



Public Health
England

Protecting and improving the nation's health

Children's public health 0 to 5 years

Interim national reporting process for the universal health visiting service

Full guidance for local authority members of staff 2021 to 2022

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Purpose

This document explains in detail what analysts and commissioners in your local authority need to do to submit health visiting activity and outcomes data to Public Health England (PHE) for 2021 to 2022. Reading this guidance should give your local team all the technical detail they need to submit your aggregate data to the central system.

If you have any questions or suggestions, please contact us at interimreporting@phe.gov.uk

Background

From 1 October 2015 the responsibility for commissioning children's public health 0 to 5 years (including the delivery of universal health visitor reviews) transferred from the NHS to local authorities as part of their public health function. These services are funded via the public health grant for local authorities. It is important that we can understand, track and benchmark performance collectively.

This interim collection covers the delivery of universal health visitor reviews (mandated services) and outcomes including breastfeeding at 6 to 8 weeks and child development outcomes aged 2 to 2 and a half years. The longer term strategic solution for data collection and reporting for these metrics is the **Community Services Dataset** (CSDS) which is operated by NHS Digital. Providers of publicly-funded community services are legally mandated to collect and submit community health data, as set out in the Health and Social Care Act 2012.

While the CSDS is operational and reporting is underway, providers remain at different stages of maturity with their submissions and additional time is needed for this dataset to reach sufficient coverage for reporting purposes.

For this reason, it has been agreed that interim reporting arrangements will continue for 2021 to 2022 data and until such time that the data submitted through the CSDS is sufficient for reporting purposes. During this time we will continue to support NHS Digital in its work to improve the coverage and quality of CSDS submissions.

This interim reporting solution allows local authorities to gain a clear picture of the delivery of local universal health visiting services and make comparisons to other parts of the country. The data also helps secure standardised information to demonstrate improvements in commissioning, aid future local planning of service provision and enable benchmarking across populations to detect trends in 0 to 5 year olds' public health.

The interim reporting remains a voluntary data submission and your ongoing support in submitting data is appreciated. Please use your local commissioning contracts to ensure your providers continue to submit data to the CSDS and work with them to improve data coverage and quality.

To secure reporting through the CSDS, it is recommended that local commissioners:

- use the [supporting commissioning guides](#) (updated March 2021) to assist in the commissioning of health visiting and school nursing services to lead and co-ordinate delivery of public health for children aged 0 to 19 years
- ensure that local service providers benefit from the operation of a Child Health Information System (or equivalent) and that the standardised data required is entered into this system
- ensure that NHS Digital is informed of every health visiting service provider commissioned by your local authority (including when this changes) so coverage of CSDS data submissions can be monitored and uptake supported
- ensure that the standardised data flows from the local Child Health Information System (or equivalent) to NHS Digital via the CSDS flows monthly
- ensure that local information sharing agreements are in place for the sharing of performance data between providers and commissioners where necessary

The Healthy Child Programme is a universal framework available to all children and aims to ensure that every child gets the good start they need to lay the foundations of a healthy life. The universal reach of the Healthy Child Programme provides an invaluable opportunity from early in a child's life to identify families that may need additional support and children who are at risk of poor outcomes. The [0 to 19: health visitor and school nurse commissioning guides](#) give further detail about the programme.

PHE's interim reporting system includes reporting from the Ages and Stages Questionnaire (ASQ) to cover child development outcomes aged 2 to 2 and a half years. These metrics are available through the [early years section in child health profiles](#) in PHE's Fingertips tool and cover the number and percentage of children at or above the expected level of development in each of the domains of development (communication, gross motor, fine motor, problem solving, personal-social skills), as well as the number of children at or above the expected level of development (scoring above the threshold) in all 5 domains.

Of those, the following have been included in the [Public Health Outcomes Framework](#):

- child development - percentage of children at or above the expected level of development in communication skills at 2 to 2 and a half years
- child development - percentage of children at or above the expected level of development in personal-social skills at 2 to 2 and a half years

- child development - percentage of children at or above the expected level of development at 2 to 2 and a half years

Commissioners are asked to review the data submitted by their provider and support them where necessary to improve the quality and coverage of this ASQ data. The licence held for ASQ-3 allows for the individual domain scores to be recorded in local IT systems and transmitted to NHS Digital. Commissioners and service providers are reminded that under the Department of Health and Social Care's (DHSC) contract and sublicensing agreements with the US licence holder that, there are strict restrictions on the format and distribution of the ASQ-3 materials, meaning that providers may only use the ASQ-3 materials in a paper format, with materials distributed to providers by DHSC via CD-ROM.

