



Healthy Child, Healthy Future

Health Review Statistics for Northern Ireland 2023/24



Department of
Health

An Roinn Sláinte
Máinnystrie 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 completed¹.

Please note that this publication does not cover the reasons why reviews did not take place. In some instances, it may be based on parents' wishes. Furthermore, the reports these figures are taken from are based on individual HSC Trust's Child Health Systems. If a child had its review in one HSC Trust and subsequently moved to another HSC Trust, the review may not be recorded on the IT system of the latter HSC Trust, and as such will be on the report as 'Not seen'. This is a recording issue for all the HCHF reviews, but is in particular relevant for the 2-2 ½ review as it can take place over an 8 month period.

Table 1: Recommended timeframe of different Health Visitor reviews in Northern Ireland

Health Visitor Reviews	Timeframe
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

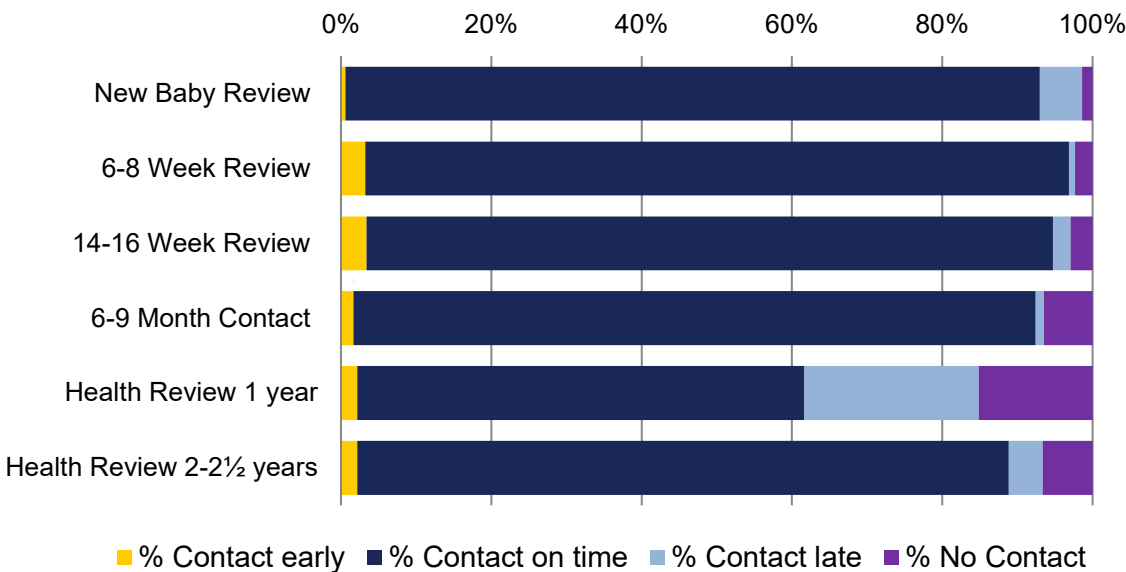
¹ This publication does not cover Antenatal visits, 3 Year Contact information, or the 4 Year Record Review.

Summary Statistics – 2023/24

During 2023/24, Health Visitors were expected to have completed 122,616 reviews of children across Northern Ireland².

- Some 104,894 of these (86%) were completed within the recommended time frame (contact on time).
- An additional 9% (10,480) were completed, but outside the recommended time frame (contact early or late).
- Some 6% of the reviews did not take place.

Fig. 1: Percentage (%) of health reviews completed by timing of the contact (2023/24)



The number of reviews undertaken – both on time and in total, was higher than the previous year. During 2022/23, 10% of the reviews were not completed, compared with 6% in 2023/24.

Workforce pressures have impacted on the Public Health Nursing services the last few years and one HSC Trust was on the Trust Risk Register during 2023/24 as a result of workforce issues. Furthermore, the rollout of the new Northern Ireland electronic patient record system Encompass³ impacted on staff resources in two of the Trusts during 2023/24. The encompass rollout will continue to impact the different Trusts over the next years, both in preparation for and during the implementation of the new system. Readers should bear this in mind when considering the following data.

