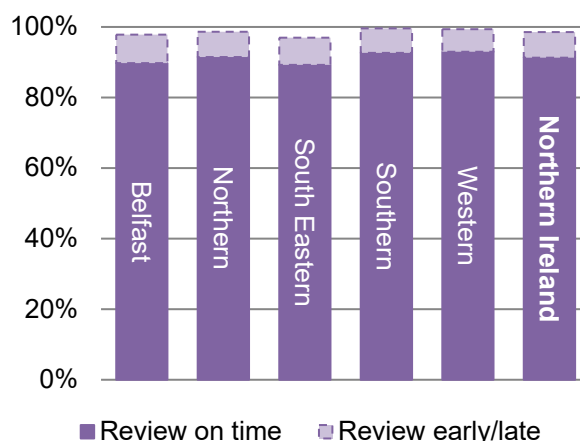
**99%**

## % of reviews completed during 2021/22:

Children in cohort	21,475
Early contact (before day 10)	<1%
<b>On time contact (day 10 - 14)</b>	<b>91%</b>
Late contact (after day 14)	7%
Not seen	1%

*Southern and Western HSC Trusts had the largest proportion of reviews take place within 10 - 14 days (93%).*

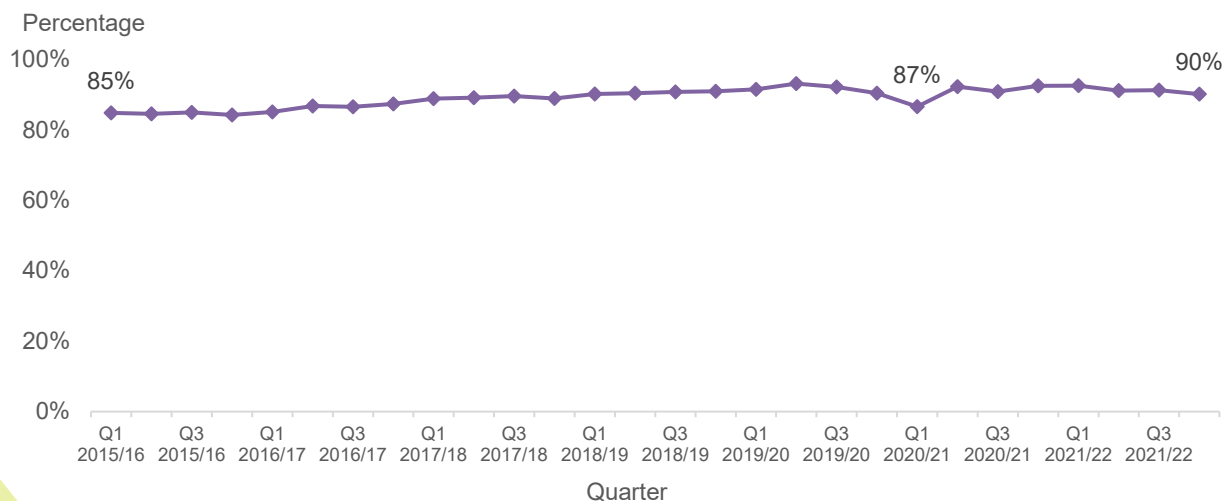
**Fig. 2** Graph showing the percentage of new baby reviews completed by HSC Trust (2021/22)



## Reviews on time by Quarter:

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](#) pandemic<sup>4</sup>. The numbers have since returned to pre-pandemic levels.

**Fig.3** Graph showing the percentage of new baby reviews completed on time by quarter (2015/16 - 2021/22)





## 6 – 8 Week Review

### Timing:

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

**92%**

of all reviews were completed within the accepted time

of reviews were completed in total

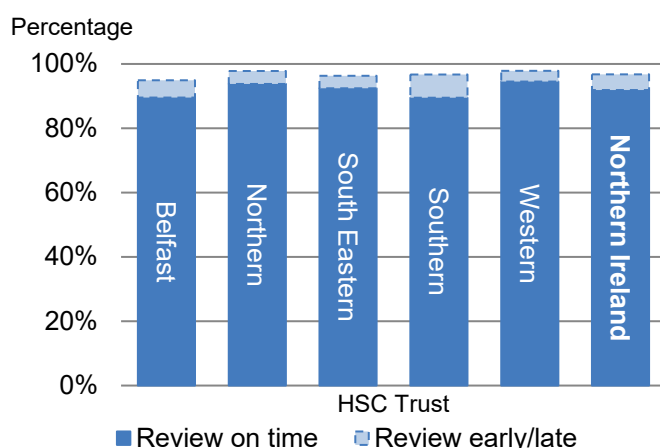
**97%**

### % of reviews completed during 2021/22:

Children in cohort	21,701
Early contact (before week 6)	4%
<b>On time contact (week 6-11)</b>	<b>92%</b>
Late contact (after week 11)	1%
Not seen	3%

