



Llywodraeth Cymru  
Welsh Government

STATISTICS, DOCUMENT

# Healthy Child Wales Programme: 2022

Statistics and further analysis on the percentage of eligible children receiving health visitor contacts through the Healthy Child Wales Programme for 2022.

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# Introduction

The **Healthy Child Wales Programme** (HCWP) specifies nine contacts with health professionals at set points in time for children in Wales aged between 10 days and 3.5 years. Local health boards should offer these contacts to all children in Wales.

This annual report provides summary statistics on the completion rate of contacts children received through the HCWP in 2022. It also provides longer term trend analyses, using quarterly data that is already available on **StatsWales (Healthy Child Wales Programme)**.

Data is sourced from the National Community Child Health Database, hosted by Digital Health and Care Wales (DHCW).

Data for the HCWP is collected using a paper-based system, which limits the accuracy of the data collected. In particular this process affects the 6-week and 8-week contacts. Data collected is of sufficient quality to show the broad picture of the programme but is likely to slightly undercount the number of contacts which took place. More details on the programme and data source are available in the **quality and methodology section**.

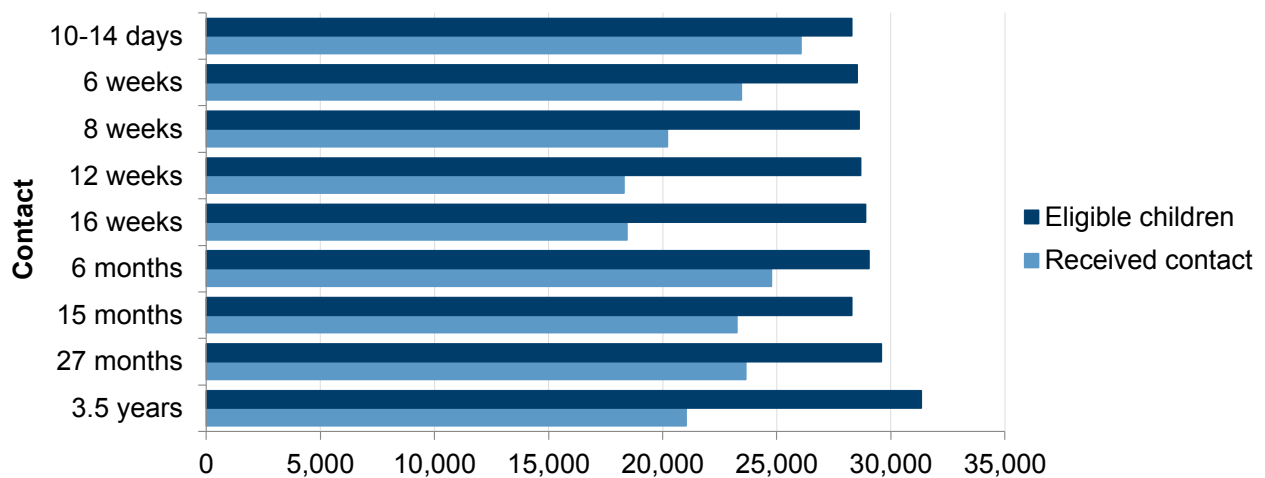
The COVID-19 pandemic substantially impacted the programme in 2020, though the majority of contacts were carried out 'as normal' from 2021 onwards. Specific details on how the programme was affected in 2020 are provided in the **Healthy Child Wales Programme, January to December 2020 statistical release**.

## Main points

- Just under 200,000 HCWP contacts were recorded in 2022, a decrease in contacts since 2021.
- Of all the contacts which should have been offered to all children aged between 10 days and 3.5 years during the year, 76% were recorded as being completed. This was 2 percentage points lower than in 2021.
- Contact completion rates continue to vary widely between each contact point. During the year 92% of children aged 10 to 14 days had their first contact recorded, compared to 64% of children aged 12 weeks and 16 weeks, and 67% of children who were eligible for the 3.5 year contact.
- Over 62,000 contacts which should have been offered were not recorded as taking place. In 66% of these cases there was no appointment recorded on the system; in 23% of cases the reason for the non-contact was missing or invalid data; while in 10% of cases, an appointment was made but the child was not brought.

