

# Healthy Child, Healthy Future

Health Review Statistics for Northern Ireland

2018/19

*Experimental Statistics –  
Official Statistics in Development*

# Reader Information

Authors	Heidi Rodgers, Iain Waugh, Jessica McCluney
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Issued by	Community Information Branch Information & Analysis Directorate Department of Health Stormont Estate, Belfast, BT4 3SQ, Northern Ireland Tel (028) 90522580  Email <a href="mailto:cib@health-ni.gov.uk">cib@health-ni.gov.uk</a>  <a href="https://www.health-ni.gov.uk/topics/doh-statistics-and-research">https://www.health-ni.gov.uk/topics/doh-statistics-and-research</a>
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>.

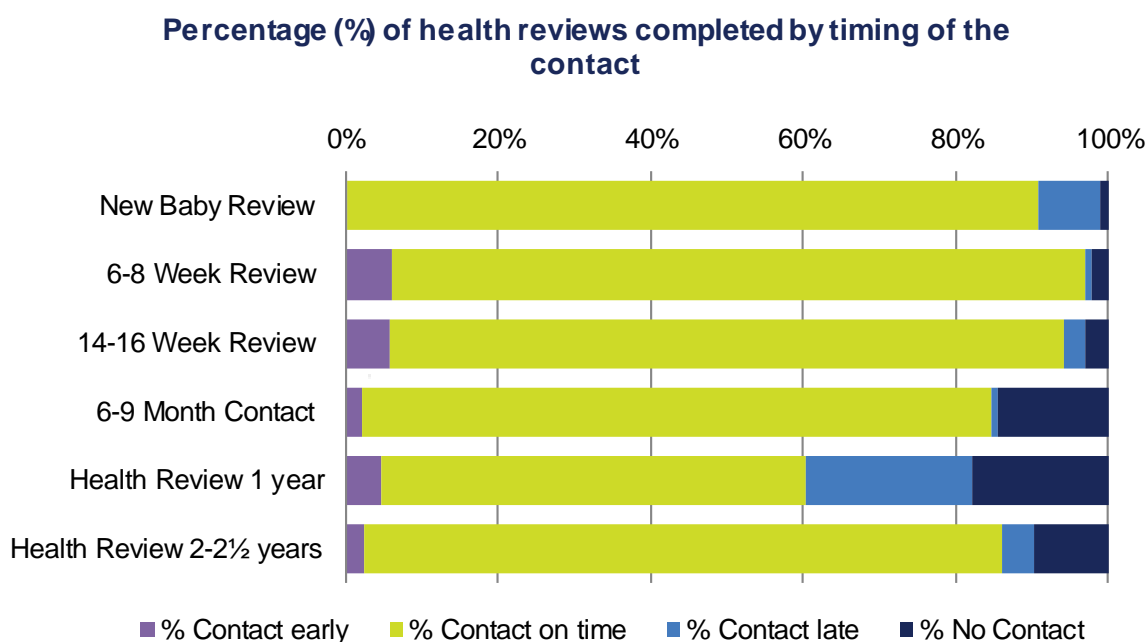
Health Visitor Reviews	Timing / Tolerance
<b>New Baby Review /First Visit</b>	10 - 14 days
<b>6 - 8 Week Review</b>	6 - 11 weeks
<b>14 - 16 Week Health Review</b>	14 - 19 weeks
<b>6 - 9 Month Contact</b>	26 - 42 weeks
<b>Health Review at 1 Year</b>	52 - 60 weeks
<b>Health Review at 2 - 2 ½ Years</b>	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 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 – 2018/19

During 2018/19, Health Visitors were expected to have completed 138,583 reviews of children across Northern Ireland<sup>3</sup>.

- Some 113,483 of these (82%) were completed within the recommended time frame (contact on time).
- An additional 10% (13,779) were completed, but outside the recommended time frame (contact early or late).
- Some 8% of the reviews did not take place.



<sup>3</sup> 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 new born baseline clinical assessment.

