

INFORMATION
ANALYSIS
DIRECTORATE



Healthy Child, Healthy Future

Health Review Statistics for Northern Ireland

2025/26



Department of
Health

An Roinn Sláinte

Máinnystrie O Poustie

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um Staitisticí agus Taighde

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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 five statistical sections: Hospital Activity Information, Hospital Waits 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
Source: Healthy Child Healthy Future 2010.

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.

Child Health Promotion Programme

The refreshed Healthy Child Healthy Future framework was published in September 2025 [Healthy Child Healthy Future | Department of Health](#). A phased implementation plan has yet to be developed. Whilst some enhancements can be delivered within existing resources, others will require additional targeted investment to ensure effective delivery and long-term sustainability. The framework sets out the planned rollout of child health reviews over the coming years.

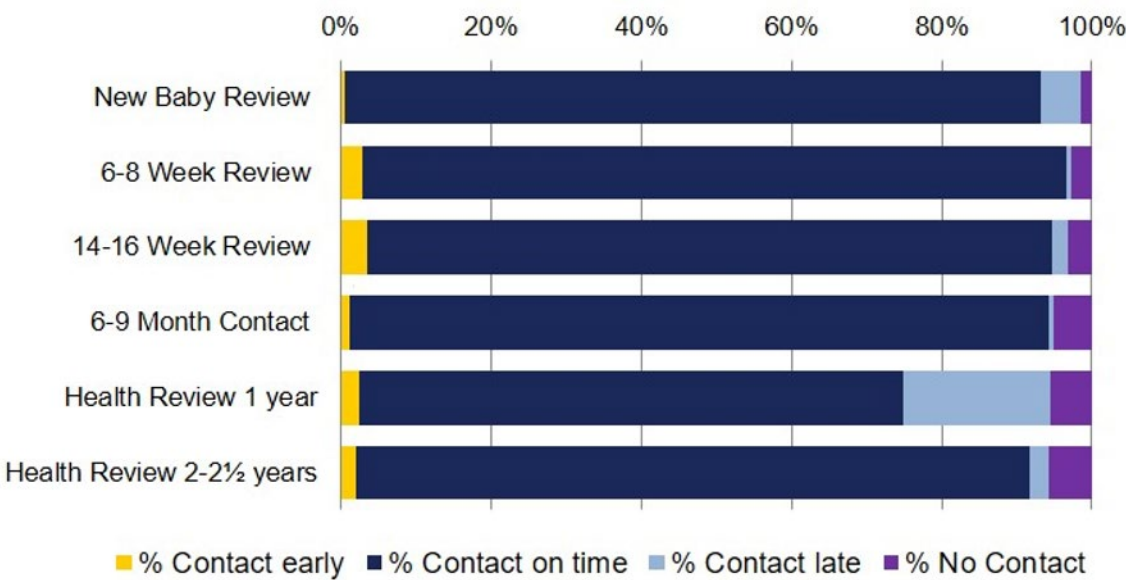
Future versions of this publication may be based on the refreshed 2025 Healthy Child Healthy Future framework, however, for 2025/26 the information follows the timeframe set out in the 2010 framework

Summary Statistics – 2025/26

During 2025/26, Health Visitors were expected to have completed 110,021 reviews of children across Northern Ireland².

- Some 97,646 of these (89%) were completed within the recommended time frame (contact on time).
- An additional 7% (7,970) were completed, but outside the recommended time frame (contact early or late).
- Some 4% of the reviews did not take place.

Figure. 1: Percentage (%) of health reviews completed by timing of the contact (2025/26)



The number of reviews undertaken – both on time and in total, was lower than the previous year. However, the percentage of on time contact during 2025/26 (89%) was higher than 2024/25 (87%). During 2025/26 4% of the reviews were not completed, unchanged in comparison to 2024/25.

Service delivery within Public Health Nursing has been periodically affected by workforce pressure in recent years. These factors should be considered when interpreting the following data.

2 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.