² These figures exclude Antenatal Visits, 3 Year Contact and the 4 Year Record Review.

³ Further information about Encompass can be found here: [Encompass - DHCNI \(hscni.net\)](https://encompass-dhcni.hscni.net)

New Baby Review / First Visit

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

92%

of all reviews were completed within the accepted time

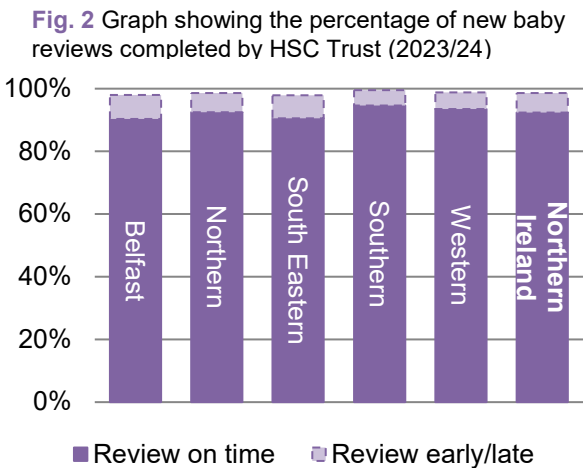
of reviews were completed in total

99%

% of reviews completed during 2023/24:

Children in cohort	19,723
Early contact (before day 10)	1%
On time contact (day 10 - 14)	92%
Late contact (after day 14)	6%
Not seen	1%

Southern HSC Trust had the largest proportion of reviews take place within 10 - 14 days (95%).

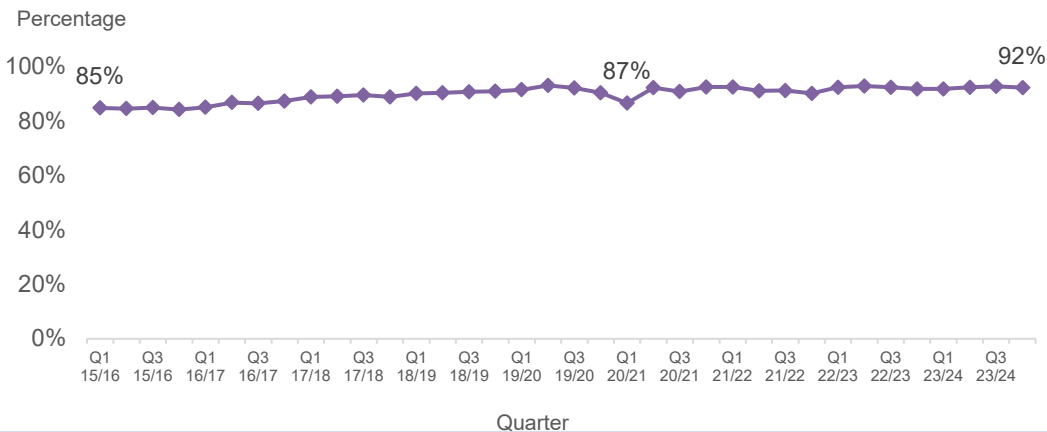


Please note that if a child is in neonatal unit or if the mother is in hospital during day 10-14, the first visit cannot take place and will be recorded as “Not seen”. Currently, it is not possible to exclude these children from the reports presented here and this should be born in mind when analysing these figures.