**91%**

of all reviews were completed within the accepted time

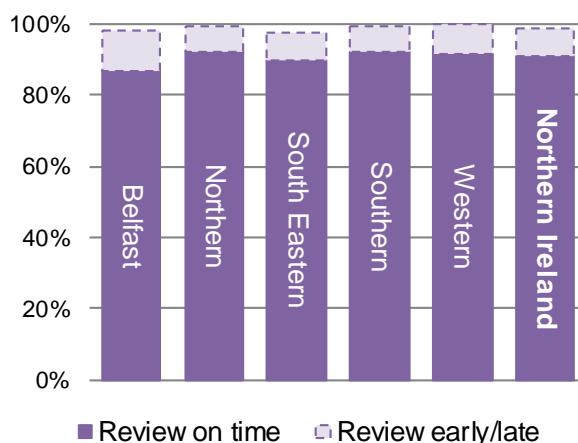
of reviews were completed in total

**99%**

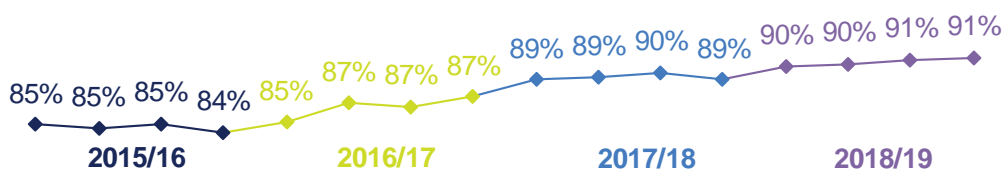
## % of reviews completed during 2018/19:

Children in cohort	22,642
Early contact (before day 10)	<1%
<b>On time contact (day 10 - 14)</b>	<b>91%</b>
Late contact (after day 14)	8%
Not seen	1%

*Northern and Southern HSC Trusts had the largest proportion of reviews take place within 10 - 14 days (92%).*



## Reviews on time by Quarter:



The proportion of New Baby Reviews completed within the expected timeframe has steadily increased over the last 4 years. A data entry audit in 2017<sup>4</sup> designed to improve the recording of this review has shown that a large proportion of those reviews not undertaken, or, undertaken late, were due to the child moving into NI when the child was too old for the contact, or the relevant part of the visit documentation could not be completed due to the child or the mother being in hospital.

<sup>4</sup> 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.

**91%**

of all reviews were completed within the accepted time

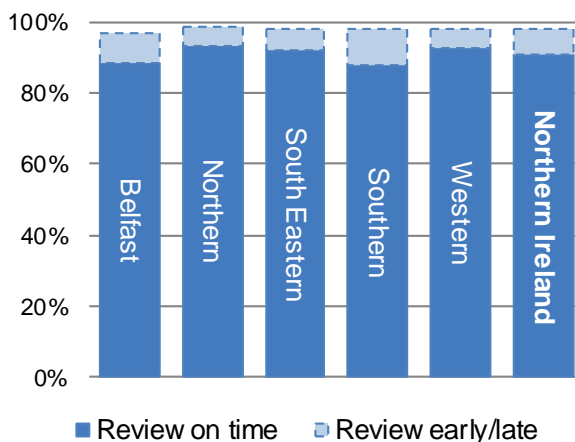
of reviews were completed in total

**98%**

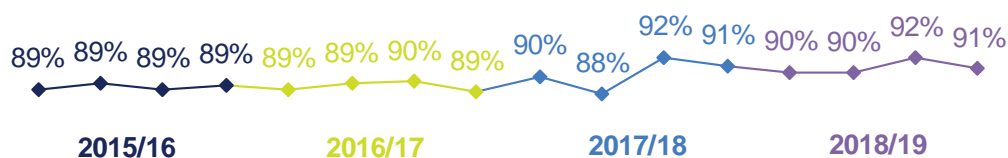
### % of reviews completed during 2018/19:

<i>Children in cohort</i>	22,666
Early contact (before week 6)	6%
<b>On time contact (week 6-11)</b>	<b>91%</b>
Late contact (after week 11)	1%
Not seen	2%

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



### Reviews on time by Quarter:



The proportion of 6 – 8 Week Reviews completed within the expected timeframe has remained relatively stable over the last 4 years. Furthermore, when including contacts made early or late, this review has consistently had a very high coverage.