As part of licence extensions agreed by the DHSC, the cost methodology will change as of 1 January 2022. From 1 January 2022 and initially between 1 January 2022 and 31 March 2022, DHSC will be charged 'per screen'. To meet contractual obligations, the DHSC will be required to report accurate figures on the usage of the ASQ materials at a national level. From 1 January 2022, all local authorities must submit data about how many times the ASQ-3 and the ASQ-SE has been used for children of any age by the health visiting service. This is a condition of each provider's sublicense to use these questionnaires. The interim reporting system will be used to collect the data items described in [Appendix 2](#).

Useful links

NHS Digital regularly publish [data from the CSDS](#).

Quarterly and annual data from the interim reporting system about health visitor service delivery and outcomes for children aged 0 to 5 years is available from 2015:

- [health visiting service delivery metrics](#)
- [breastfeeding at 6 to 8 weeks](#)
- [child development outcomes at 2 to 2 and a half years](#)

Data requirements

The metrics include coverage of the 5 mandated elements of service described in legislation as universal health visitor reviews. They also contain information about health outcomes as they are described in the Public Health Outcomes Framework, where the data for the indicator flows directly from health visiting activities. These include breastfeeding at 6 to 8 weeks and child development outcomes aged 2 to 2 and a half years. It is understood that these metrics and indicators are the main key performance indicators outlined within local commissioning contracts. A list of the metrics, indicators, their definitions and the exact data items proposed for collection can be found below.

Breastfeeding, health visiting service and child development data

Table 1. Data requirements for breastfeeding, health visiting service and child development data

Metric or indicator name	Metric or indicator definition	Aggregate data items for collection
C1: Number of mothers who received a first face-to-face antenatal contact with a health visitor at 28 weeks or above	Mothers who received a first face-to-face antenatal contact with a health visitor at 28 weeks or above.	Number of mothers who received a first face-to-face antenatal contact with a health visitor at 28 weeks or above.
C2: Percentage of New Birth Visits (NBVs) completed within 14 days	Percentage of births that receive a face-to-face New Birth Visit (NBV) within 14 days by a health visitor.	Total number of infants who turned 30 days in the quarter who received a face-to-face NBV within 14 days from birth, by a health visitor with mother (and ideally father).
		Total number of infants who turned 30 days within the quarter.
C3: Percentage of New Birth Visits (NBVs) completed after 14 days	Percentage of births that receive a face-to-face New Birth Visit (NBV) after 14 days by a health visitor.	Total number of infants who turned 30 days in the quarter who received a face-to-face NBV after 14 days from birth, by a health visitor with mother (and ideally father).

Metric or indicator name	Metric or indicator definition	Aggregate data items for collection
C8i: Percentage of 6 to 8 week reviews completed	Percentage of children who received a 6 to 8 week review by the time they were 8 weeks.	Total number of infants, due a 6 to 8 week review by the end of the quarter, who received a 6 to 8 week review by the time they turned 8 weeks.
		Total number of infants due a 6 to week review by the end of the quarter.
C8ii: Breastfeeding prevalence at 6 to 8 weeks after birth	Percentage of infants being breastfed (fully or partially) at 6 to 8 weeks.	The number of infants recorded as being fully breastfed at 6 to 8 weeks.
		The number of infants recorded as being partially breastfed (receiving both breast milk and formula) at 6 to 8 weeks.
		The number of infants being recorded as not breastfed at 6 to 8 weeks.
C4: Percentage of 12-month development reviews completed by the time the child turned 12 months	Percentage of children who received a 12-month review by the time they turned 12 months.	Total number of children who turned 12 months in the quarter, who received a 12 month review, by the age of 12 months.
		Total number of children turning 12 months during the quarter.
C5: Percentage of 12 month development reviews completed by the time the child turned 15 months	Percentage of children who received a 12 month review by the time they turned 15 months.	Total number of children who turned 15 months in the quarter, who received a 12 month review, by the age of 15 months.
		Total number of children turning 15 months during the quarter.

Metric or indicator name	Metric or indicator definition	Aggregate data items for collection
C6i: Percentage of 2 to 2½ year reviews completed	Percentage of children who received a 2 to 2½ year review.	<p>Total number of children, due a 2 to 2½ year review by the end of the quarter, who received a 2 to 2½ year review by the time they turned 2 and a half years.</p> <p>Total number of children aged 2½ years in the quarter.</p>
C6ii: Percentage of 2 to 2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	Percentage of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ-3).	<p>Total number of children who received a 2 to 2½ year review by the end of the quarter for which the ASQ-3 was completed as part of their 2 to 2½ year review.</p> <p>Total number of children who received a 2 to 2½ year review by the end of the quarter. Please note this is not the same as the denominator for C6i.</p>
C6iii: Percentage of children who were at or above the expected level in communication skills	Percentage of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ-3) who were at or above the expected level in communication skills.	<p>Total number of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ-3) who were at or above the expected level in communication skills. The exact threshold applied depends on whether the 24 month, 27 month or 30 month questionnaire was applied.</p> <p>Total number of children who received a 2 to 2½ year review by the end of the quarter for which the ASQ-3 was completed as part of their 2 to 2½ year review. Please note this should be the same as the numerator for C6ii.</p>
C6iv: Percentage of children who were at or above the expected level in gross motor skills	Percentage of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ-3)	Total number of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ-3) who were at or above the expected level in gross motor skills. The exact threshold applied depends on