93%

of all reviews were completed within the accepted time

of reviews were completed in total

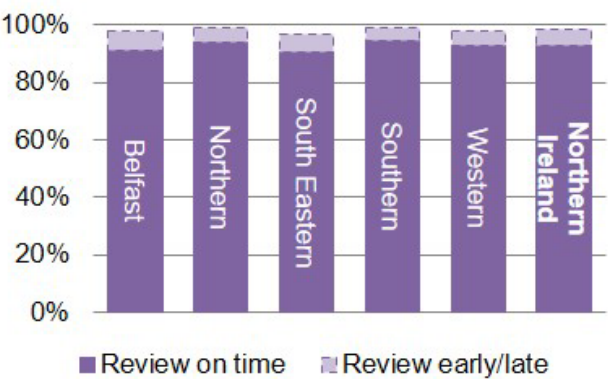
98%

% of reviews completed during 2025/26:

Children in cohort	17,894
Early contact (before day 10)	1%
On time contact (day 10 - 14)	93%
Late contact (after day 14)	5%
Not seen	2%

Southern and Northern HSC Trusts had the largest proportion of reviews take place within 10 - 14 days (94%).

Figure. 2 Graph showing the percentage of new baby reviews completed by HSC Trust (2025/26)

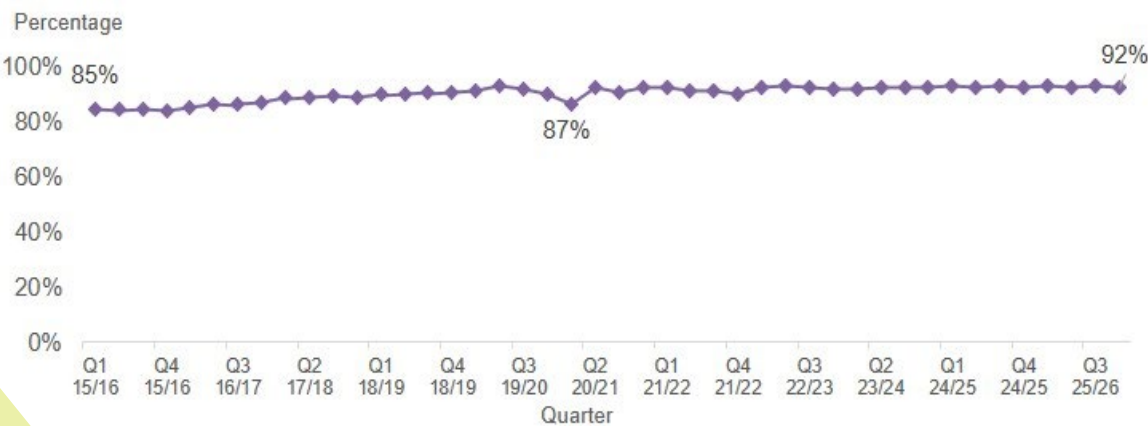


Please note that if a child is in neonatal unit or if the mother is in hospital during day 10-14, the first visit cannot take place and will be recorded as “Not seen”. Currently, it is not possible to exclude these children from the reports presented here and this should be borne in mind when analysing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

Reviews on time by Quarter:

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

Figure.3 Graph showing the percentage of new baby reviews completed on time by quarter (2015/16 - 2025/26)



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

97%

% of reviews completed during 2025/26:

Children in cohort	18,024
Early contact (before week 6)	3%
On time contact (week 6-11)	94%
Late contact (after week 11)	1%
Not seen	3%

Northern HSC Trusts had the largest proportion of reviews on time (95%)

Figure. 4 Graph showing the percentage of 6 – 8 week reviews completed by HSC Trust (2025/26)



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.

Figure.5 Graph showing the percentage of 6 – 8 week reviews completed on time by quarter (2015/16 - 2025/26)



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

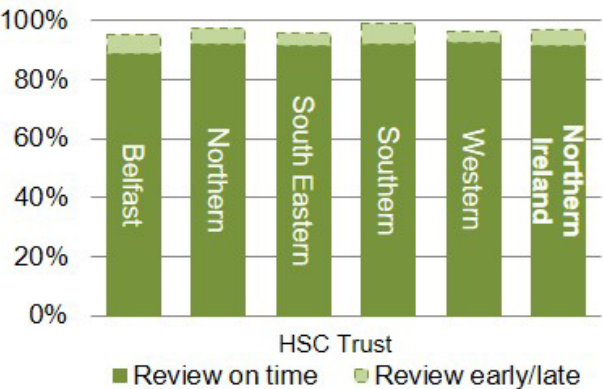
97%

% of reviews completed during 2025/26:

Children in cohort	18,110
Early contact (before week 14)	3%
On time contact (week 14-19)	91%
Late contact (after week 19)	2%
Not seen	3%

The Northern, Southern and Western HSC Trusts all shared the largest proportion of reviews on time (92%).