# 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.

**88%**

of all reviews were completed within the accepted time

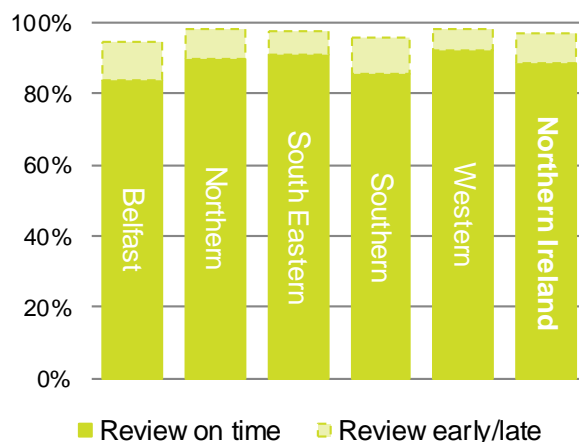
of reviews were completed in total

**97%**

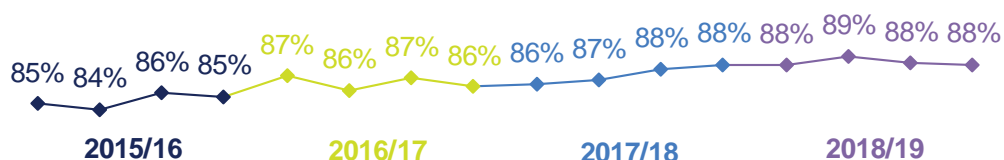
## % of reviews completed during 2018/19:

Children in cohort	22,778
Early contact (before week 14)	6%
<b>On time contact (week 14-19)</b>	<b>88%</b>
Late contact (after week 19)	3%
Not seen	3%

*The Western HSC Trust had the largest proportion of reviews within 14-19 weeks (92%).*



## Reviews on time by Quarter:



The proportion of 14-16 Week Health Reviews undertaken within the accepted timeframe has increased slightly since 2015/16; however the proportion has remained relatively constant since 2016/17.

## 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.

**82%**

of all contacts were completed within the accepted time

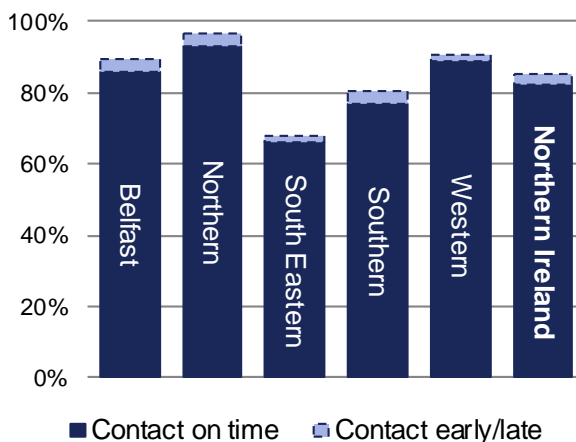
of contacts were completed in total

**86%**

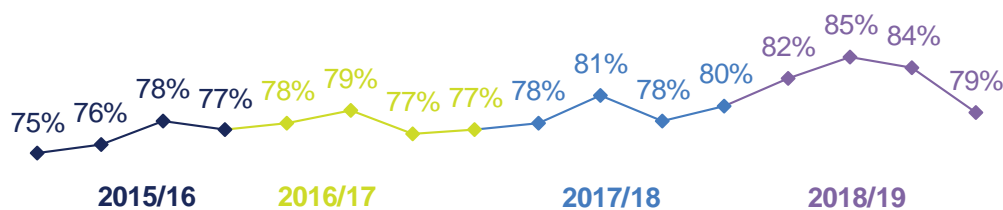
### % of contacts completed during 2018/19:

Children in cohort	22,864
Early contact (before month 6)	2%
<b>On time contact (month 6-10)</b>	<b>82%</b>
Late contact (after month 10)	1%
Not seen	14%

*The Northern HSC Trust had the largest proportion of reviews within 6 - 10 months (93%).*



### Reviews on time by Quarter:



From being relatively stable, the proportion of 6-9 month contact undertaken on time increased in 2018/19. However, an overall drop was seen in the last quarter of 2018/19, caused by a reduction in contacts completed within the tolerance in 3 of the 5 HSC Trusts<sup>5</sup>.

<sup>5</sup> Please also see 'Note' on page 5.