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. 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 - 2023/24)



6 – 8 Week Review

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

94%

of all reviews were completed within the accepted time

of reviews were completed in total

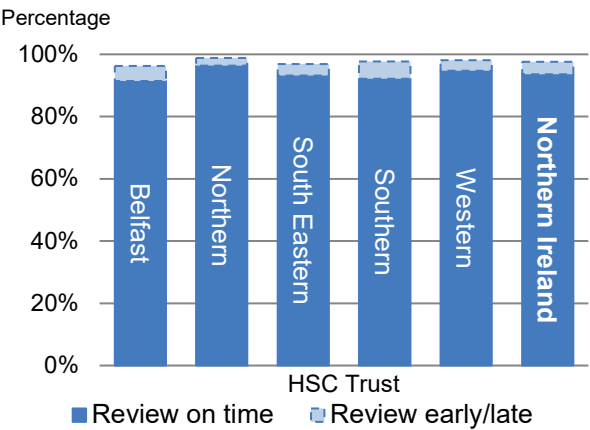
98%

% of reviews completed during 2023/24:

Children in cohort	19,808
Early contact (before week 6)	3%
On time contact (week 6-11)	94%
Late contact (after week 11)	1%
Not seen	2%

Northern HSC Trust had the largest proportion of reviews on time (96%)

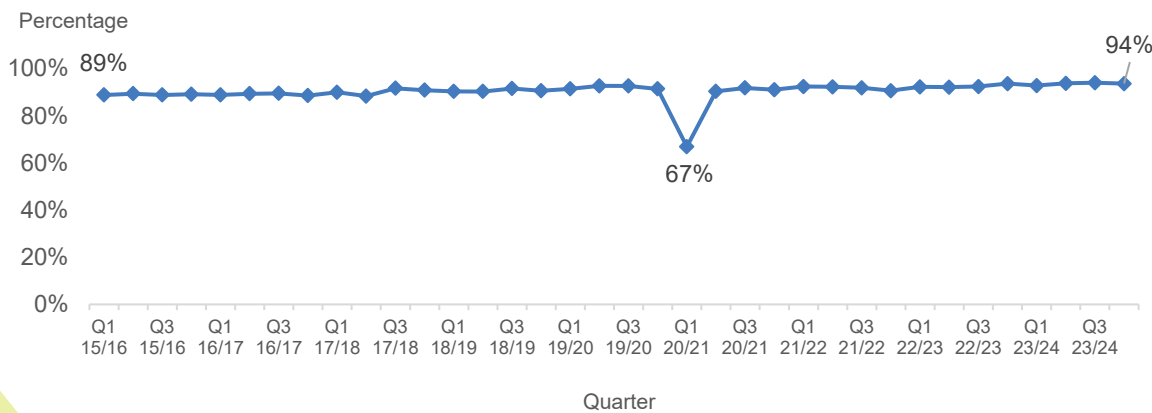
Fig. 4 Graph showing the percentage of 6 – 8 week reviews completed by HSC Trust (2023/24)



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 - 2023/24)



14 – 16 Week Health Review

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

91%

of all reviews were completed within the accepted time

of reviews were completed in total

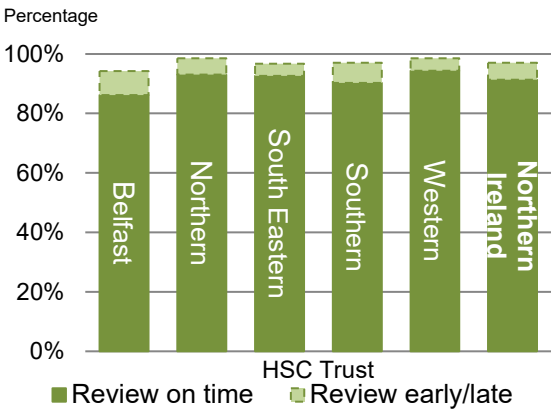
97%

% of reviews completed during 2023/24:

Children in cohort	20,700
Early contact (before week 14)	4%
On time contact (week 14-19)	89%
Late contact (after week 19)	3%
Not seen	4%

The Western HSC Trust had the largest proportion of reviews on time (94%).