# Annual summary of Healthy Child Wales Programme

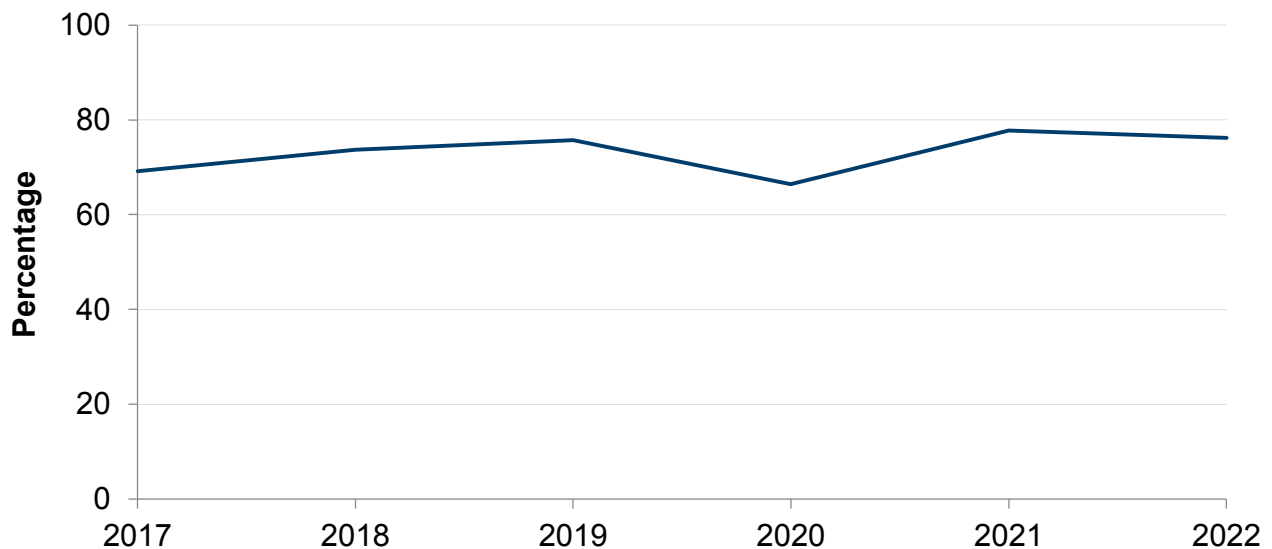
**Figure 1: Number of children eligible for Healthy Child Wales Programme contacts, and number of contacts received, 2022**



Description of Figure 1: A bar chart that shows that proportionally, more contacts were completed at the 10 to 14 days contact than at any other of the contact points.

**Annual number of Healthy Child Wales Programme eligible children, completed contacts and completion rate by contact age (StatsWales)**

## Figure 2: Annual Healthy Child Wales Programme contact completion rate, 2017 to 2022



Description of Figure 2: A line chart which shows that the percentage of contacts completed has steadily increased for the most part since the start of programme.

### Annual percentage of eligible children receiving Healthy Child Wales contacts, by child's local authority of residence (StatsWales)

A child is eligible for a contact when they reach the age of each contact point. For example, a child becomes eligible for the 3.5 year contact when they reach 3.5 years old. A 'completed contact' is where an eligible child has a contact through the programme which is then recorded on the child health system. The 'completion rate' is the number of completed contacts divided by the number of contacts which should have been offered.

In 2022, over 199,100 contacts were received by eligible children, equivalent to 76% of all contacts which should have been offered.

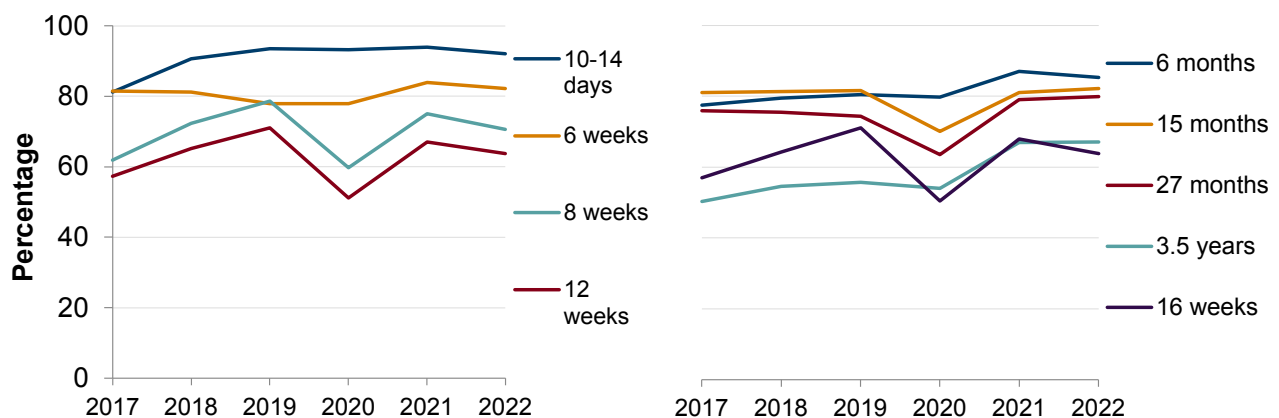
The completion rate varied widely by contact point. 92% of contacts (26,055 out

of 28,291) were received by children who should have been offered contacts when aged between 10-14 days, the highest completion rate of any contact. This compares to 64% of contacts received by children who should have been offered contacts when they were 12 weeks (18,296 out of 28,685) and 16 weeks (18,432 out of 28,887), the lowest completion rates of any contact. Historically the contact at 3.5 years has had the lowest completion rate of any contact, however annual data for 2022 was extracted from the Child Health system at a later date than usual, allowing for late submissions of data which would potentially have increased the completion rate.