# 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;

**56%**

of all reviews were completed within the accepted time

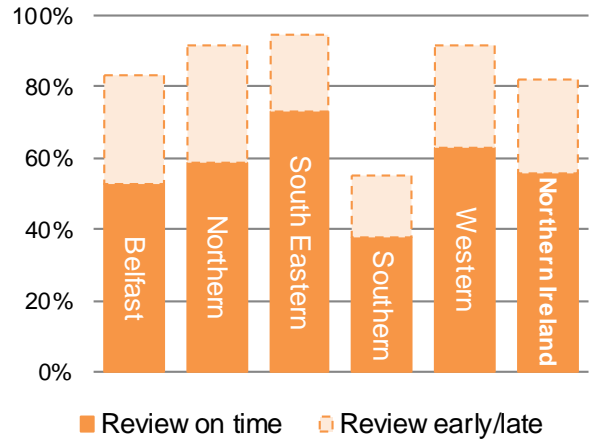
of reviews were completed in total

**82%**

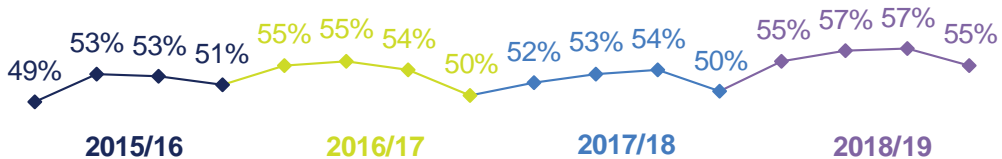
## % of contacts completed during 2018/19:

Children in cohort	23,132
Early contact (before month 12)	5%
<b>On time contact (month 12-14)</b>	<b>56%</b>
Late contact (after month 14)	22%
Not seen	18%

*The South Eastern HSC Trust had the largest proportion of reviews within 12 - 14 months (73%).*



## Reviews on time by Quarter:



There has been a slight increase in the 1 Year Health Reviews completed on time during 2018/19 from previous years. Reviewing the quarterly figures for the last 4 years, there is a consistent pattern with higher achievement during the 2<sup>nd</sup> and 3<sup>rd</sup> quarters.

## 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.

**84%**

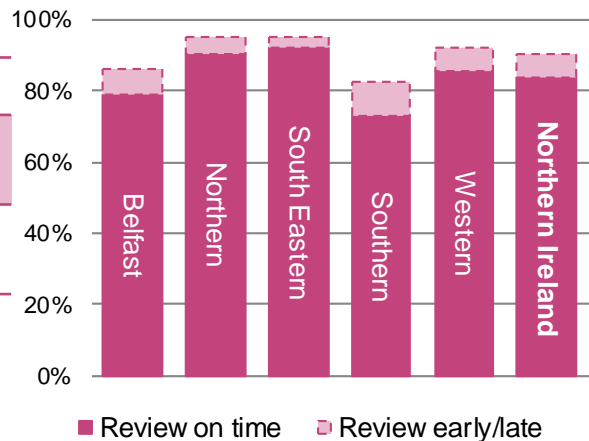
of all contacts were completed within the accepted time

of contacts were completed in total

**90%**

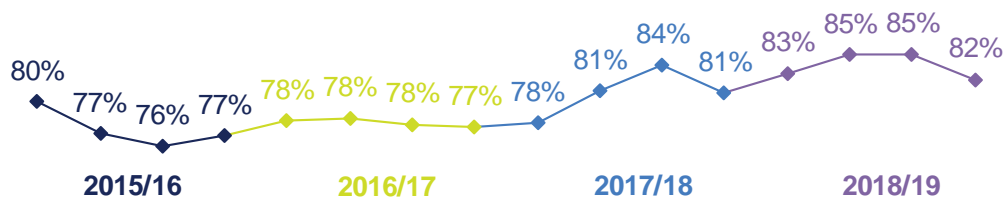
### % of contacts completed during 2018/19:

Children in cohort	24,501
Early contact (before 2 years)	2%
<b>On time contact (2 years – 2 years 8 months)</b>	<b>84%</b>
Late contact (after 2 years 8 months)	4%
Not seen	10%



*The South Eastern HSC Trust had the largest proportion of reviews within 2 years – 2 ½ years (92%).*

### Reviews on time by Quarter:



There has been a general increase in the proportion of 2-2 ½ year health review completed within the expected time frame over the last two years. A data entry audit was carried out in 2017<sup>6</sup> for information quality purposes, which showed that a number of 2-2 ½ year visits were not completed due to staffing issues as well as parental request/cancellations.