Metric or indicator name	Metric or indicator definition	Aggregate data items for collection
	who were at or above the expected level in gross motor skills.	<p>whether the 24 month, 27 month or 30 month questionnaire was applied.</p> <p>Total number of children who received a 2 to 2½ year review by the end of the quarter for which the ASQ-3 was completed as part of their 2 to 2½ review. Please note this should be the same as the numerator for C6ii.</p>
C6v: Percentage of children who were at or above the expected level in fine motor skills	Percentage of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ-3) who were at or above the expected level in fine motor skills.	<p>Total number of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ-3) who were at or above the expected level in fine motor skills. The exact threshold applied depends on whether the 24 month, 27 month or 30 month questionnaire was applied.</p> <p>Total number of children who received a 2 to 2½ year review by the end of the quarter for which the ASQ-3 was completed as part of their 2 to 2½ year review. Please note this should be the same as the numerator for C6ii.</p>
C6vi: Percentage of children who were at or above the expected level in problem solving skills	Percentage of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ-3) who were at or above the expected level in problem solving skills.	<p>Total number of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ-3) who were at or above the expected level in problem solving skills. The exact threshold applied depends on whether the 24 month, 27 month or 30 month questionnaire was applied.</p> <p>Total number of children who received a 2 to 2½ year review by the end of the quarter for which the ASQ-3 was completed as part of their 2 to 2½ year review.</p>

Metric or indicator name	Metric or indicator definition	Aggregate data items for collection
		Please note this should be the same as the numerator for C6ii.
C6vii: Percentage of children who were at or above the expected level in personal-social skills	Percentage of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ-3) who were at or above the expected level in personal-social skills.	<p>Total number of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ-3) who were at or above the expected level in personal-social skills. The exact threshold applied depends on whether the 24 month, 2 month or 30 month questionnaire was applied.</p> <p>Total number of children who received a 2 to 2½ year review by the end of the quarter for which the ASQ-3 was completed as part of their 2 to 2½ year review. Please note this should be the same as the numerator for C6ii.</p>
C6viii: Percentage of children who were at or above the expected level in all 5 domains of development	Percentage of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ-3) who were at or above the expected level of development in all 5 domains.	<p>Total number of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ-3) who were at or above the expected level of development on all 5 domains.</p> <p>Total number of children who received a 2 to 2½ year review by the end of the quarter for which the ASQ-3 was completed as part of their 2 to 2 and a half year review. Please note this should be the same as the numerator for C6ii.</p>

Full indicator specifications for the data collection process and validation rules are given in [Appendix 1](#).

Additional data items for licensing purposes (ASQ usage)

Table 2. Data requirements for ASQ licensing purposes

Metric or indicator name	Metric or indicator definition	Aggregate data items for collection
Additional uses of ASQ-3 at any age	Uses of ASQ-3 in the quarter, excluding ASQ-3s completed as part of a child's 2 to 2½ year review.	Number of uses of ASQ-3 in the quarter, excluding ASQ-3s completed as part of a child's 2 to 2½ year review.
ASQ-SE uses at any age	Uses of ASQ-SE in the quarter.	Number of uses of ASQ-SE in the quarter.

Full indicator specifications for the additional data items for licensing purposes (ASQ usage) and further information about the ASQ-3 and ASQ-SE questionnaires and their use are given in [Appendix 2](#).

Benefits of reporting

By submitting data to the interim reporting system on a voluntary basis, local government contributes to our understanding of health visiting services and their outcomes and informs improvement.

Important indicators in the Public Health Outcomes Framework for best start in life

The [Public Health Outcomes Framework](#) (PHOF) is published as Official Statistics. This includes a number of indicators which are derived from data submitted through the interim reporting system:

- breastfeeding at 6 to 8 weeks
- percentage of completed new birth visits
- percentage of children at or above expected level of development in all 5 domains of development at 2 to 2 and a half years
- percentage of children at or above expected level of development in communication skills at 2 to 2 and a half years
- percentage of children at or above expected level of development in personal-social skills at 2 to 2 and a half years

The online version of the PHOF allows local government to compare services and outcomes in their local area with that in others, alongside other important health and wellbeing indicators.

Produce a baseline for the government's social mobility strategy by considering early development of communication skills

This is intended to be the percentage of children at or above the expected level of development in communication skills at 2 to 2 and a half years, using the ASQ as a tool for assessing this. It is the starting point for the ongoing investment in the identification of speech, language and communication needs and early intervention by health visitors at the 2 to 2 and a half year health visitor review. This has been selected because it is the most socially distributed of the child development outcomes and has been identified as an important wider determinant of health.