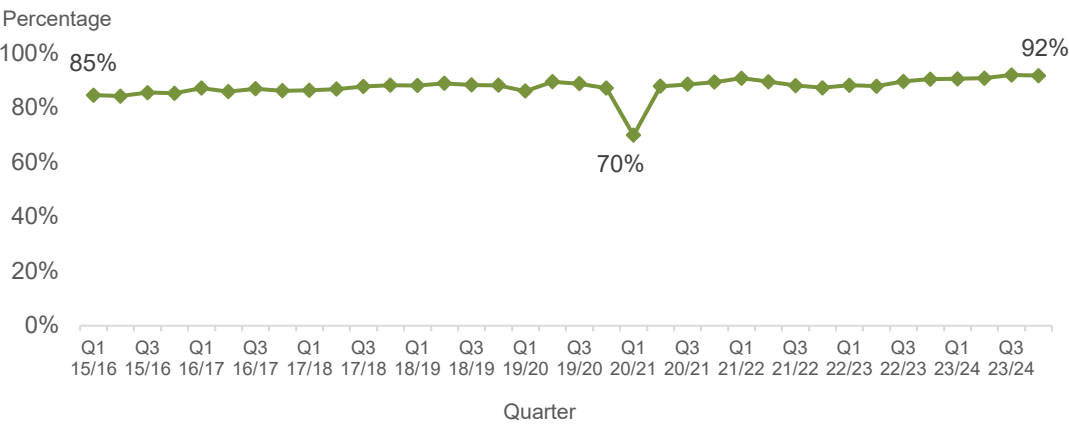
Fig.6 Graph showing the percentage of 14 – 16 week reviews completed by HSC Trust (2023/24)



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 - 2023/24)



6 – 9 Month Contact

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

91%

of all contacts were completed within the accepted time

of contacts were completed in total

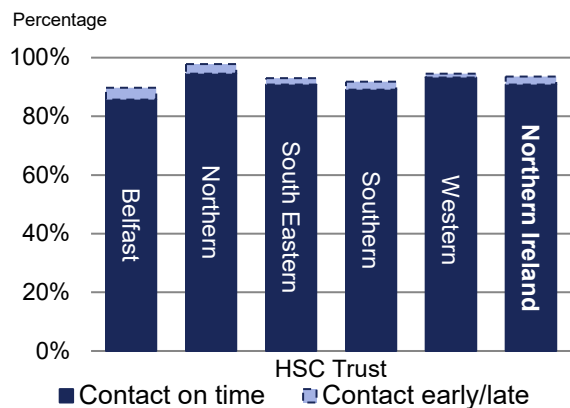
94%

% of contacts completed during 2023/24:

Children in cohort	20,261
Early contact (before month 6)	2%
On time contact (month 6-10)	91%
Late contact (after month 10)	1%
Not seen	6%

The Northern HSC Trust had the largest proportion of reviews completed on time (95%).

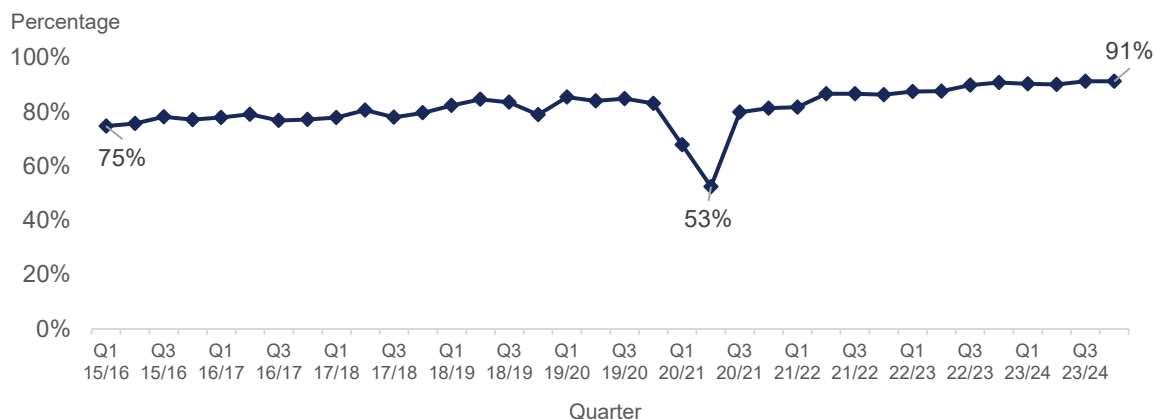
Fig.8 Graph showing the percentage of 6 – 9 month contacts completed by HSC Trust (2023/24)



Reviews on time by Quarter:

From 2015/16 to 2019/20, there was 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 – and increased from pre-pandemic levels.