<sup>6</sup> DoH report "Child Health System – Data entry audit 2017"

# Annex A

**Table 1: Summary Health Visits 2018/19**

Northern Ireland	Children in Cohort	Contact Early	Contact In Range	Contact Late	No Contact
New Baby Review by HV	22642	61	20506	1818	257
6 to 8 Week Review by HV	22666	1387	20569	199	511
14 to 16 Week Health Review by HV	22778	1313	20122	638	705
6 to 9 Month Contact by HV	22864	518	18861	180	3305
Health Review at 1 Year by HV	23132	1054	12922	5028	4128
Health Review at 2-21/2 Years by HV	24501	561	20503	1022	2415

Northern Ireland	% Contact Early	% Contact on time	% Contact late	% No Contact	% Contact Early, On time or Late
New Baby Review by HV	<0.5%	91%	8%	1%	99%
6 to 8 Week Review by HV	6%	91%	1%	2%	98%
14 to 16 Week Health Review by HV	6%	88%	3%	3%	97%
6 to 9 Month Contact by HV	2%	82%	1%	14%	86%
Health Review at 1 Year by HV	5%	56%	22%	18%	82%
Health Review at 2-21/2 Years by HV	2%	84%	4%	10%	90%

**Table 2: New Baby Review by Health Visitor 2018/19**

New Baby Review	Children in Cohort	Contact Early	Contact In Range	Contact Late	No Contact
Belfast	4321	15	3742	482	82
Northern	5306	17	4877	368	44
South Eastern	4004	11	3601	301	91
Southern	5250	-	4846	376	-
Western	3761	-	3440	291	-
<i>Northern Ireland</i>	<i>22642</i>	<i>61</i>	<i>20506</i>	<i>1818</i>	<i>257</i>

"-" 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	<0.5%	87%	11%	2%	98%
Northern	<0.5%	92%	7%	1%	99%
South Eastern	<0.5%	90%	8%	2%	98%
Southern	<0.5%	92%	7%	<0.5%	100%
Western	<0.5%	91%	8%	<0.5%	100%
<i>Northern Ireland</i>	<i>&lt;0.5%</i>	<i>91%</i>	<i>8%</i>	<i>1%</i>	<i>99%</i>

**Table 3: 6 - 8 Week Review by Health Visitor 2018/19**

6 - 8 Week Review	Children in Cohort	Contact Early	Contact In Range	Contact Late	No Contact
Belfast	4307	300	3813	63	131
Northern	5288	203	4941	54	90
South Eastern	4050	222	3730	20	78
Southern	5278	487	4626	41	124
Western	3743	175	3459	21	88
<i>Northern Ireland</i>	<i>22666</i>	<i>1387</i>	<i>20569</i>	<i>199</i>	<i>511</i>

6 - 8 Week Review	% Contact Early	% Contact on time	% Contact late	% No Contact	% Contact Early, On time or Late
Belfast	7%	89%	1%	3%	97%
Northern	4%	93%	1%	2%	98%
South Eastern	5%	92%	<0.5%	2%	98%
Southern	9%	88%	1%	2%	98%
Western	5%	92%	1%	2%	98%
<i>Northern Ireland</i>	<i>6%</i>	<i>91%</i>	<i>1%</i>	<i>2%</i>	<i>98%</i>

**Table 4: 14 - 16 Week Health Review by Health Visitor 2018/19**

14 - 16 Week Health Review	Children in Cohort	Contact Early	Contact In Range	Contact Late	No Contact
Belfast	4307	282	3615	182	228
Northern	5339	258	4809	178	94
South Eastern	4071	219	3706	52	94
Southern	5250	394	4487	146	223
Western	3811	160	3505	80	66
<i>Northern Ireland</i>	<i>22778</i>	<i>1313</i>	<i>20122</i>	<i>638</i>	<i>705</i>

14 - 16 Week Health Review	% Contact Early	% Contact on time	% Contact late	% No Contact	% Contact Early, On time or Late
Belfast	7%	84%	4%	5%	95%
Northern	5%	90%	3%	2%	98%
South Eastern	5%	91%	1%	2%	98%
Southern	8%	85%	3%	4%	96%
Western	4%	92%	2%	2%	98%
<i>Northern Ireland</i>	<i>6%</i>	<i>88%</i>	<i>3%</i>	<i>3%</i>	<i>97%</i>

**Table 5: 6 – 9 Month Contact by Health Visitor 2018/19**

6 - 9 Month Contact	Children in Cohort	Contact Early	Contact In Range	Contact Late	No Contact
Belfast	4166	107	3585	31	443
Northern	5486	158	5089	62	177
South Eastern	4004	74	2642	7	1281
Southern	5338	132	4111	62	1033
Western	3870	47	3434	18	371
<i>Northern Ireland</i>	<i>22864</i>	<i>518</i>	<i>18861</i>	<i>180</i>	<i>3305</i>