Monitor compliance with the regulations for the mandated universal health visitor reviews and delivery of services funded via the public health grant

This includes coverage of the antenatal visit, new birth visit, 6 to 8 week review, 1 year review and 2 to 2 and a half year review. In 2021 to 2022, the collection will also include data on usage of ASQ which all local authorities must submit as a condition of the licence for the use of this tool.

Submitting data

Submission dates

The timetable for submissions for 2021 to 2022 data is shown below.

Table 3. Submission and reporting dates for 2021 to 2022 data

Reporting period	Period 1	Period 2	Period 3
Data to be collected	Submission of quarters 1 and 2 2021 to 2022 (April to September 2021)	Submission of quarter 3 2021 to 2022 (October to December 2021). You can also revise data submitted in period 1 for quarters 1 and 2 2021 to 2022.	Submission of quarter 4 2021 to 2022 (January to March 2022). You can also revise data submitted in periods 1 and 2 for quarters 1, 2 and 3 2021 to 2022.
Collection window opens	Monday 1 November 2021	Monday 7 February 2022	Monday 9 May 2022
Collection window closes	Friday 10 December 2021	Friday 18 March 2022	Friday 17 June 2022
Provisional publication dates for quarterly data	Tuesday 1 February 2021	Wednesday 4 May 2022	Tuesday 2 August 2022

The provisional publication date for annual official statistics for 2021 to 2022 is expected to be in November 2022.

Data should be submitted following the schedule above with each submission containing all the relevant activity for the reporting period. Each submission also gives the option for you to revise any data for a previous quarter in that year if required. For example, if errors in data have been identified and corrected for a previous quarter. There is also a final opportunity in period 3 to revise all quarters before the publication of annual data.

There is no opportunity to update quarter 4 data once it has been submitted in period 3. This will also be the final opportunity to revise data for earlier quarters.

Quarterly data will be published as a data file. The annual publication will include a statistical commentary to aid interpretation. The annual data will also be included in [PHE's Fingertips tool](#).

Online submission

Local authorities submit their data through a system operated by the Local Government Association (LGA). To submit data for health visiting activity and outcomes each local authority needs to use a unique link. The nominated contact for your local authority will receive an email with a new unique organisation link for each quarterly reporting period in 2021 to 2022. The nominated contact is usually the lead analyst or commissioner who is responsible for submitting your organisation's data onto the system.

If you have any trouble with your new unique organisation links please email interimreporting@phe.gov.uk

Reporting geography

The collection is based on the local authority of residence of each child. This matches the structure of the public health grant and the legislation describing the universal health visitor reviews.

There may still be work ongoing in a few areas to refine reporting by resident population where there is a variety of local IT systems and local ownership. Record level data in Child Health Information Systems (or equivalent) records both GP practice of registration and local authority of residence for each child.

Processes for local aggregation of data

The data items required should be extracted directly from the appropriate local information systems such as Child Health Information System (CHIS), health visiting systems and Patient Administration Systems (PAS) as appropriate.

Step-by-step process for submission

Step 1. Select local information flow model

In advance of the first submission for 2021 to 2022, review how arrangements have worked in previous years. Make any decisions about whether you will continue with established flows or make changes to improve them. You will need to ensure that robust arrangements are still in place to collect the data through commissioning arrangements, ensuring that your providers can submit data based on where every child lives (residence of child).

Step 2. Receiving data from your provider each quarter

Following the end of the quarter you will start to receive data from your provider or providers. If you receive data from your provider or providers which relates to other local authorities, you will need to disseminate it among the appropriate local authorities.

Step 3. Collating figures for each quarter

Collate your own local authority figures for each metric required, by bringing together all the data files you have received. This includes suggested validation processes which focus on checking that numbers make sense as they are entered, as well as 'sense-checking' denominators against recent population estimates. The collation spreadsheet allows extra fields to be added, if you wish to record additional data items which you collect locally. Any validation rules for these will need to be applied locally and you will not be able to submit these to the interim reporting system.

Step 4. Local data validation for each quarter

Perform local data validation to identify issues and address them with your providers or other local authorities and resolve them to your satisfaction. Use the collation spreadsheet, comparison to previous submissions, and the definitions in this technical guidance to sense-check your data. It is hoped that local authorities will work together to identify issues that may relate to specific providers.

Step 5. Local authorities 'sign off' data each quarter

Arrive at a final, agreed value for each metric representing activity delivered to children living in your local authority (residents), going through any internal approvals processes your local authority requires.

Step 6. Submission of data through the LGA

Following the end of the quarter the collection window for submission opens. You (or the nominated individual in your local authority if it is someone different) will click the link provided which will take you to a number of data entry screens. Complete these screens for the current quarter and, as you navigate away from each page, your answers are saved. Although your answers can be saved they will not be submitted until you reach the final page and finalise your return. Once you have submitted the data, you cannot revise it in the same submission period, so please make sure you are happy with the data before you click to complete the process.