**Numbers of eligible children and those who received a contact at each contact point is available on StatsWales.**

Figure 3 shows time series of the contact completion rate, using data from the start of the programme at each contact point.

**Figure 3: Contact completion rates at each contact point, 2017 to 2022**



Description of Figure 3: Two line charts showing the percentage of eligible children receiving contacts at each point has increased for the most part since the start of programme. There was a marked fall during the pandemic for most

contact points in 2020, however the completion rates at all contact points has since recovered.

## Percentage of eligible children with recorded Healthy Child Wales contacts, by quarter (StatsWales)

[Note 1] The actual percentage of eligible children receiving their contact at 8 weeks may be higher than the numbers presented because some health visitor contacts at 8 weeks may have been recorded on a 6 week contact form, see [quality and methodology section](#) for more detail.

All contacts offered through the HCWP are voluntary, so personal choice affects the percentage of eligible children receiving a contact.

Overall, there is a longer-term upward trend in the percentage of eligible children receiving contacts. The impact of the COVID-19 pandemic is clear in 2020, but the programme recovered in 2021 and the percentage of children receiving contacts since then has been at a broadly similar level to the quarters just prior to the pandemic.

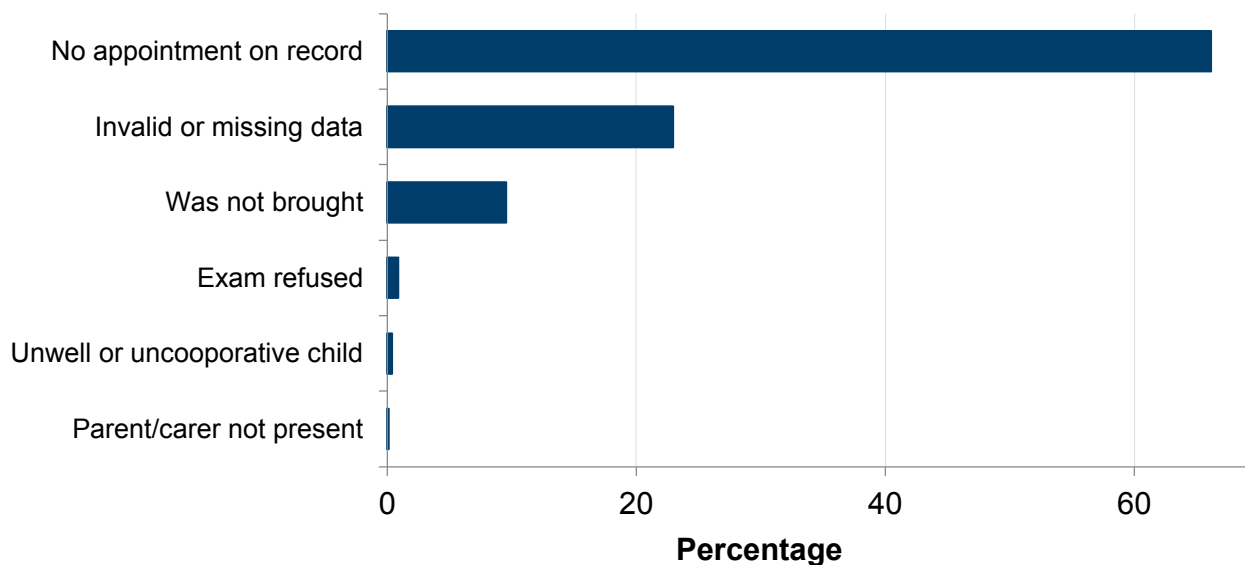
Contacts at 10 to 14 days, 6 weeks and 6 months were prioritised in Welsh Government guidance issued at various times during the waves of the pandemic. The data for these contacts shows less of a reduction in the percentage of children receiving contacts in 2020 than all other contact points.

## Reasons for not receiving a contact

All eligible children across Wales should be sent an invite for all contacts either directly through the post (for contacts that align with immunisations, providing consent is provided) or via their health visitor or GP for all other contacts. Where no contact took place, the reason is recorded on the child health system.



## Figure 4: Reason for no contact, all contacts combined, 2022



Description of Figure 4: Bar chart showing the majority of contacts which did not occur, did not have an appointment on record.

### Annual percentage of incomplete Healthy Child Wales Programme contacts by reason and contact age (StatsWales)

During 2022 there were just over 62,000 contacts which were not completed according to the child health system records. This was an increase since 2021 (58,000 not completed).