*Western HSC Trust had the largest proportion of reviews on time (95%)*

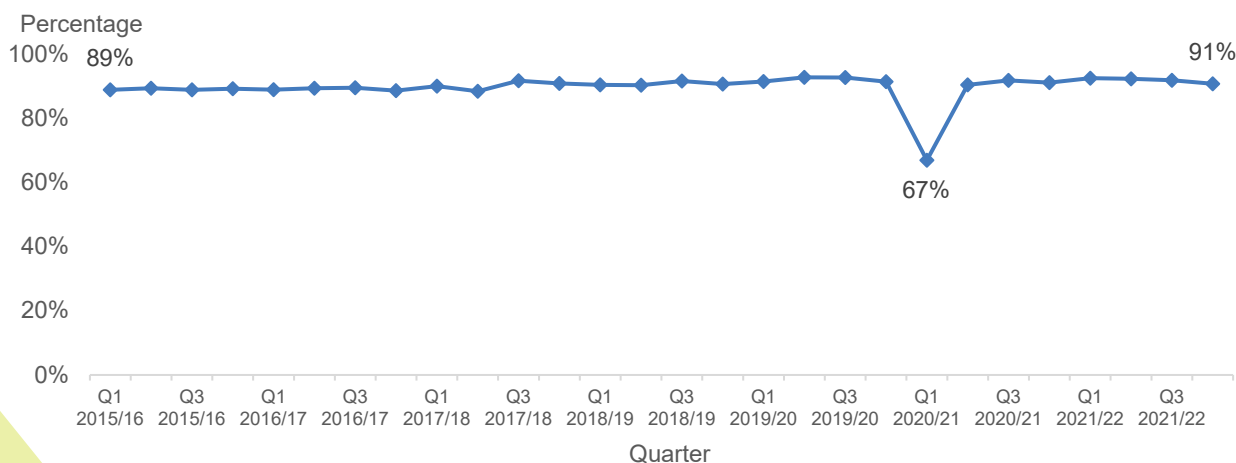
**Fig. 4** Graph showing the percentage of 6 – 8 week reviews completed by HSC Trust (2021/22)



### Reviews on time by Quarter:

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.

**Fig.5** Graph showing the percentage of 6 – 8 week reviews completed on time by quarter (2015/16 - 2021/22)



# 14 – 16 Week Health Review

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

**89%** of all reviews were completed within the accepted time

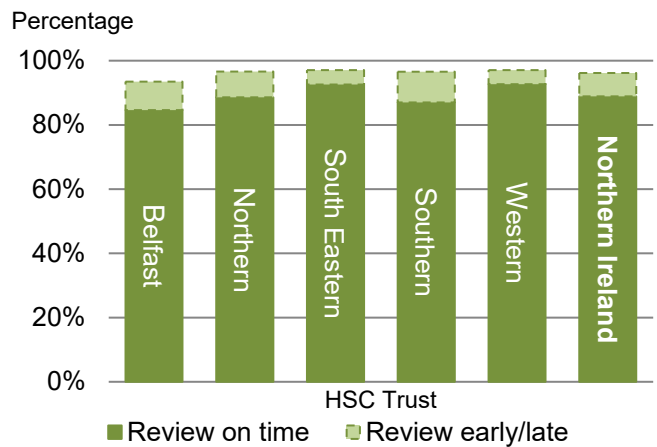
of reviews were completed in total **96%**

## % of reviews completed during 2021/22:

Children in cohort	21,508
Early contact (before week 14)	4%
<b>On time contact (week 14-19)</b>	<b>89%</b>
Late contact (after week 19)	3%
Not seen	4%

*The South Eastern and Western HSC Trusts had the largest proportion of reviews on time (93%).*