It is important that you complete and keep up to date the contact information and 'sign off' authorisation details on the LGA web-based data entry system so that we can maintain contact with you.

When you use your unique link, you will see the first page of the data upload screen which has instructions about navigating through the return.

While submitting data for each quarter, you will have the opportunity to add or amend any data for previous quarters in 2021 to 2022.

Step 7. Publication of official statistics

Approximately 2 months after the end of the submission window, the quarterly statistics are published as official statistics. This includes updated statistics for previous quarter. Published statistics are available in the [child and maternal health statistics collection](#).

Changes in 2021 to 2022

Virtual contacts

We recognise that the COVID-19 pandemic has led health visiting services to explore new ways of providing services and that, where these have proved beneficial, this will be continuing. For this reason, virtual contacts will be counted as valid, mandated service delivery for all data for 2021 to 2022.

We are keen to learn more about how many visits during 2021 to 2022 are delivered in-person and how many virtually. If you have the information available, please tell us how many visits or what estimated proportion were in-person and how many virtual in the space for additional comments at the end of the data collection screens.

Additional ASQ data items in the collection for the purposes of licensing

The DHSC licenses the use of ASQ on behalf of all local authorities in England and makes it available to them through sublicensing arrangements.

From 1 January 2022, changes in the licensing arrangements for the use of ASQ mean that we need to be able to quantify its use for children of any age. The interim reporting system will be used to collect this data throughout 2021 to 2022 to allow the DHSC and local government to test the process and ensure that accurate and timely data is available for quarter 4. The 2 data items are 'additional uses of ASQ-3 at any age' and 'ASQ-SE uses at any age' (defined in [Appendix 2](#)).

Please note: All local authorities must submit data for this aspect of the collection.

This data is for contract management purposes only. It will be shared and published as management data, separate to the Official Statistics.

Local government is reminded that under the DHSC's contract and sublicensing agreements with local authorities, there are strict restrictions on the format and distribution of the ASQ-3 materials, meaning that providers may only use the ASQ-3 materials in a paper format, with materials distributed to providers by DHSC via CD-ROM.

If you have any questions about your local authority's licence to use the ASQ, please email childhealthteam@dhsc.gov.uk. For technical questions about submitting the data, please email interimreporting@phe.gov.uk

Frequently encountered problems

Below are a few frequently encountered problems and solutions you might find useful. If you still have any unanswered questions please email interimreporting@phe.gov.uk

Your service provider needs to submit aggregate data to their respective local authority for use in the interim reporting as well as submit CSDS data directly to NHS Digital

The continuation of interim reporting should in no way distract your provider from making submissions to CSDS dataset. The interim collection is voluntary for local authorities and the CSDS collection is mandatory for providers. We are asking local authorities for the aggregate data which they would be expected to have available to monitor their local commissioning contracts. Local authorities are requested to continue to collaborate with the interim collection regardless of whether or not their provider or providers are making CSDS submissions.

It is acknowledged that in some areas where the CSDS has been implemented and regular reports submitted by service providers that duplication of the health visitor service delivery metrics may be published. This is a temporary position until all service providers are submitting CSDS so that full coverage for the country is achieved and the data quality is robust. We continue to monitor improvements in data coverage and data quality of CSDS to identify when national reporting can be sourced from the CSDS submissions and interim reporting stopped. If you have questions about this, please contact us on interimreporting@phe.gov.uk

How long interim reporting will continue

The current plans are to extend interim reporting for the foreseeable future and to continue until such times as CSDS matures. Interim reporting can be 'switched off' as

soon as comprehensive statistics are available from the CSDS. If interim reporting is to be stepped down you will be notified at the earliest opportunity.

Why the technical guidance has been updated for 2021 to 2022

Revising this guidance gives an opportunity to incorporate lessons learnt and to ensure that it includes details on those areas where additional questions and queries have been received on the same subject. This revised guidance also contains some changes which can be found in the [changes in 2021 to 2022](#) section of the document.

Entering and saving data in the web-based data entry system before making a formal submission

Previously entered data can be saved and then updated by accessing the system again during the same reporting window. However, once the submission is made in the quarter it cannot be changed until the next quarter's reporting window.

There is no opportunity to update quarter 4 data once it has been submitted in period 3. This will also be the final opportunity to revise data for earlier quarters.

Submission periods and windows

This is the period during which the national web-based data entry system will accept uploads and submissions for the reporting period. Data entry cannot be made once the submission period and window is closed or once you have completed your submission.

All local authorities submit data about ASQ usage

All local authorities must submit data about ASQ usage from quarter 4 2021 to 2022 (January to December 2022) as a condition of their continued use of the ASQ questionnaires as part of their sublicensing agreement with the DHSC. We recommend that all local authorities submit this data from quarter 1 2021 to 2022 (April to June 2021) to test their systems and processes for submitting this data.