Contacts may not be completed because:

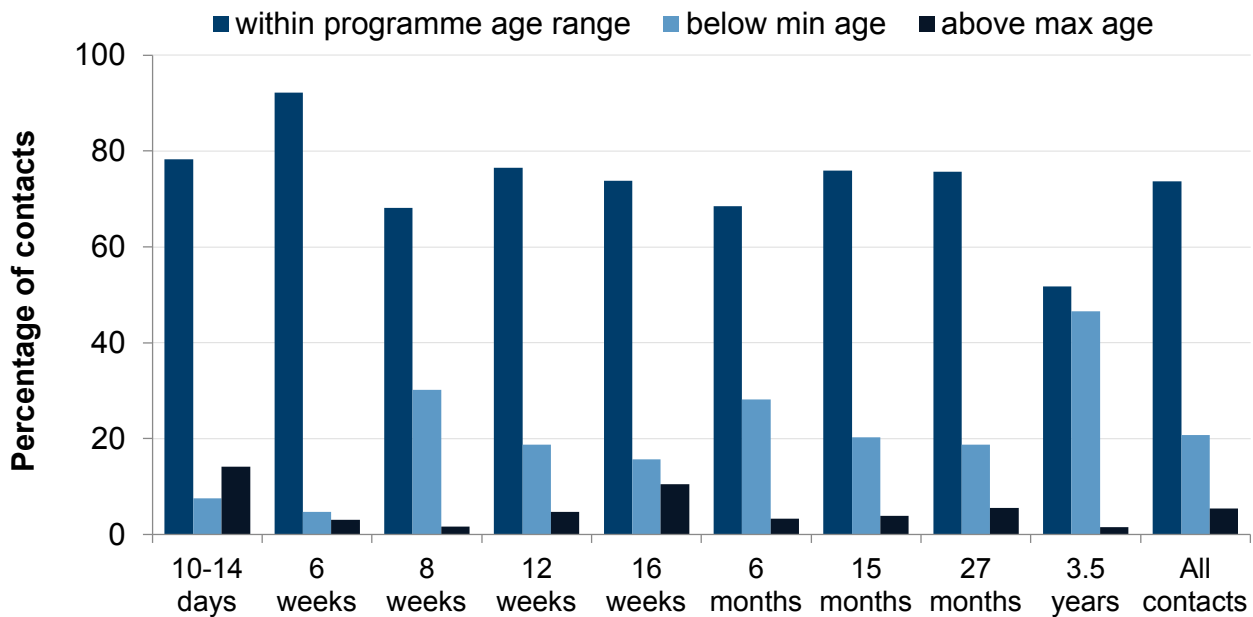
- contacts were not offered by health boards because they did not have the capacity to offer it;
- contacts were offered and not taken up by parents of eligible children; or
- contacts did occur, but the data collection form was not completed or added to the child health system.

77% of incomplete contacts had information recorded on the system indicating why a contact was not recorded. The majority (66%) of contacts were not made because there was no record of an appointment being made. Where an appointment was made, the main reason why the contact did not happen was because the child was not brought to the appointment (10%).

## Contacts within programme age range, 2022

While the HCWP is designed for children to receive a contact at specific ages, in practice each contact point has a minimum and maximum age threshold within which the contact should take place. These thresholds are shown in the [quality and methodology section](#).

**Figure 5: Percentage of contacts received within age range, below the minimum age, and above the maximum age, 2022**



Description of Figure 5: A bar chart showing most contacts occurred within the specified age ranges.

### Annual percentage of Healthy Child Wales Programme contacts received within age ranges (StatsWales)

The majority of all contacts (74%) were made within the specified age range, though there was some variation between contact points.

When children had their contact outside of the age threshold, it was largely before the minimum age at all contact points, apart from the 10 to 14 day contact. The largest percentage of children not seen within the age range was at 3.5 years, where almost half of children had their contact before the lower age

threshold.

## Flying Start

**Flying Start** is a Welsh Government early years programme targeted at families who live in relatively disadvantaged areas. The programme complements the Healthy Child Wales Programme (HCWP) and offers enhanced health visiting services through additional visits at 24+ week gestation, from the baby's birth to six weeks old, and between the ages of 9 to 12 months and 18 to 24 months.

Statistics summarising the activity within Flying Start programme areas as well as outcomes for children living in Flying Start areas are published annually: **Flying Start: summary statistics**.

When the HCWP was first introduced, the HCWP contact completion rate was lower for children residing in Flying Start areas, compared to children residing in non-Flying Start areas. This was expected as both programmes became aligned to each other. Since mid-2017, there has been little difference between completion rates for children living in both areas.

In the last quarter of 2022, the percentage of eligible children receiving their contact was 70% in Flying Start areas and 73% in non-Flying Start areas.