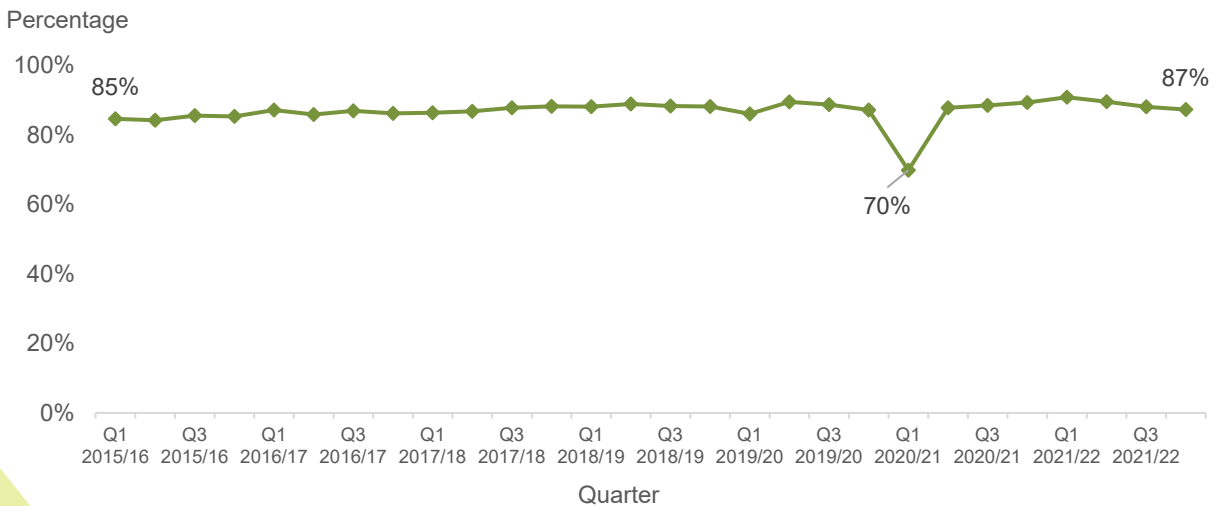
**Fig.6** Graph showing the percentage of 14 – 16 week reviews completed by HSC Trust (2021/22)



## Reviews on time by Quarter:

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.

**Fig.7** Graph showing the percentage of 14 – 16 week reviews completed on time by quarter (2015/16 - 2021/22)



## 6 – 9 Month Contact

### Timing:

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

**85%**

of all contacts were completed within the accepted time

of contacts were completed in total

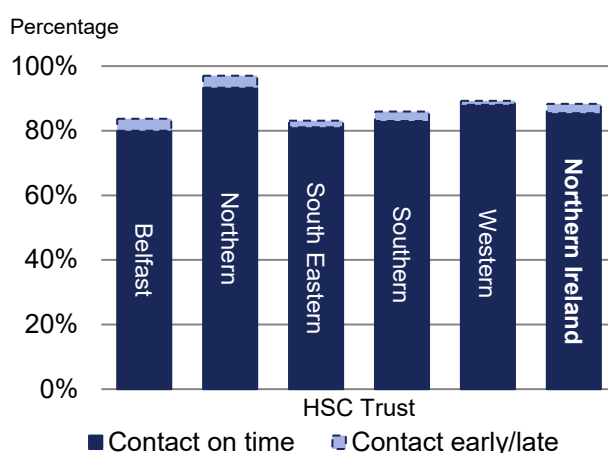
**88%**

### % of contacts completed during 2021/22:

Children in cohort	21,485
Early contact (before month 6)	2%
<b>On time contact (month 6-10)</b>	<b>85%</b>
Late contact (after month 10)	1%
Not seen	12%

*The Northern HSC Trust had the largest proportion of reviews completed on time (93%).*

