Time trends in the coverage of health visiting contacts (2016 – 2024)

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BACKGROUND

Health visiting is a universal service in the UK for 0 to 5-year-olds and their families. In England, that includes four postnatal mandated visits at specific ages: 14 days, 6-8 weeks, 12-15 months and 2-2½ years. Further support can be provided through additional contacts or signposting to other services [1, 2]. Routine statistics show that uptake (population coverage) of mandated contacts is not universal and varies across the country. However, there is little evidence about how coverage has changed over time despite policy interest [3].

PURPOSE

To describe changes over time in population coverage of mandated health visiting contacts, including by region and need.

METHODS

- Clean and combine routine data about the population coverage of mandated health visiting contacts collected on a quarterly basis at local authority level to create a national, longitudinal dataset.
- Calculate the change in population coverage between 2016 and 2024 and describe at national, regional and local authority level.
- Examine whether changes in population coverage are related to indicators of need, including child vulnerability and deprivation.

KEY FINDINGS

- Despite the large spread of data there is no significant change in coverage across the 4 mandated visits on a national level (Figure 1).

- There seems to be greater positive change compared to negative change at a regional level in the later visits (12 months and 2 years) compared to a greater negative change at the earlier visits (14 days and 6-8 weeks, Figure 2).

Figure 1: Local authority distribution in the absolute change in population coverage of mandated health visiting contacts in England between 2016 and 2024

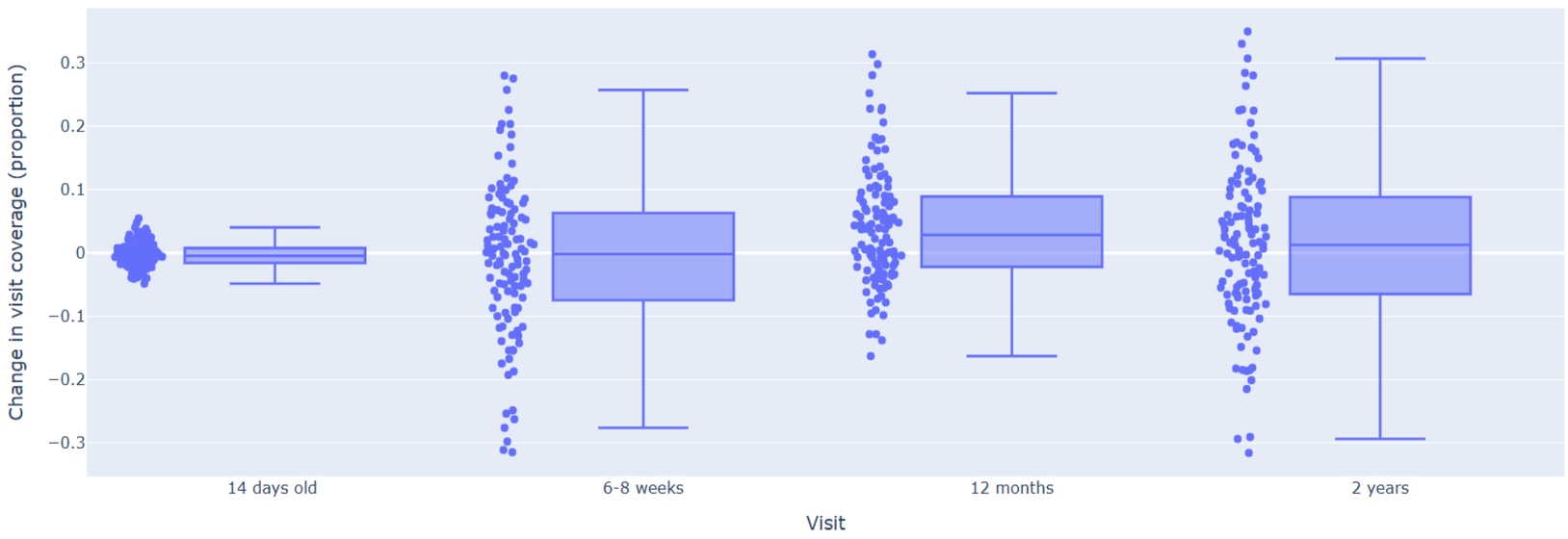
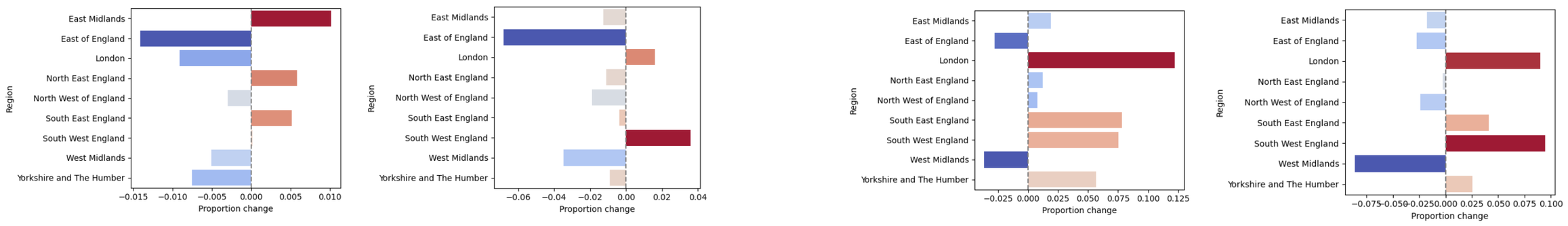
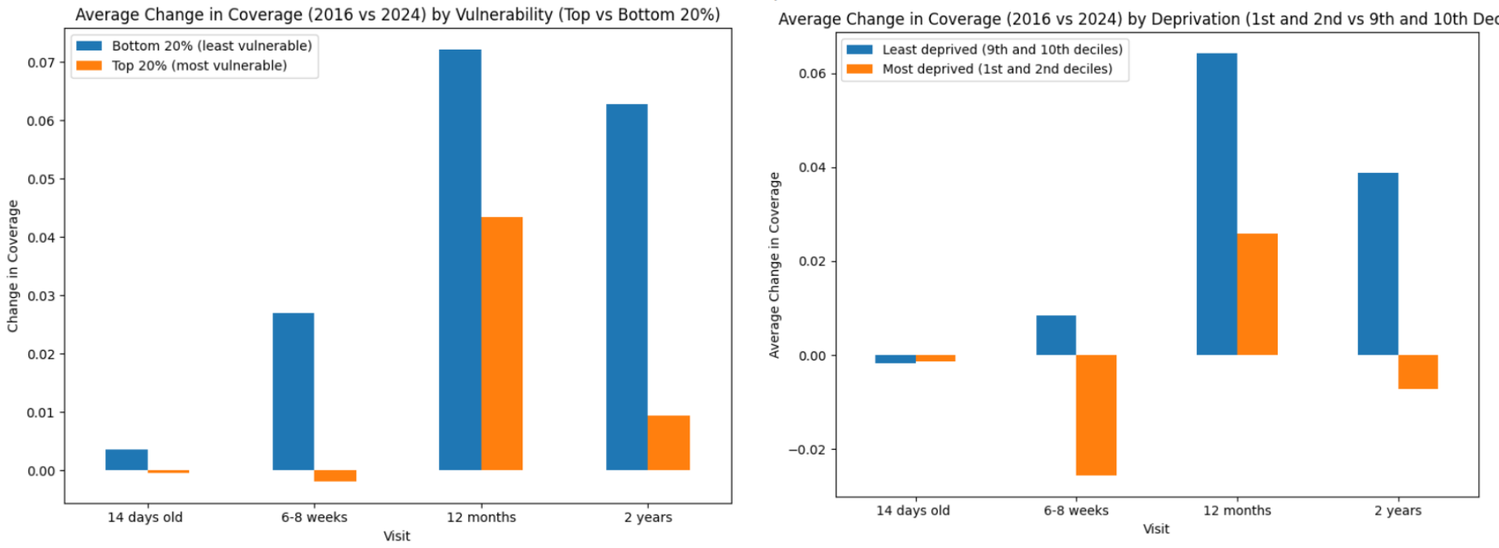