**Percentage of eligible children with Healthy Child Wales contacts residing in Flying Start and non-Flying Start areas, by quarter (StatsWales)**

## Local health board summary

The HCWP is delivered by the seven local health boards in Wales. The contact completion rate differs by health board and data for the calendar year 2022 is

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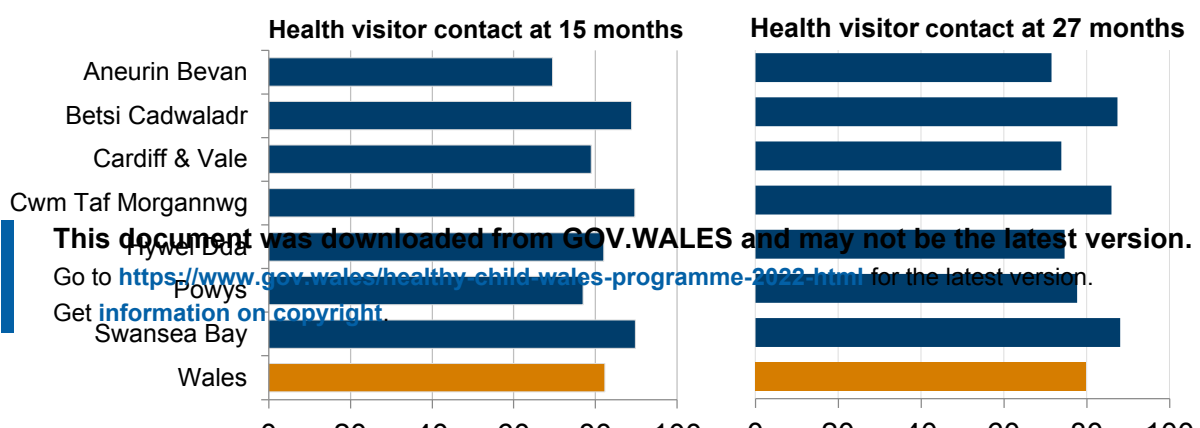
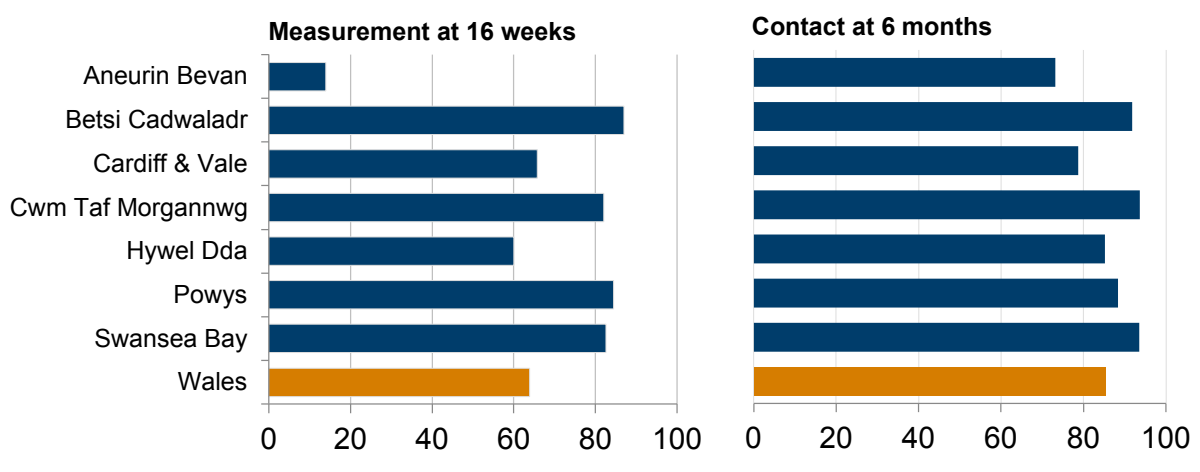
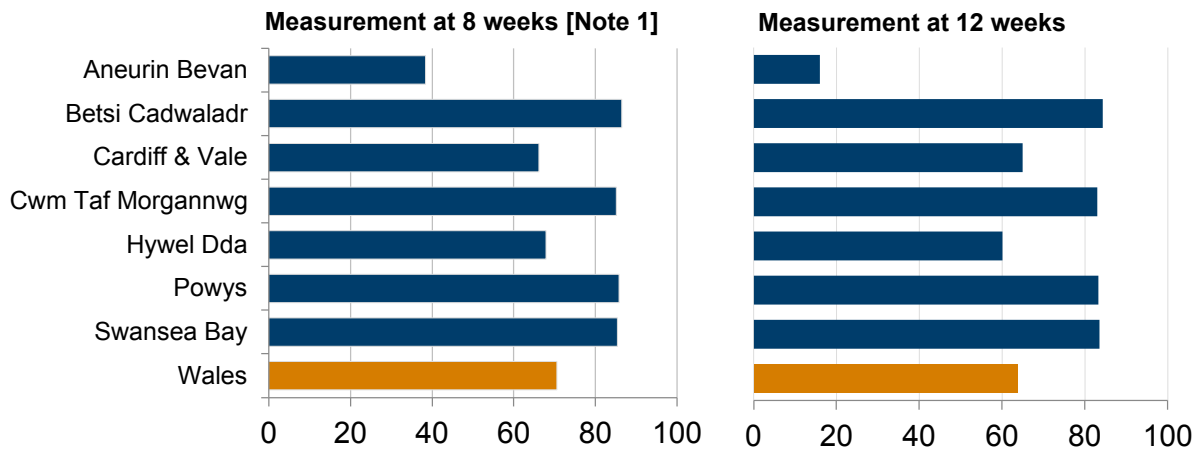
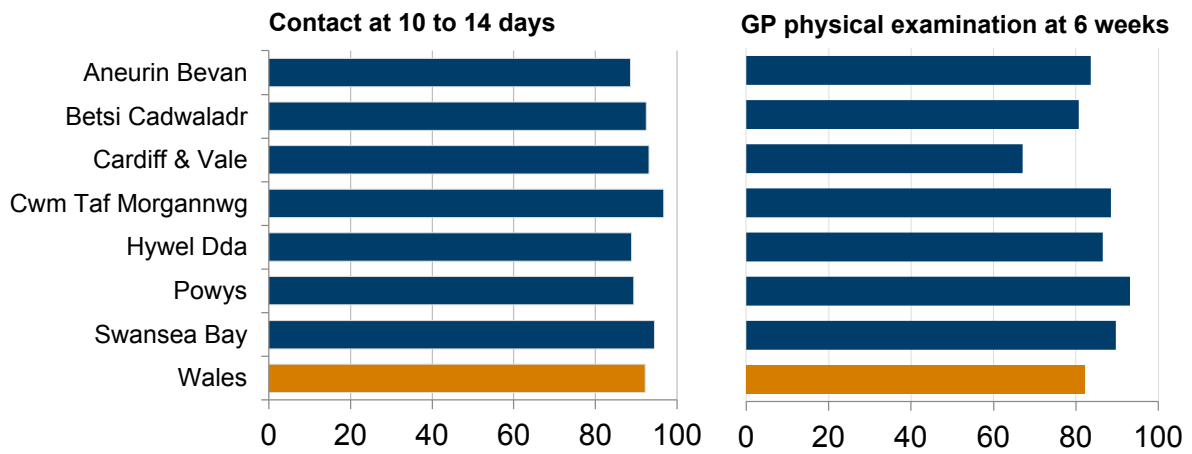
shown in Figure 6.