If you have any questions about your licence to use the ASQ, please email childhealthteam@dhsc.gov.uk

For technical questions about submitting the data, please email interimreporting@phe.gov.uk

The 2 data items which must be submitted are 'Additional uses of ASQ-3 at any age' and 'ASQ-SE uses at any age.' Further information about what should be submitted is given at [Appendix 2](#).

Revising data once it has been submitted

Data for quarters 1, 2 and 3 can be updated alongside submitting data for quarters 3 and 4. There is no opportunity to update quarter 4 data once it has been submitted in period 3. This will also be the final opportunity to revise data for earlier quarters.

Universal health visitor reviews undertaken by a Family Nurse Practitioners will be collected in the total figures of reviews undertaken

The number of health visitor reviews that the Family Nurse Practitioners undertake should be included in the total number of reviews reported.

You unique organisational link will not be the same for all the reporting quarters in 2021 to 2022

You will be issued via interim reporting a new unique link for each quarterly submission. These will be different from the link you have received in previous years.

Difference between the denominators of C6i (percentage of 2 to 2 and a half year reviews completed) and C6ii (percentage of 2 to 2 and a half year reviews completed using ASQ-3 Ages and Stages Questionnaire)

The denominator for C6i is the number of children turning 2 and a half during the period. The denominator for C6ii is the number of 2 to 2 and a half year reviews that were carried out during the period.

So, for example, 200 children are due a review in Quarter 2. Of these:

- ✓ 190 receive their review in the quarter, and before they turned 2 and a half (160 using ASQ)
- ✓ 6 children turned 2 and a half at the beginning of the quarter and had their review after that point, still during Quarter 2 (2 using ASQ)
- ✓ 4 children had had their review in Quarter 1 (3 using ASQ)

In addition, 15 children who are due a review in Quarter 3 have their 2 to 2 and a half year reviews in Quarter 2 (11 using ASQ). The denominator for C6i is the children due a review in the quarter (200 children). The numerator for C6i is:

“Total number of children, due a 2 to 2 and a half year review by the end of the quarter, who received a 2 to 2 1/2 year review by the time they turned 2 and a half years.”

- ✓ 190 receive their review in the quarter, and before they turned 2 and a half
- X 6 children turned 2 and a half at the beginning of the quarter and had their review after that point, still during Quarter 2 (not included as review carried out after the child turned 2 and a half)

✓ 4 children had had their review in Quarter 1

X 15 children who are due a review in Quarter 3 have their 2 to 2 and a half year reviews in Quarter 2 (11 using ASQ) (not included as review not due in Quarter 2)

=194

The denominator for C6ii is:

“Total number of children who received a 2 to 2 and a half year review by the end of the quarter.”

✓ 190 receive their review in the quarter, and before they turned 2 and a half

✓ 6 children turned 2 and a half at the beginning of the quarter and had their review after that point, still during Quarter 2

X 4 children had had their review in Quarter 1 (not included as reviews not carried out in Quarter 2)

✓ 15 children who are due a review in Quarter 3 have their 2 to 2 and a half year reviews in Quarter 2

= 211

The numerator for C6ii is:

“Total number of children who received a 2 to 2 and a half year review by the end of the quarter for which the ASQ 3 was completed as part of their 2 to 2 and a half year review.”

✓ 190 receive their review in the quarter, and before they turned 2 and a half . (160 using ASQ) ✓ 6 children turned 2 and a half at the beginning of the quarter and had their review after that point, still during Quarter 2 (2 using ASQ)

X 4 children had had their review in Quarter 1 (3 using ASQ) (not included as reviews not carried out in Quarter 2)

✓ 15 children who are due a review in Quarter 3 have their 2 to 2 and a half year reviews in Quarter 2 (11 using ASQ)

=173

Appendix 1. Full indicator specifications data collection process and validation rules