Figure 2: Absolute change in population coverage of mandated health visiting contacts in England between 2016 and 2024, by region



- The least deprived and least vulnerable areas saw a greater improvement in coverage compared to the most deprived and vulnerable areas (Figure 3).
- Vulnerability was measured as the proportion of families affected by at least one of the "toxic trio": mental ill-health, domestic abuse and substance misuse.
- Deprivation was measured as the proportion of children (aged 0 to 15) living in income-deprived families, grouped into deciles.
- We compared the top and bottom 20% of areas on each measure.
- Even in the least deprived/ vulnerable areas, improvements were modest (under 10%) at each mandated contact (Figure 3).

Figure 3: Absolute change in population coverage of mandated contacts in England (2016 and 2024) in the most vulnerable and deprived areas compared to the least vulnerable and deprived



Recommendations for policy makers

- Focus of resources on earlier contacts (14 days and 6-8 weeks), as shown to have weakest coverage.
- Co-production of initiatives with communities in most deprived and vulnerable areas for more impactful interventions.

ACKNOWLEDGEMENTS

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References:

1 Lysons JL, Mendez Pineda R, Aquino MRJ, et al. What do parents, professionals and policy colleagues want from a universal assessment of child development in the early years? A qualitative study in England. BMJ Open. 2024;14:e091080. doi: 10.1136/bmjopen-2024-091080

2 Service, G.D. (2024) *Break down barriers to opportunity*, *GOV.UK*. Available at: https://www.gov.uk/missions/opportunity (Accessed: 19 August 2025).

3 OHID. Health visitor service delivery metrics, 2023 to 2024: statistical commentary 2024 [Available from: https://www.gov.uk/government/statistics/health-visitor-service-delivery-metrics-april-2023-to-march-2024-annual-2023-to-2024/health-visitor-service-delivery-metrics-2023-to-2024-statistical-commentary.