6 - 9 Month Contact	% Contact Early	% Contact on time	% Contact late	% No Contact	% Contact Early, On time or Late
Belfast	3%	86%	1%	11%	89%
Northern	3%	93%	1%	3%	97%
South Eastern	2%	66%	<0.5%	32%	68%
Southern	2%	77%	1%	19%	81%
Western	1%	89%	0%	10%	90%
<i>Northern Ireland</i>	<i>2%</i>	<i>82%</i>	<i>1%</i>	<i>14%</i>	<i>86%</i>

**Table 6: Health Review at 1 Year by Health Visitor 2018/19**

Health Review at 1 Year	Children in Cohort	Contact Early	Contact In Range	Contact Late	No Contact
Belfast	4215	291	2217	990	717
Northern	5585	163	3281	1684	457
South Eastern	4004	156	2935	705	208
Southern	5416	305	2031	653	2427
Western	3912	139	2458	996	319
<i>Northern Ireland</i>	<i>23132</i>	<i>1054</i>	<i>12922</i>	<i>5028</i>	<i>4128</i>

Health Review at 1 Year	% Contact Early	% Contact on time	% Contact late	% No Contact	% Contact Early, On time or Late
Belfast	7%	53%	23%	17%	83%
Northern	3%	59%	30%	8%	92%
South Eastern	4%	73%	18%	5%	95%
Southern	6%	38%	12%	45%	55%
Western	4%	63%	25%	8%	92%
<i>Northern Ireland</i>	<i>5%</i>	<i>56%</i>	<i>22%</i>	<i>18%</i>	<i>82%</i>

**Table 7: Health Review at 2 - 2½ Years by Health Visitor 2018/19**

Health Review at 2 - 2½ Years	Children in Cohort	Contact Early	Contact In Range	Contact Late	No Contact
Belfast	4433	149	3491	175	618
Northern	5819	111	5259	178	271
South Eastern	4463	65	4102	83	213
Southern	5685	162	4156	373	994
Western	4101	74	3495	213	319
<i>Northern Ireland</i>	<i>24501</i>	<i>561</i>	<i>20503</i>	<i>1022</i>	<i>2415</i>

Health Review at 2 - 2½ Years	% Contact Early	% Contact on time	% Contact late	% No Contact	% Contact Early, On time or Late
Belfast	3%	79%	4%	14%	86%
Northern	2%	90%	3%	5%	95%
South Eastern	1%	92%	2%	5%	95%
Southern	3%	73%	7%	17%	83%
Western	2%	85%	5%	8%	92%
<i>Northern Ireland</i>	<i>2%</i>	<i>84%</i>	<i>4%</i>	<i>10%</i>	<i>90%</i>

**Table 8: Proportion of visits on time Quarter 1 2017/18 – Quarter 4 2018/19**

Northern Ireland	2017/18				2018/19			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
New baby review	89%	89%	90%	89%	90%	90%	91%	91%
6 – 8 Week Review	90%	88%	92%	91%	90%	90%	92%	91%
14 – 16 Week Health Review	86%	87%	88%	88%	88%	89%	88%	88%
6 – 9 Month Contact	78%	81%	78%	80%	82%	85%	84%	79%
Health Review at 1 Year	52%	53%	54%	50%	55%	57%	57%	55%
Health Review at 2 – 2½ Years	78%	81%	84%	81%	83%	85%	85%	82%



# 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 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 3 months after the end of the relevant tolerance period it will be recorded as “not completed”.

## Data Quality

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.

<sup>7</sup> Please note that if a health contact occurs more than 3 months after the end of the relevant tolerance period it will be recorded as “not completed”.

## Experimental Statistics – Official Statistics in Development

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. 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. Recommendations from this audit included developing agreed regional procedures for data input. These procedures are currently being assessed by Trusts.

Until the recommendations from the audit have been verified as having been successfully implemented, this Publication will be labelled *Experimental Statistics – Official Statistics in Development*.

The full audit report can be obtained by request to [cib@health-ni.gov.uk](mailto:cib@health-ni.gov.uk).

## 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%.

## Revisions Policy

This data is classified as statistics in development and as such should be treated as provisional and subject to change. The general revisions policy for community statistics is published on the DoH website.

## User Engagement

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)  
<https://www.rqia.org.uk/RQIA/files/8b/8b7f4849-3488-4ed7-b836-10fc0860c31f.pdf>

## Next Release

“Healthy Child Healthy Future – Visit statistics for Northern Ireland 2019/20” has provisional release date of 10<sup>th</sup> December 2020.

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>