Reference	Definition	Numerator	Denominator	Method	Validation
C1: Mothers receiving antenatal visit	Mothers who received a first face- to-face antenatal contact with a health visitor at 28 weeks or above	Number of mothers who received a first face-to-face antenatal contact with a health visitor at 28 weeks or above	N/A	Due to difficulties in establishing a reliable denominator this is a count	No validation performed
C2: % New Birth Visit less than or equal to 14 days	Percentage of births that receive a face-to face New Birth Visit (NBV) within 14 days by a health visitor	Total number of infants who turned 30 days in the quarter who received a face-to-face NBV within 14 days from birth, by a health visitor with mother (and ideally father)	Total number of infants who turned 30 days within the quarter	Percentage reported to one decimal point	Stage 1. Combined numerator of C2 and C3 (all babies who received a new birth visit) and denominator are integers, and combined numerator less than or equal to denominator. Stage 2. Indicator denominator is within 20% of the resident population of the relevant age (0 years). The annual figures are divided by 4 to provide quarterly estimates.
C3: % New Birth Visits more than 14 days	Percentage of births that receive a face-to-face NBV after 14 days by a health visitor	Total number of infants who turned 30 days in the quarter who received a face-to-face NBV after 14 days from birth, by a health visitor with mother (and ideally father)	Total number of infants who turned 30 days in the quarter	Percentage reported to one decimal point	Stage 1. Combined numerator of C2 and C3 (all babies who received a new birth visit) and denominator are integers, and combined numerator less than or equal to denominator. Stage 2. Indicator denominator is within 20% of the resident population of the relevant age (0 years). The annual figures are divided by 4 to provide quarterly estimates.
C8i: % 6 to 8 week review	Percentage of children who received a 6 to 8 week review by the time they were 8 weeks	Total number of infants, due a 6 to 8 week review by the end of the quarter, who received a 6 to 8 week review by the time they turned 8 weeks	Total number of infants due a 6 to 8 week review by the end of the quarter	Percentage reported to one decimal point	Stage 1. Indicator numerator and denominator are integers, and numerator less than or equal to denominator. Stage 2. Indicator denominator is within 20% of the resident population of the relevant age (0 years for 6 to 8 week reviews). The annual figures are divided by 4 to provide quarterly estimates.
C8ii: % Breastfeeding at 6 to 8 weeks	Percentage of infants being breastfed (fully or partially) at 6 to 8 weeks	The number of infants recorded as being fully breastfed at 6 to 8 weeks plus the number of infants recorded as being partially breastfed (receiving both breastmilk and formula) at 6 to 8 weeks	Total number of infants due a 6 to 8 week review by the end of the quarter	Percentage reported to one decimal point	Stage 1. Indicator numerator and denominator are integers, and numerator (combined values of number of infants fully breastfed and number of infants partially breastfed) less than or equal to denominator. DK 'Don't Knows' automatically fail validation. Stage 2 Indicator denominator is within 20% of the resident population of the relevant age (0 years for 6 to 8 week reviews)
C4: % 12 month reviews less than 12 months	Percentage of children who received a 12 month review by the time they turned 12 months	Total number of children who turned 12 months in the quarter, who received a 12 month review, by the age of 12 months	Total number of children turning 12 months during the quarter	Percentage reported to one decimal point	Stage 1. Indicator numerator and denominator are integers, and numerator is less than or equal to denominator.

Reference	Definition	Numerator	Denominator	Method	Validation
					Stage 2. Indicator denominator is within 20% of the resident population of the relevant age (1 year for 12 month reviews). The annual figures are divided by 4 to provide quarterly estimates.
C5: %12 month reviews less than 15 months	Percentage of children who received a 12 month review by the time they turned 15 months	Total number of children who turned 15 months in the quarter, who received a 12 month review, by the age of 15 months	Total number of children turning 15 months during the quarter	Percentage reported to one decimal point	Stage 1. Indicator numerator and denominator are integers, and numerator is less than or equal to denominator. Stage 2. Indicator denominator is within 20% of the resident population of the relevant age (1 year for 12 month reviews). The annual figures are divided by 4 to provide quarterly estimates.
C6i: % 2 to 2 and a half year reviews	Percentage of children who received a 2 to 2½ year review	Total number of children, due a 2 to 2½ year review by the end of the quarter, who received a 2 to 2½ year review by the time they turned 2½ years.	Total number of children aged 2½ years in the quarter.	Percentage reported to one decimal point	Stage 1. Indicator numerator and denominator are integers, and numerator less than or equal to denominator. Stage 2 Indicator denominator is within 20% of the resident population of the relevant age (2 years for 2 to 2½ year reviews). The annual figures are divided by 4 to provide quarterly estimates.
C6ii: % 2 to 2 and a half year reviews using ASQ-3	Percentage of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ- 3).	Total number of children who received a 2 to 2½ year review by the end of the quarter for which the ASQ-3 was completed as part of their 2 to 2½ year review.	Total number of children who received a 2 to 2½ year review by the end of the quarter	Percentage reported to one decimal point	Stage 1. Indicator numerator and denominator are integers, and numerator is less than or equal to denominator. Stage 2 Indicator denominator is within 20% of the numerator of indicator C6i.
C6iii: Percentage of children who were at or above the expected level in communication skills	Percentage of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ-3), who were above the threshold in the communication skills domain.	Number of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ-3), who either: <ul style="list-style-type: none"> • had the 24 month questionnaire and scored above 25.17 • had the 27 month questionnaire and scored above 24.02 • had the 30 month questionnaire and scored above 33.30 in the communication skills domain	Total number of children who received a 2 to 2½ year review by the end of the quarter for which the ASQ-3 was completed as part of their 2 to 2½ year review.	Percentage reported to one decimal point	Stage 1 Indicator numerator and denominator are integers, and numerator less than or equal to denominator. Stage 2 Indicator denominator is equal to the numerator for C6ii.
C6iv: Percentage of children who were at or above the expected level in gross motor skills	Percentage of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ- 3), who were above the threshold in the gross motor skills domain.	Number of children who received a 2 to 2½ review using Ages and Stages Questionnaire (ASQ-3), who either: <ul style="list-style-type: none"> • had the 24 month questionnaire and scored above 38.07 • had the 27 month questionnaire and scored above 28.01 	Total number of children who received a 2 to 2½ year review by the end of the quarter for which the ASQ-3 was completed as part of their 2 to 2½ review.	Percentage reported to one decimal point	Stage 1 Indicator numerator and denominator are integers, and numerator less than or equal to denominator. Stage 2 Indicator denominator is equal to the numerator for C6ii.