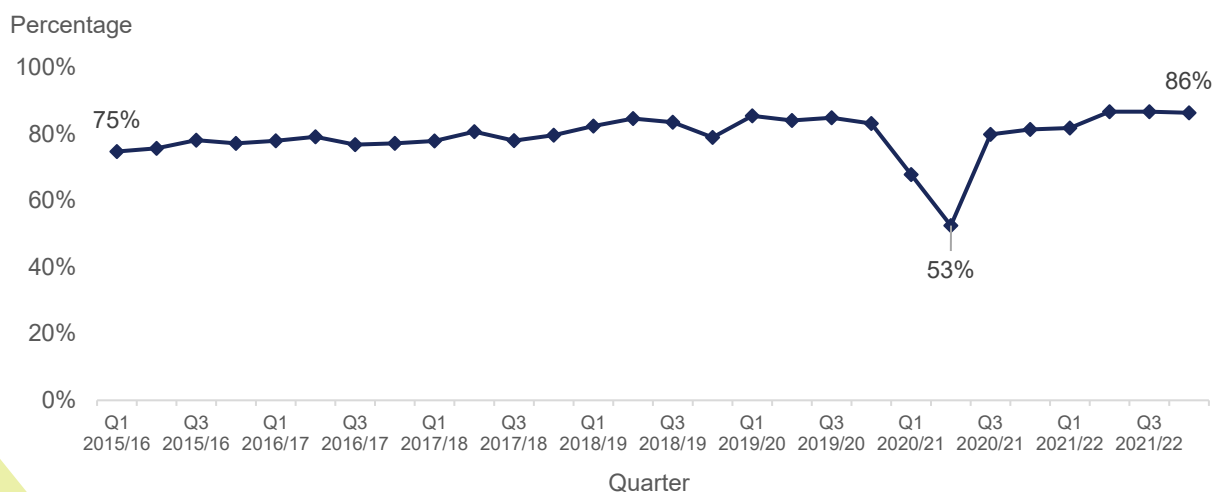
**Fig.8** Graph showing the percentage of 6 – 9 month contacts completed by HSC Trust (2021/22)



### Reviews on time by Quarter:

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 returned to pre-pandemic levels.

**Fig.9** Graph showing the percentage of 6 – 9 month contacts completed on time by quarter (2015/16 - 2021/22)



# 1 Year Health Review

## Timing:

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

**45%**

of all reviews were completed within the accepted time

of reviews were completed in total

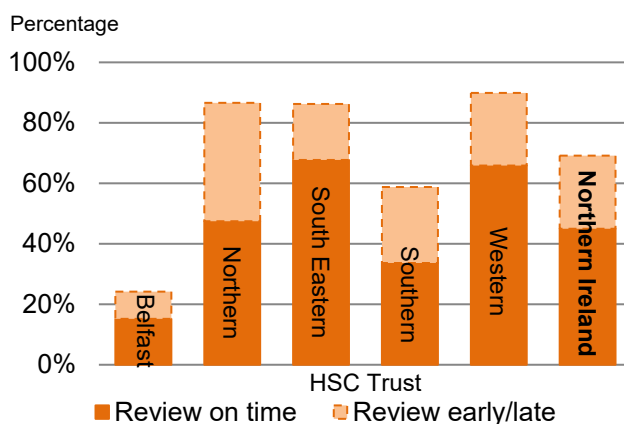
**69%**

## % of contacts completed during 2021/22:

Children in cohort	21,375
Early contact (before month 12)	2%
<b>On time contact (month 12-14)</b>	<b>45%</b>
Late contact (after month 14)	22%
Not seen	31%

*The South Eastern HSC Trust had the largest proportion of reviews within 12 - 14 months (68%).*

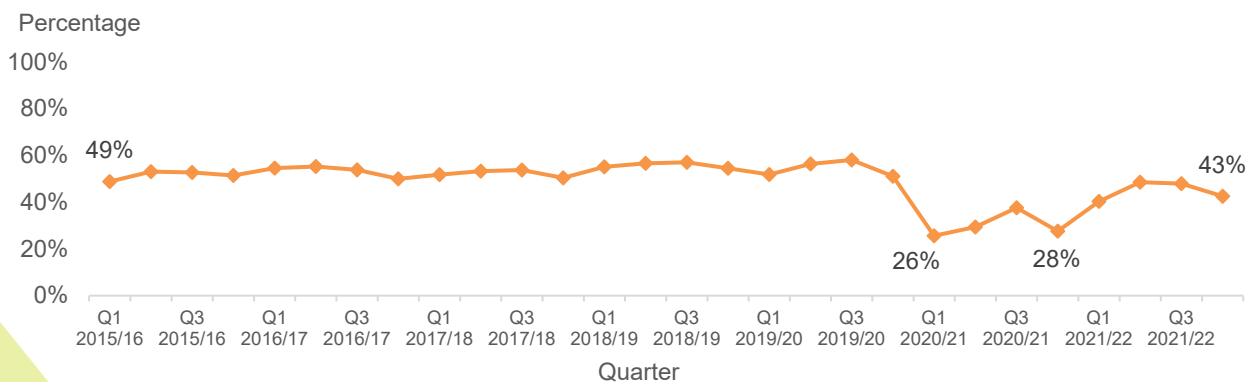
**Fig.10** Graph showing the percentage of 1 Year reviews completed by HSC Trust (2021/22)



## Reviews on time by Quarter:

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. There was a large reduction in the percentage of completed contacts from end of 2019/20, likely to be a result of the above, as well as the [Covid-19](#) pandemic; however, contacts for 2021/22 have increased.