Fig.9 Graph showing the percentage of 6 – 9 month contacts completed on time by quarter (2015/16 - 2023/24)



1 Year Health Review

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

59% of all reviews were completed within the accepted time

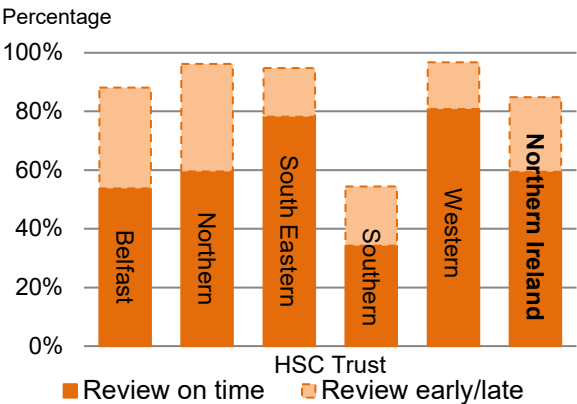
of reviews were completed in total **85%**

% of contacts completed during 2023/24:

Children in cohort	20,717
Early contact (before month 12)	2%
On time contact (month 12-14)	59%
Late contact (after month 14)	23%
Not seen	15%

The Western HSC Trust had the largest proportion of reviews within 12 - 14 months (81%).

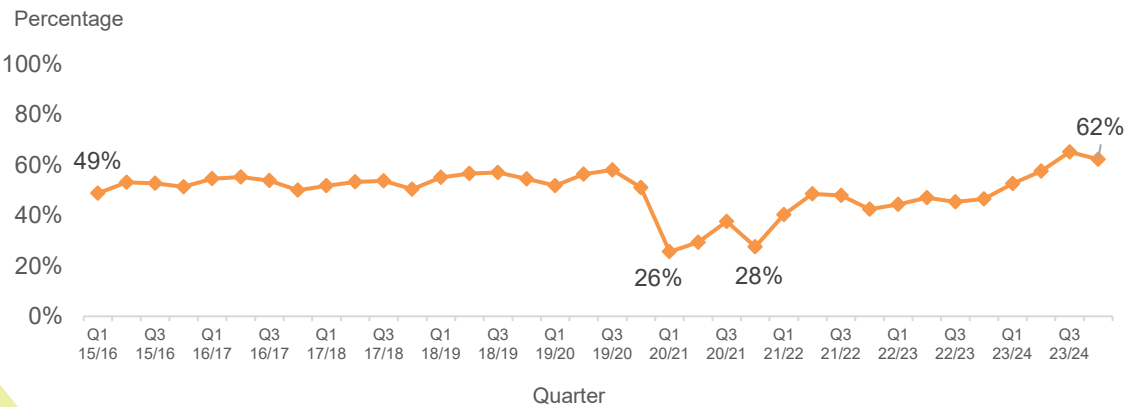
Fig.10 Graph showing the percentage of 1 Year reviews completed by HSC Trust (2023/24)



Reviews on time by Quarter:

As a result of workforce pressures, the Public Health Agency has previously issued interim measure guidance to HSC Trusts that the 1 Year contact could be omitted under specific circumstances. There was a large reduction in the percentage of completed contacts from end of 2019/20, likely to be a result of these interim measures, as well as the [Covid-19 pandemic](#) (Figure 11). Interim measures have since been stood down, and number of contacts undertaken on time rose from 46% to 59% between 2022/23 and 2023/24. The figures for all contacts undertaken (early, on time or late) increased from 67% to 85%.