Reference	Definition	Numerator	Denominator	Method	Validation
		<ul style="list-style-type: none"> had the 30 month questionnaire and scored above 36.14 in the gross motor skills domain 			
C6v: Percentage of children who were at or above the expected level in fine motor skills	Percentage of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ-3), who were above the threshold in the fine motor skills domain.	Number of children who received a 2 to 2½ review using Ages and Stages Questionnaire (ASQ-3), who either: <ul style="list-style-type: none"> had the 24 month questionnaire and scored above 35.16 had the 27 month questionnaire and scored above 18.42 had the 30 month questionnaire and scored above 19.25 in the fine motor skills domain	Total number of children who received a 2 to 2½ year review by the end of the quarter for which the ASQ-3 was completed as part of their 2 to 2½ year review.	Percentage reported to one decimal point	Stage 1 Indicator numerator and denominator are integers, and numerator less than or equal to denominator. Stage 2 Indicator denominator is equal to the numerator for C6ii.
C6vi: Percentage of children who were at or above the expected level in problem solving skills	Percentage of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ-3), who were above the threshold in the problem solving skills domain	Number of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ-3), who either: <ul style="list-style-type: none"> had the 24 month questionnaire and scored above 29.78 had the 27 month questionnaire and scored above 27.62 had the 30 month questionnaire and scored above 27.08 in the problem solving skills domain	Total number of children who received a 2 to 2½ year review by the end of the quarter for which the ASQ-3 was completed as part of their 2 to 2½ year review.	Percentage reported to one decimal point	Stage 1 Indicator numerator and denominator are integers, and numerator are less than or equal to the denominator. Stage 2 Indicator denominator is equal to the numerator for C6ii.
C6vii: Percentage of children who were at or above the expected level in personal-social skills	Percentage of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ-3), who were above the threshold in the personal-social skills domain.	Number of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ-3), who either: <ul style="list-style-type: none"> had the 24 month questionnaire and scored above 31.54 had the 27 month questionnaire and scored above 25.31 had the 30 month questionnaire and scored above 32.01 in the personal-social skills domain	Total number of children who received a 2 to 2½ year review by the end of the quarter for which the ASQ-3 was completed as part of their 2 to 2½ year review.	Percentage reported to one decimal point	Stage 1 Indicator numerator and denominator are integers, and numerator less than or equal to denominator. Stage 2 Indicator denominator is equal to the numerator for C6ii.
C6iv: Percentage of children who were at or above the expected level in all 5 domains of development	Percentage of children who received a 2 to 2½ year review using Ages and Stages Questionnaire (ASQ-3), who were above the threshold in all 5 domains.	Number of children who received a 2 to 2½ review using Ages and Stages Questionnaire (ASQ-3), who scored above the threshold in all 5 domains of the ASQ.	Total number of children who received a 2 to 2½ year review by the end of the quarter for which the ASQ-3 was completed as part of their 2 to 2½ year review.	Percentage reported to one decimal point	Stage 1 Indicator numerator and denominator are integers, and numerator less than or equal to denominator. Stage 2 Indicator denominator is equal to the numerator for C6ii.

Appendix 2. Additional data items for licensing purposes (ASQ usage)

From 1 January 2022, all local authorities must submit data about how many times the ASQ-3 and the ASQ-SE has been used for children of any age by the health visiting service.

ASQ-3 questionnaires cover 5 domains of child development: communication, gross motor skills, fine motor skills, problem solving and personal-social development. ASQ:SE questionnaires cover social and emotional aspects of child development. The use of these questionnaires to measure child development at 2 to 2 and a half years is described in a [DHSC factsheet](#).

This is a condition of each provider's sublicence to use these questionnaires. The interim reporting system will be used to collect the following data items:

Data item name	Data item definition
Additional uses of ASQ-3 at any age	Total number of uses of ASQ-3 in the quarter, excluding ASQ-3s completed as part of a child's 2 to 2½ year review
ASQ-SE uses at any age	Total number of uses of ASQ-SE in the quarter

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