**Fig.11** Graph showing the percentage of 1 Year reviews completed on time by quarter (2015/16 - 2021/22)



## 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.

**70%**

of all contacts were completed within the accepted time

of contacts were completed in total

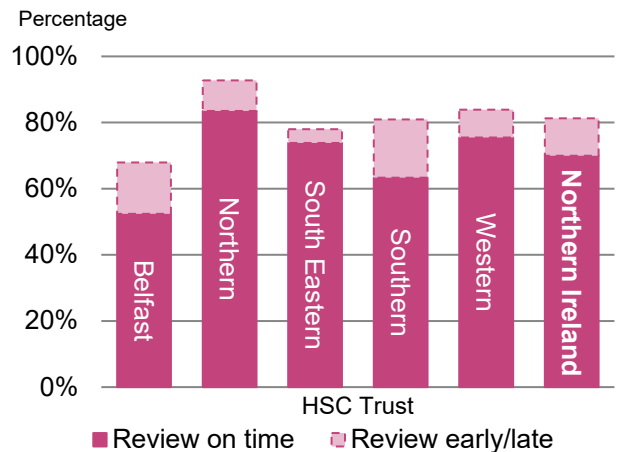
**81%**

### % of contacts completed during 2021/22:

Children in cohort	22,844
Early contact (before 2 years)	2%
<b>On time contact (2 years – 2 years 8 months)</b>	<b>70%</b>
Late contact (after 2 years 8 months)	10%
Not seen	19%

*The Northern HSC Trust had the largest proportion of reviews within 2 years – 2 ½ years (83%).*

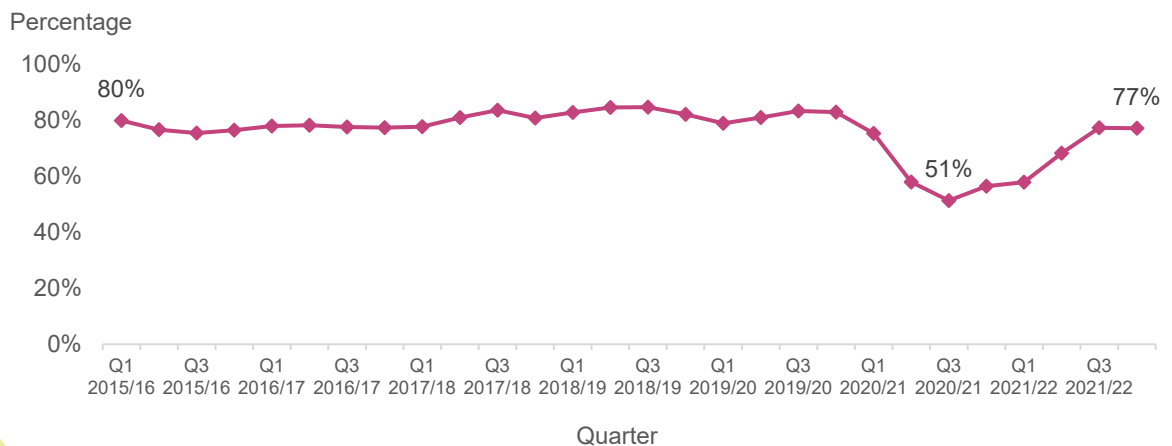
**Fig.12** Graph showing the percentage of 2 – 2 ½ Year reviews completed by HSC Trust (2021/22)



### Reviews on time by Quarter:

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 in 2021/22 have started to increase but are not yet at pre-pandemic levels.