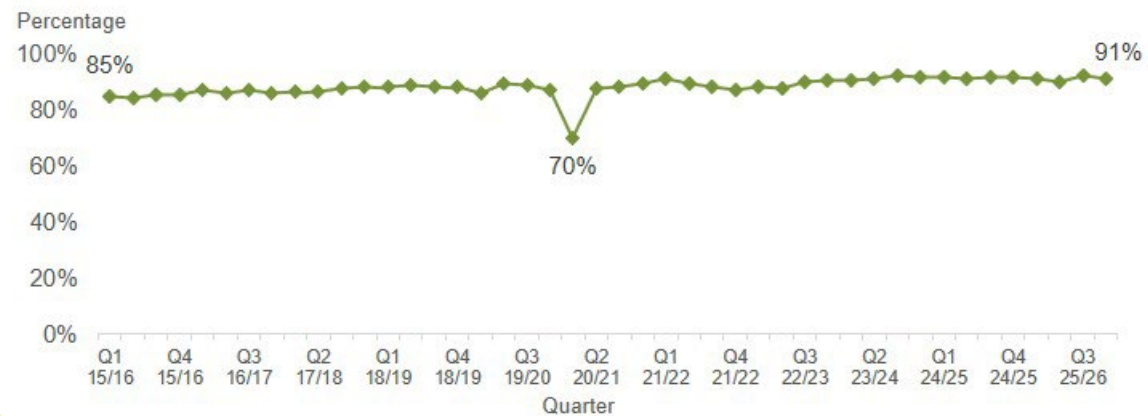
Figure.6 Graph showing the percentage of 14 – 16 week reviews completed by HSC Trust (2025/26)



Reviews on time by Quarter:

The proportion of 14 – 16 Week Health Reviews undertaken within the accepted timeframe has had a slow increase 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.

Figure.7 Graph showing the percentage of 14 – 16 week reviews completed on time by quarter (2015/16 - 2025/26)



6 – 9 Month Contact

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

93%

of all contacts were completed within the accepted time

of contacts were completed in total

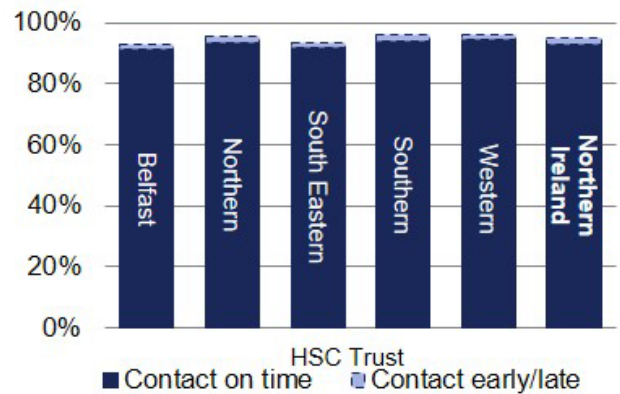
95%

% of contacts completed during 2025/26:

Children in cohort	18,225
Early contact (before month 6)	1%
On time contact (month 6-10)	93%
Late contact (after month 10)	1%
Not seen	5%

The Southern and Western HSC Trusts shared the largest proportion of reviews completed on time (94%).

Figure.8 Graph showing the percentage of 6 – 9 month contacts completed by HSC Trust (2025/26)



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 in 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.

Figure.9 Graph showing the percentage of 6 – 9 month contacts completed on time by quarter (2015/16 - 2025/26)



1 Year Health Review

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

72% of all reviews were completed within the accepted time

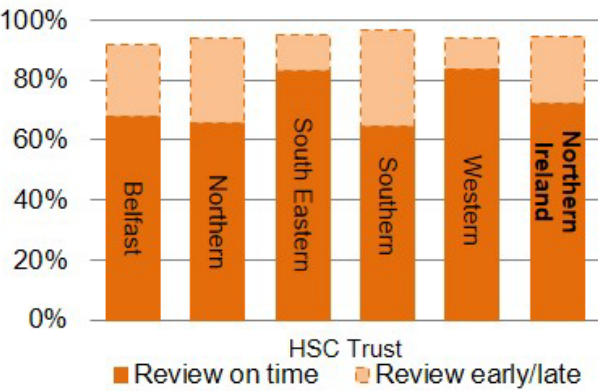
of reviews were completed in total **94%**

% of contacts completed during 2025/26:

Children in cohort	18,384
Early contact (before month 12)	3%
On time contact (month 12-14)	72%
Late contact (after month 14)	19%
Not seen	6%

The Western HSC Trust had the largest proportion of reviews within 12 - 14 months (84%).