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## Figure 6: Contact completion rate (percentage of eligible children) by health board, Wales, 2022



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Description of Figure 6: Nine bar charts showing the completion rates for the different contact points.

### **Annual completion rate of Healthy Child Wales Programme contacts, by health board provider and contact age (StatsWales)**

[Note 1] The actual percentage of eligible children receiving their contact at 8 weeks may be higher than the numbers presented because some health visitor contacts at 8 weeks may have been recorded on a 6 week contact form, see the [quality and methodology section](#) for more detail.

Figure 6 shows that the completion rates vary widely between contact point and health board providing the service.

While there is variation, some health boards have consistently higher completion rates than others. Cwm Taf Morgannwg has completion rates greater than the Wales average at all contact points, while Betsi Cadwaladr and Swansea Bay have completion rates greater than the Wales average at 8 of the 9 contact ages. Whereas Hywel Dda, and Aneurin Bevan have completion rates above the Wales average at only 1 contact point. Aneurin Bevan have particularly low completion rates at the 8, 12 and 16 weeks contacts as a result of workforce difficulties.

**Data based on the child's resident local authority is also published on StatsWales.**

## **Quality and methodology information**

### **The Healthy Child Wales Programme**

Further information on the [Healthy Child Wales Programme](#) (HCWP) can be



found on the Welsh Government website and the [NHS Wales Data Dictionary](#).

## Monitoring the programme and data source

The programme is supported by a child health system, delivered by [Digital Health and Care Wales](#) (DHCW). The system enables health boards to schedule HCWP contacts, provides a consistent data collection form for each contact, and a consistent digital infrastructure for data to be entered on. The data collected supports policies aimed at improving children's health across Wales.

HCWP data is stored on the National Community Child Health Database (NCCHD) which consists of anonymised records for all children born, resident or treated in Wales and born after 1987. It brings together data from the child health system databases which are held by local health boards. Welsh Government and DHCW have worked together with health professionals to establish a dataset for those HCWP contacts with children between the ages of 10 days and 3.5 years. The data is collected by health visitors and other health professionals on paper forms which are submitted to administrative staff who manually enter data onto the child health system. The NCCHD is refreshed from local child health system databases every quarter (end January, April, July and October).

Note that only data extracted from the NCCHD is analysed here and that HCWP contacts before 10 days of age and after 3.5 years are not reported in this release. Other key components of the programme are reported elsewhere:

- [Immunisation statistics \(COVER statistics\) are published by Public Health Wales](#).
- Infant feeding statistics are published in our annual [Maternity and birth statistics](#) statistical release.