Fig.11 Graph showing the percentage of 1 Year reviews completed on time by quarter (2015/16 - 2023/24)



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.

87%

of all contacts were completed within the accepted time

of contacts were completed in total

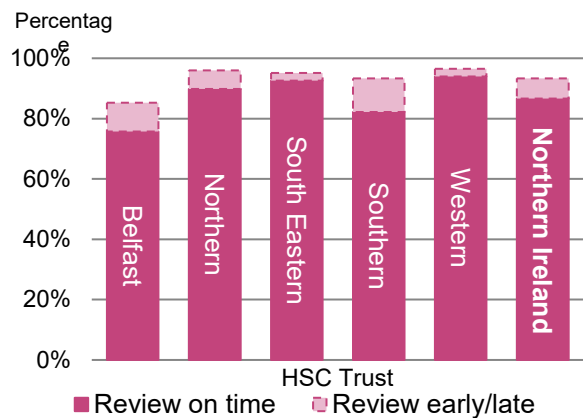
93%

% of contacts completed during 2023/24:

Children in cohort	22,190
Early contact (before 2 years)	2%
On time contact (2 years – 2 years 8 months)	87%
Late contact (after 2 years 8 months)	5%
Not seen	7%

The Western HSC Trust had the largest proportion of reviews within 2 years – 2 ½ years (94%).

Fig.12 Graph showing the percentage of 2 – 2 ½ Year reviews completed by HSC Trust (2023/24)

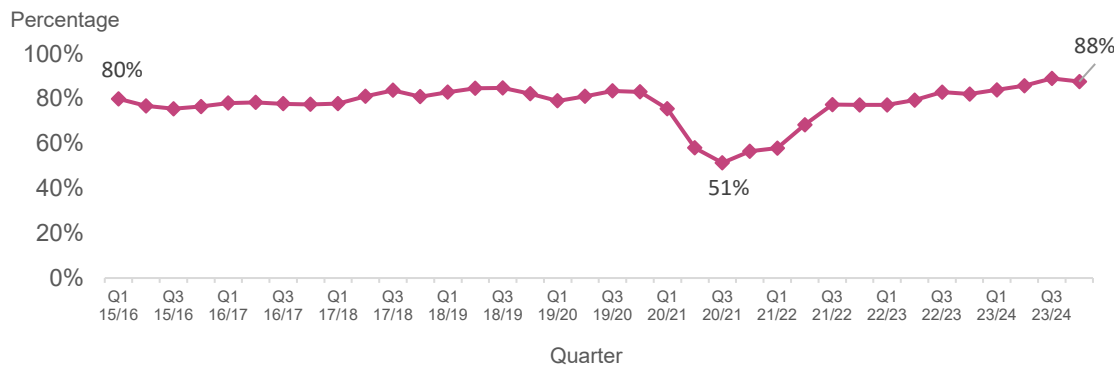


Please note that the reports these figures are taken from are based on the individual Trusts' Child Health Systems. If a child had its review in one HSC Trust and subsequently moved to another HSC Trust, the review may not be recorded on the IT system of the latter Trust, and as such be recorded as 'Not seen'. This is a recording issue and is in particular relevant for the 2-2 ½ review as it can take place over an 8 month period. This should be born in mind when analysing these figures.

Reviews on time by Quarter:

Following a general increase in the proportion of 2 – 2½ 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 2023/24 are back to pre-pandemic levels.