**Fig.13** Graph showing the percentage of 2 – 2 ½ year reviews completed on time by quarter (2015/16 - 2021/22)



# Annex A

**Table 1: Summary Health Visits 2021/22**

Northern Ireland	Children in Cohort	Contact Early	Contact In Range	Contact Late	No Contact
New Baby Review by HV	21,475	79	19,600	1,476	320
6 to 8 Week Review by HV	21,701	798	19,936	261	706
14 to 16 Week Health Review by HV	21,508	827	19,116	744	821
6 to 9 Month Contact by HV	21,485	351	18,362	257	2,515
Health Review at 1 Year by HV	21,375	526	9,607	4,645	6,597
Health Review at 2-21/2 Years by HV	22,844	400	15,985	2,185	4,274

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%	1%	99%
6 to 8 Week Review by HV	4%	92%	1%	3%	97%
14 to 16 Week Health Review by HV	4%	89%	3%	4%	96%
6 to 9 Month Contact by HV	2%	85%	1%	12%	88%
Health Review at 1 Year by HV	2%	45%	22%	31%	69%
Health Review at 2-21/2 Years by HV	2%	70%	10%	19%	81%

**Table 2: New Baby Review by Health Visitor 2021/22**

New Baby Review	Children in Cohort	Contact Early	Contact In Range	Contact Late	No Contact
Belfast	3,912	28	3,510	288	86
Northern	5,159	26	4,719	343	71
South Eastern	3,836	14	3,423	281	118
Southern	5,014	[S]	4,645	344	[S]
Western	3,554	[S]	3,303	220	[S]
<b>Northern Ireland</b>	<b>21,475</b>	<b>79</b>	<b>19,600</b>	<b>1,476</b>	<b>320</b>

[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	1%	91%	7%	1%	99%
South Eastern	<1%	89%	7%	3%	97%
Southern	<1%	93%	7%	<1%	100%
Western	<1%	93%	6%	1%	99%
<b>Northern Ireland</b>	<b>0%</b>	<b>91%</b>	<b>7%</b>	<b>1%</b>	<b>99%</b>

**Table 3: 6 - 8 Week Review by Health Visitor 2021/22**

6 - 8 Week Review	Children in Cohort	Contact Early	Contact In Range	Contact Late	No Contact
Belfast	4,026	137	3,605	80	204
Northern	5,140	129	4,819	78	114
South Eastern	3,819	127	3,529	22	141
Southern	5,074	309	4,541	56	168
Western	3,642	96	3,442	25	79
<i>Northern Ireland</i>	<b>21,701</b>	<b>798</b>	<b>19,936</b>	<b>261</b>	<b>706</b>

6 - 8 Week Review	% Contact Early	% Contact on time	% Contact late	% No Contact	% Contact Early, On time or Late
Belfast	3%	90%	2%	5%	95%
Northern	3%	94%	2%	2%	98%
South Eastern	3%	92%	1%	4%	96%
Southern	6%	89%	1%	3%	97%
Western	3%	95%	1%	2%	98%
<i>Northern Ireland</i>	<b>4%</b>	<b>92%</b>	<b>1%</b>	<b>3%</b>	<b>97%</b>

**Table 4: 14 - 16 Week Health Review by Health Visitor 2021/22**

14 - 16 Week Health Review	Children in Cohort	Contact Early	Contact In Range	Contact Late	No Contact
Belfast	3,950	157	3,342	193	258
Northern	5,114	188	4,530	223	173
South Eastern	3,808	105	3,525	66	112
Southern	5,007	291	4,355	189	172
Western	3,629	86	3,364	73	106
<i>Northern Ireland</i>	<b>21,508</b>	<b>827</b>	<b>19,116</b>	<b>744</b>	<b>821</b>

14 - 16 Week Health Review	% Contact Early	% Contact on time	% Contact late	% No Contact	% Contact Early, On time or Late
Belfast	4%	85%	5%	7%	93%
Northern	4%	89%	4%	3%	97%
South Eastern	3%	93%	2%	3%	97%
Southern	6%	87%	4%	3%	97%
Western	2%	93%	2%	3%	97%
<i>Northern Ireland</i>	<b>4%</b>	<b>89%</b>	<b>3%</b>	<b>4%</b>	<b>96%</b>

**Table 5: 6 – 9 Month Contact by Health Visitor 2021/22**

6 - 9 Month Contact	Children in Cohort	Contact Early	Contact In Range	Contact Late	No Contact
Belfast	3,986	78	3,188	70	650
Northern	5,218	117	4,869	78	154
South Eastern	3,690	60	2,992	15	623
Southern	4,946	65	4,105	80	696
Western	3,645	31	3,208	14	392
<i>Northern Ireland</i>	<b>21,485</b>	<b>351</b>	<b>18,362</b>	<b>257</b>	<b>2,515</b>