## Measuring coverage of the programme

In order to measure how the programme is being implemented for children living in Wales using the NCCHD, the following methodology has been used:

- Identified appropriate eligible children during the period for each contact. For example, in relation to the 10 to 14 day contact, we have looked at all children in Wales becoming 10 days old during the quarter.
- For these eligible children we have counted the valid records for each HCWP contact.
- Delayed reporting by one quarter to allow time for data to be recorded on child health system databases.
- Note that annual data is extracted at the same time as the last quarter in the year and data for the three previous quarters in the year are not revised. If there are late submissions of data for contacts which happened in the first three quarters of the year, then these will be counted in the annual data but not in the quarterly data from when they happened. As a result the annual completion rate is likely to be higher than the rates of the constituent quarterly rates.

## Implementing the programme

Statistics in this release only relate to the following HCWP contacts:

- health visitor home contact at 10 to 14 days
- GP contact at 6 weeks
- health visitor service contact (growth assessment) at 8, 12 and 16 weeks
- health visitor service contact at 6 months
- health visitor service contact at 15 months
- health visitor service contact at 27 months
- health visitor service contact at 3.5 years pre-school

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## Table 1: Healthy Child Wales Programme contact age thresholds

Contact	Min age	Max age
Contact at 10 to 14 days	10 days	14 days
Physical examination at 6 weeks (GP led)	6 weeks	12 weeks
Contact at 8 weeks	8 weeks	12 weeks
Contact at 12 weeks	12 weeks	16 weeks
Contact at 16 weeks	16 weeks	20 weeks
Contact at 6 months	26 weeks	35 weeks
Contact at 15 months	65 weeks	78 weeks
Contact at 27 months	117 weeks	130 weeks
Contact at 3.5 years (pre-school)	185 weeks	208 weeks

After the first home contact at 10 to 14 days, health visitor service contacts can occur either in the home or in clinics, although growth assessments contacts can also take place at GP practices. The physical examination takes place mostly in GP practices or in clinics.

Each contact point has a minimum and maximum age threshold within which the contact should take place. These thresholds were determined by Heads of

Health Visiting at local health boards and are shown in Table 1.

## Coverage

Statistics in the release relate to contacts by health professionals with children resident in Wales from birth to three and a half years old.

There are known data quality issues with the data collected through the Healthy Child Wales Programme. One of the issues is that the paper-based system can lead to an undercount in activity because it relies on the health professional completing the paper form correctly, submitting it to a child health administrator, who then uploads the data onto the child health system. This process can lead to incorrect data being input on to the form, forms being submitted late or not at all and manual imputation errors. While the large majority of contacts are recorded correctly, this process means data is not collected for all children in practice.

There are specific issues which affect the 6 and 8 week contacts. The 6 week contact is where physical examination of the eyes, heart, testes, hips and general health occurs and should be undertaken by a GP or paediatrician. Data recorded in NCCHD shows that around 80% of these contacts have occurred since the programme was introduced; however feedback from health boards suggests that all children are offered this contact and nearly all children receive the contact. Following an investigation into the data, it was apparent that some GPs recorded the contacts on their GP systems, but did not record the information on the Healthy Child Wales Programme data collection form, so it will not be present on the NCCHD.

Further to this, the 8 week contact with the health visitor often takes place simultaneously to the 6 week GP contact, but in order to be entered onto the NCCHD, separate data collection forms need to be submitted for each contact. This can result in a number of 6 week contact forms being submitted by the

health visitor instead of the 8 week contact form. Therefore the number of 8 week contacts on the NCCHD is lower than the number of contacts occurring in practice.

Health visitor contacts which align with childhood vaccination appointments also suggest there is an undercount of activity recorded in NCCHD. Vaccination appointments (typically carried out by a general practice nurse) are usually arranged to happen at the same time and location as HCWP contacts with the health visitor, however vaccination rates are greater than the rate of eligible children receiving Healthy Child Wales Programme contacts.

Welsh Government officials are continually working with health boards and primary care colleagues to improve the quality of data recorded at all contacts and it is hoped that an electronic data collection system may be introduced in the future to help with this.

## **Data access, confidentiality and disclosure control**

The extract supplied to Welsh Government by DHCW is anonymised so that it contains no personal identifiable information.

Statistics take into account our disclosure control guidance and follow ONS confidentiality guidelines for health statistics available from: [ONS best-practice guidelines](#).

## **Revisions**

The National Community Child Health Database is a live database and data is extracted from this database every quarter. There is usually a 4-month lag between the extract being taken and the reference period (for example, data extracted in April will be for the reference period October to December in the

previous year). This is to allow child health departments to process all data collection forms for the reference period. Data is only extracted for the latest quarter, so data for all previous quarters are not routinely revised. If data for previously published periods were to be extracted at any point after their usual extraction date, numbers may differ slightly to the published data because there may have been some data collection forms processed very late.