Fig.13 Graph showing the percentage of 2 – 2 ½ year reviews completed on time by quarter (2015/16 - 2023/24)



Annex A

Table 1: Summary Health Visits 2023/24

Northern Ireland	Contact Early	Contact in Range	Contact Late	No Contact	Children in Cohort
New Baby Review by HV	119	18,221	1,107	276	19,723
6 to 8 Week Review by HV	642	18,547	153	466	19,808
14 to 16 Week Health Review by HV	679	18,185	473	580	19,917
6 to 9 Month Contact by HV	332	18,395	224	1,310	20,261
Health Review at 1 Year by HV	446	12,318	4,816	3,137	20,717
Health Review at 2-21/2 Years by HV	484	19,228	1,005	1,473	22,190

Northern Ireland	% Contact Early	% Contact on time	% Contact late	% No Contact	% Contact Early, On time or Late
New Baby Review by HV	1%	92%	6%	1%	99%
6 to 8 Week Review by HV	3%	94%	1%	2%	98%
14 to 16 Week Health Review by HV	3%	91%	2%	3%	97%
6 to 9 Month Contact by HV	2%	91%	1%	6%	94%
Health Review at 1 Year by HV	2%	59%	23%	15%	85%
Health Review at 2-21/2 Years by HV	2%	87%	5%	7%	93%

Table 2: New Baby Review by Health Visitor 2023/24

New Baby Review	Contact Early	Contact in Range	Contact Late	No Contact	Children in Cohort
Belfast	54	3,255	222	74	3,605
Northern	25	4,425	266	67	4,783
South Eastern	24	3,210	237	76	3,547
Southern	0	4,314	225	21	4,560
Western	16	3,017	157	38	3,228
<i>Northern Ireland</i>	119	18,221	1,107	276	19,723

New Baby Review	% Contact Early	% Contact on time	% Contact late	% No Contact	% Contact Early, On time or Late
Belfast	1%	90%	6%	2%	98%
Northern	1%	93%	6%	1%	99%
South Eastern	1%	90%	7%	2%	98%
Southern	0%	95%	5%	0%	100%
Western	0%	93%	5%	1%	99%
<i>Northern Ireland</i>	1%	92%	6%	1%	99%

Table 3: 6 - 8 Week Review by Health Visitor 2023/24

6 - 8 Week Review	Contact Early	Contact in Range	Contact Late	No Contact	Children in Cohort
Belfast	133	3,348	47	135	3,663
Northern	85	4,615	32	56	4,788
South Eastern	115	3,303	17	111	3,546
Southern	219	4,247	36	105	4,607
Western	90	3,034	21	59	3,204
<i>Northern Ireland</i>	642	18,547	153	466	19,808

6 - 8 Week Review	% Contact Early	% Contact on time	% Contact late	% No Contact	% Contact Early, On time or Late
Belfast	4%	91%	1%	4%	96%
Northern	2%	96%	1%	1%	99%
South Eastern	3%	93%	0%	3%	97%
Southern	5%	92%	1%	2%	98%
Western	3%	95%	1%	2%	98%
<i>Northern Ireland</i>	3%	94%	1%	2%	98%

Table 4: 14 - 16 Week Health Review by Health Visitor 2023/24

14 - 16 Week Health Review	Contact Early	Contact in Range	Contact Late	No Contact	Children in Cohort
Belfast	144	3,164	151	210	3,669
Northern	144	4,531	121	70	4,866
South Eastern	92	3,271	53	116	3,532
Southern	209	4,179	102	138	4,628
Western	90	3,040	46	46	3,222
<i>Northern Ireland</i>	679	18,185	473	580	19,917

14 - 16 Week Health Review	% Contact Early	% Contact on time	% Contact late	% No Contact	% Contact Early, On time or Late
Belfast	4%	86%	4%	6%	94%
Northern	3%	93%	2%	1%	99%
South Eastern	3%	93%	2%	3%	97%
Southern	5%	90%	2%	3%	97%
Western	3%	94%	1%	1%	99%
<i>Northern Ireland</i>	3%	91%	2%	3%	97%