6 - 9 Month Contact	% Contact Early	% Contact on time	% Contact late	% No Contact	% Contact Early, On time or Late
Belfast	2%	80%	2%	16%	84%
Northern	2%	93%	1%	3%	97%
South Eastern	2%	81%	0%	17%	83%
Southern	1%	83%	2%	14%	86%
Western	1%	88%	0%	11%	89%
<i>Northern Ireland</i>	<b>2%</b>	<b>85%</b>	<b>1%</b>	<b>12%</b>	<b>88%</b>

**Table 6: Health Review at 1 Year by Health Visitor 2021/22**

Health Review at 1 Year	Children in Cohort	Contact Early	Contact In Range	Contact Late	No Contact
Belfast	3,974	80	602	277	3,015
Northern	5,200	118	2,466	1,918	698
South Eastern	3,717	62	2,517	625	513
Southern	4,856	195	1,633	1,025	2,003
Western	3,628	71	2,389	800	368
<i>Northern Ireland</i>	<b>21,375</b>	<b>526</b>	<b>9,607</b>	<b>4,645</b>	<b>6,597</b>

Health Review at 1 Year	% Contact Early	% Contact on time	% Contact late	% No Contact	% Contact Early, On time or Late
Belfast	2%	15%	7%	76%	2%
Northern	2%	47%	37%	13%	2%
South Eastern	2%	68%	17%	14%	2%
Southern	4%	34%	21%	41%	4%
Western	2%	66%	22%	10%	2%
<i>Northern Ireland</i>	<b>2%</b>	<b>45%</b>	<b>22%</b>	<b>31%</b>	<b>2%</b>



**Table 7: Health Review at 2 - 2½ Years by Health Visitor 2021/22**

Health Review at 2 - 2½ Years	Children in Cohort	Contact Early	Contact In Range	Contact Late	No Contact
Belfast	4,227	82	2,215	574	1,356
Northern	5,427	134	4,530	368	395
South Eastern	4,074	29	3,007	141	897
Southern	5,315	93	3,365	843	1,014
Western	3,801	62	2,868	259	612
<b>Northern Ireland</b>	<b>22,844</b>	<b>400</b>	<b>15,985</b>	<b>2,185</b>	<b>4,274</b>

Health Review at 2 - 2½ Years	% Contact Early	% Contact on time	% Contact late	% No Contact	% Contact Early, On time or Late
Belfast	2%	52%	14%	32%	68%
Northern	2%	83%	7%	7%	93%
South Eastern	1%	74%	3%	22%	78%
Southern	2%	63%	16%	19%	81%
Western	2%	75%	7%	16%	84%
<b>Northern Ireland</b>	<b>2%</b>	<b>70%</b>	<b>10%</b>	<b>19%</b>	<b>81%</b>

**Table 8: Proportion of visits on time Quarter 1 2020/21 – Quarter 4 2021/22**

	2020/21	2020/21	2020/21	2020/21	2021/22	2021/22	2021/22	2021/22
Northern Ireland	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
New baby review	87%	92%	91%	92%	93%	91%	91%	90%
6 – 8 Week Review	67%	90%	92%	91%	93%	92%	92%	91%
14 – 16 Week Health Review	70%	88%	88%	89%	91%	90%	88%	87%
6 – 9 Month Contact	68%	53%	80%	81%	82%	87%	87%	86%
Health Review at 1 Year	26%	29%	38%	28%	40%	49%	48%	43%
Health Review at 2 – 2½ Years	75%	58%	51%	57%	58%	68%	77%	77%

# Annex B – Purpose of each review

## **New Baby Review / First Visit**

- 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.

## **6 – 8 Week Review**

- 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.

## **14 – 16 Week Health Review**

- 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.

## **6 – 9 Month Contact**

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

## **1 Year Health Review**

- 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.

## **2 – 2 ½ Years Health Review**

- 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.

# Annex C – 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 completed<sup>7</sup>. 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%.

<sup>7</sup> 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 five 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](mailto:cib@health-ni.gov.uk).

## User Engagement

We welcome your feedback. If you have any comments on this publication, please contact Community Information Branch at: [cib@health-ni.gov.uk](mailto: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 2022/23” has provisional release date of October 2023.

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>