Data for previous time periods is not revised unless errors are discovered. In the case of incorrect data being published, revisions would be made and users informed.

## **What are the potential uses of these statistics?**

These statistics will be used in a variety of ways. Some examples of these are:

- advice to Ministers
- to inform debate in the Welsh Parliament and beyond
- to make publicly available data on child health statistics in Wales
- monitoring service delivery
- public health research
- policy development.

## **Users of this data**

The main users of this data are likely to be:

- ministers and the Members Research Service in the Welsh Parliament
- local health boards and local authorities
- primary care organisations
- the research community
- students, academics and universities

- the general public
- private hospitals
- NHS organisations
- voluntary birth organisations

## Relevance

The statistics provide an opportunity to monitor the implementation of the HCWP and provide an insight into the profile of the early years in Wales.

Users of the statistics are encouraged to contact Welsh Government to let us know how they use the data.

Key users have been contacted prior to release of this data and will continue to be liaised with as the statistical release develops.

The release will be adapted to respond to policy changes ensuring our statistics remain relevant.

## Accuracy

There are known data quality issues with data collected through the programme, most of which are explained in the [coverage section](#).

The data collection form records information on additional data items such as female genital mutilation (FGM), the age at which breastfeeding ceased, the age at which solid foods were introduced, and schedule of growing skills (SOGS). However none of these data items are currently recorded with sufficient accuracy and consistency to publish data.

Welsh Government and DHCW are continuously working with health boards to

improve completeness and quality. Part of this work includes changing the data collection form to make it easier for health visitors to complete and potentially moving to an online data collection system, rather than using the current paper-based process which has many limitations.

## Completeness

Notwithstanding the known data quality issues and impacts of the COVID-19 pandemic, data completeness is variable across some of the published data items but is sufficiently high to produce official statistics with explanatory notes.

The current paper-based data collection process relies on the accurate completion of data collection forms by health care professionals, and timely processing and accurate imputation by child health system administrators.

## Timeliness and punctuality

The NCCHD is refreshed from data derived from local child health systems every quarter.

There is often a lag in data collection forms being sent to child health system administrators, so data is usually extracted from the system around 4 months after the reference period and is published by Welsh Government, as soon as resource allows but usually within 2 months of receiving the data.

To supplement the annual statistical release, quarterly data are published on [StatsWales \(Healthy Child Wales Programme\)](#).



## Accessibility and clarity

The statistics are published in an accessible, orderly, pre-announced manner on the Welsh Government website at 9:30am on the day of publication. An RSS feed alerts registered users to this publication. Simultaneously the releases are also published on the National Statistics Publication Hub. We also publicise our outputs on [X \(formerly Twitter\)](#). All releases are available to download for free.

Open data tables are available via [StatsWales \(Healthy Child Wales Programme\)](#) every quarter.

We aim to use plain English in our outputs and all outputs adhere to the Welsh Government's [accessibility policy](#). Furthermore, all our headlines are published in Welsh and English.

Further information regarding the statistics can be obtained by contacting the relevant staff detailed on the release or via [stats.healthinfo@gov.wales](mailto:stats.healthinfo@gov.wales).

## Comparability and coherence

Where there are changes to the source data provided, this will be shown in the statistical outputs. Where advance warning is known of future changes these will be pre-announced in accordance with Welsh Government arrangements.

Data collected from NCCHD adheres to national standards and are coherent within and across health organisations in Wales.

England has a [Healthy Child Programme \(Department of Health and Social Care\)](#) which is similar scheme to Healthy Child Wales.

Scotland has a [Child Health Programme \(Public Health Scotland\)](#) which

differs somewhat from the Healthy Child Wales Programme.

Northern Ireland statistics on public health are available from the [Northern Ireland Public Health Agency](#).

## **Well-being of Future Generations Act (WFG)**

The Well-being of Future Generations Act 2015 is about improving the social, economic, environmental and cultural wellbeing of Wales. The Act puts in place seven wellbeing goals for Wales. These are for a more equal, prosperous, resilient, healthier and globally responsible Wales, with cohesive communities and a vibrant culture and thriving Welsh language. Under section (10)(1) of the Act, the Welsh Ministers must (a) publish indicators (“national indicators”) that must be applied for the purpose of measuring progress towards the achievement of the Well-being goals, and (b) lay a copy of the national indicators before Senedd Cymru. The 46 national indicators were laid in March 2016.

Information on the indicators, along with narratives for each of the wellbeing goals and associated technical information is available in the [Well-being of Wales report](#).

Further information on the [Well-being of Future Generations \(Wales\) Act 2015](#).

The statistics included in this release could also provide supporting narrative to the national indicators and be used by public services boards in relation to their local wellbeing assessments and local wellbeing plans.

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