Table 5: 6 – 9 Month Contact by Health Visitor 2023/24

6 - 9 Month Contact	Contact Early	Contact in Range	Contact Late	No Contact	Children in Cohort
Belfast	86	3,208	62	386	3,742
Northern	104	4,650	59	107	4,920
South Eastern	67	3,244	11	249	3,571
Southern	45	4,188	81	385	4,699
Western	30	3,105	11	183	3,329
<i>Northern Ireland</i>	332	18,395	224	1,310	20,261

6 - 9 Month Contact	% Contact Early	% Contact on time	% Contact late	% No Contact	% Contact Early, On time or Late
Belfast	2%	86%	2%	10%	90%
Northern	2%	95%	1%	2%	98%
South Eastern	2%	91%	0%	7%	93%
Southern	1%	89%	2%	8%	92%
Western	1%	93%	0%	5%	95%
<i>Northern Ireland</i>	2%	91%	1%	6%	94%

Table 6: Health Review at 1 Year by Health Visitor 2023/24

Health Review at 1 Year	Contact Early	Contact in Range	Contact Late	No Contact	Children in Cohort
Belfast	108	2,029	1,188	448	3,773
Northern	87	3,000	1,756	192	5,035
South Eastern	60	2,904	558	193	3,715
Southern	146	1,648	821	2,194	4,809
Western	45	2,737	493	110	3,385
<i>Northern Ireland</i>	446	12,318	4,816	3,137	20,717

Health Review at 1 Year	% Contact Early	% Contact on time	% Contact late	% No Contact	% Contact Early, On time or Late
Belfast	3%	54%	31%	12%	88%
Northern	2%	60%	35%	4%	96%
South Eastern	2%	78%	15%	5%	95%
Southern	3%	34%	17%	46%	54%
Western	1%	81%	15%	3%	97%
<i>Northern Ireland</i>	2%	59%	23%	15%	85%

Table 7: Health Review at 2 - 2½ Years by Health Visitor 2023/24

Health Review at 2 - 2½ Years	Contact Early	Contact in Range	Contact Late	No Contact	Children in Cohort
Belfast	128	3,098	265	603	4,094
Northern	93	4,770	233	211	5,307
South Eastern	54	3,586	43	188	3,871
Southern	174	4,218	400	340	5,132
Western	35	3,556	64	131	3,786
<i>Northern Ireland</i>	484	19,228	1,005	1,473	22,190

Health Review at 2 - 2½ Years	% Contact Early	% Contact on time	% Contact late	% No Contact	% Contact Early, On time or Late
Belfast	3%	76%	6%	15%	85%
Northern	2%	90%	4%	4%	96%
South Eastern	1%	93%	1%	5%	95%
Southern	3%	82%	8%	7%	93%
Western	1%	94%	2%	3%	97%
<i>Northern Ireland</i>	2%	87%	5%	7%	93%

Table 8: Proportion of visits on time Quarter 1 2022/23 – Quarter 4 2023/24

Northern Ireland	2022/23 Q1	2022/23 Q2	2022/23 Q3	2022/23 Q4	2023/24 Q1	2023/24 Q2	2023/24 Q3	2023/24 Q4
New baby review	92%	93%	92%	92%	92%	92%	93%	92%
6 – 8 Week Review	92%	92%	92%	94%	93%	94%	94%	94%
14 – 16 Week Health Review	88%	88%	90%	91%	91%	91%	92%	92%
6 – 9 Month Contact	88%	88%	90%	91%	90%	90%	91%	91%
Health Review at 1 Year	44%	47%	45%	47%	53%	58%	65%	62%
Health Review at 2 – 2½ Years	77%	79%	83%	82%	84%	86%	89%	88%

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. 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 timeframe is set out in the introduction of this report. All reviews whose timeframe 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”.

Please note that the reports these figures are taken from are based on individual HSC Trust’s Child Health Systems. If a child had its review in one HSC Trust and subsequently moved to another HSC Trust, the review may not be recorded on the IT system of the latter HSC Trust, and as such will be on the report as ‘Not seen’. This is a recording issue for all the HCHF reviews.

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%.

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.

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

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 2024/25” has provisional release date of October 2025.

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>