Figure.10 Graph showing the percentage of 1 Year reviews completed by HSC Trust (2025/26)



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 the end of 2019/20, likely to be a result of these interim measures, as well as the Covid-19 pandemic. Interim measures have since been stood down, and the percentage of contacts undertaken on time rose from 59% to 75% between 2023/24 and 2025/26. The figures for all contacts undertaken (early, on time or late) increased from 85% to 94%.

Figure.11 Graph showing the percentage of 1 Year reviews completed on time by quarter (2015/16 - 2025/26)



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.

90% of all contacts were completed within the accepted time

of contacts were completed in total **94%**

% of contacts completed during 2025/26:

Children in cohort	19,384
Early contact (before 2 years)	2%
On time contact (2 years – 2 years 8 months)	90%
Late contact (after 2 years 8 months)	3%
Not seen	6%

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

Figure.12 Graph showing the percentage of 2 – 2 ½ Year reviews completed by HSC Trust (2025/26)



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 borne 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. From 2021/22 there has been a steady rise with the percentage now being above pre-pandemic levels.

Figure.13 Graph showing the percentage of 2 – 2 ½ year reviews completed on time by quarter (2015/16 - 2025/26)



Annex A

Table 1: Summary Health Visits 2025/26

Northern Ireland	Contact Early	Contact in Range	Contact Late	No Contact	Children in Cohort
New Baby Review by HV	95	16,596	929	274	17,894
6 to 8 Week Review by HV	508	16,892	139	485	18,024
14 to 16 Week Health Review by HV	627	16,522	380	581	18,110
6 to 9 Month Contact by HV	237	16,956	97	935	18,225
Health Review at 1 Year by HV	476	13,306	3,568	1034	18,384
Health Review at 2-21/2 Years by HV	387	17,374	527	1096	19,384

Northern Ireland	% Contact Early	% Contact on time	% Contact late	% No Contact	% Contact Early, On time or Late
New Baby Review by HV	1%	93%	5%	2%	98%
6 to 8 Week Review by HV	3%	94%	1%	3%	97%
14 to 16 Week Health Review by HV	3%	91%	2%	3%	97%
6 to 9 Month Contact by HV	1%	93%	1%	5%	95%
Health Review at 1 Year by HV	3%	72%	19%	6%	94%
Health Review at 2-21/2 Years by HV	2%	90%	3%	6%	94%

Table 2: New Baby Review by Health Visitor 2025/26

New Baby Review	Contact Early	Contact in Range	Contact Late	No Contact	Children in Cohort
Belfast	39	3,093	196	62	3,390
Northern	19	3,412	170	24	3,625
South Eastern	17	3,089	203	105	3,414
Southern	11	4,166	206	30	4,413
Western	9	2,836	154	53	3,052
Northern Ireland	95	16,596	929	274	17,894

New Baby Review	% Contact Early	% Contact on time	% Contact late	% No Contact	% Contact Early, On time or Late
Belfast	1%	91%	6%	2%	98%
Northern	1%	94%	5%	1%	99%
South Eastern	0%	90%	6%	3%	97%
Southern	0%	94%	5%	1%	99%
Western	0%	93%	5%	2%	98%
Northern Ireland	1%	93%	5%	2%	98%

Table 3: 6 - 8 Week Review by Health Visitor 2025/26

6 - 8 Week Review	Contact Early	Contact in Range	Contact Late	No Contact	Children in Cohort
Belfast	100	3,294	39	111	3,544
Northern	57	3,397	24	81	3,559
South Eastern	82	3,178	16	121	3,397
Southern	183	4,139	42	48	4,412
Western	86	2,884	18	124	3,112
Northern Ireland	508	16,892	139	485	18,024

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

Table 4: 14 - 16 Week Health Review by Health Visitor 2025/26

14 - 16 Week Health Review	Contact Early	Contact in Range	Contact Late	No Contact	Children in Cohort
Belfast	130	3,177	88	178	3,573
Northern	96	3,293	98	96	3,583
South Eastern	106	3,127	42	151	3,426
Southern	210	4,038	118	34	4,400
Western	85	2,887	34	122	3,128
Northern Ireland	627	16,522	380	581	18,110

14 - 16 Week Health Review	% Contact Early	% Contact on time	% Contact late	% No Contact	% Contact Early, On time or Late
Belfast	4%	89%	2%	5%	95%
Northern	3%	92%	3%	3%	97%
South Eastern	3%	91%	1%	4%	96%
Southern	5%	92%	3%	1%	99%
Western	3%	92%	1%	4%	96%
Northern Ireland	3%	91%	2%	3%	97%

Table 5: 6 – 9 Month Contact by Health Visitor 2025/26

6 - 9 Month Contact	Contact Early	Contact in Range	Contact Late	No Contact	Children in Cohort
Belfast	43	3,237	23	242	3,545
Northern	61	3,393	21	159	3,634
South Eastern	39	3,161	8	227	3,435
Southern	53	4,132	42	174	4,401
Western	41	3,033	3	133	3,210
Northern Ireland	237	16,956	97	935	18,225

6 - 9 Month Contact	% Contact Early	% Contact on time	% Contact late	% No Contact	% Contact Early, On time or Late
Belfast	1%	91%	1%	7%	93%
Northern	2%	93%	1%	4%	96%
South Eastern	1%	92%	0%	7%	93%
Southern	1%	94%	1%	4%	96%
Western	1%	94%	0%	4%	96%
Northern Ireland	1%	93%	1%	5%	95%

Table 6: Health Review at 1 Year by Health Visitor 2025/26

Health Review at 1 Year	Contact Early	Contact in Range	Contact Late	No Contact	Children in Cohort
Belfast	86	2411	757	292	3,546
Northern	47	2390	964	229	3,630
South Eastern	55	2932	366	171	3,524
Southern	233	2855	1197	144	4,429
Western	55	2718	284	198	3,255
Northern Ireland	476	13306	3568	1,034	18,384

Health Review at 1 Year	% Contact Early	% Contact on time	% Contact late	% No Contact	% Contact Early, On time or Late
Belfast	2%	68%	21%	8%	92%
Northern	1%	66%	27%	6%	94%
South Eastern	2%	83%	10%	5%	95%
Southern	5%	64%	27%	3%	97%
Western	2%	84%	9%	6%	94%
Northern Ireland	3%	72%	19%	6%	94%

Table 7: Health Review at 2 - 2½ Years by Health Visitor 2025/26

Health Review at 2 - 2½ Years	Contact Early	Contact in Range	Contact Late	No Contact	Children in Cohort
Belfast	83	3,173	92	324	3,672
Northern	74	3,489	191	227	3,981
South Eastern	41	3,338	39	248	3,666
Southern	155	4,258	162	115	4,690
Western	34	3,116	43	182	3,375
Northern Ireland	387	17,374	527	1,096	19,384

Health Review at 2 - 2½ Years	% Contact Early	% Contact on time	% Contact late	% No Contact	% Contact Early, On time or Late
Belfast	2%	86%	3%	9%	91%
Northern	2%	88%	5%	6%	94%
South Eastern	1%	91%	1%	7%	93%
Southern	3%	91%	3%	2%	98%
Western	1%	92%	1%	5%	95%
Northern Ireland	2%	90%	3%	6%	94%

Table 8: Proportion of visits on time Quarter 1 2024/25 – Quarter 4 2025/26

Northern Ireland	2024/25 Q1	2024/25 Q2	2024/25 Q3	2024/25 Q4	2025/26 Q1	2025/26 Q2	2025/26 Q3	2025/26 Q4
New baby review	93%	93%	93%	93%	93%	92%	93%	92%
6 – 8 Week Review	94%	94%	93%	94%	94%	93%	94%	93%
14 – 16 Week Health Review	91%	91%	91%	91%	91%	90%	92%	91%
6 – 9 Month Contact	93%	93%	92%	92%	93%	93%	93%	93%
Health Review at 1 Year	64%	66%	69%	62%	69%	72%	75%	75%
Health Review at 2 – 2½ Years	87%	89%	90%	89%	88%	89%	91%	91%

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

Next Release

“Healthy Child Healthy Future – Visit statistics for Northern Ireland 2025/26” has provisional release date of October 2027.

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>