

Rotherham Healthy Child Programme: Evaluation of the universal 3-4 month visit

Interim report

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Background

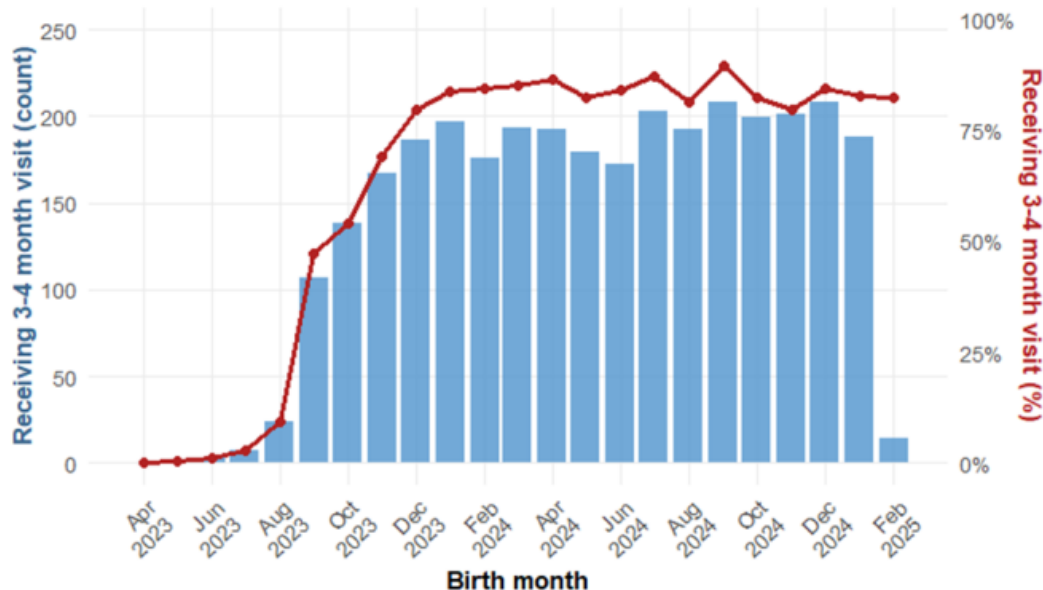
- Successful application to work with the National Institute for Health and Care Research (NIHR) Public Health Intervention Responsive Studies Teams (PHIRST) based at Nottingham University.
- The aim was to evaluate the impact of the 3–4-month health visit, an additional visit which was previously available to only families requiring enhanced support but offered to all parents through Family Hubs funding until March 2026.
- Practitioners review child development, provide guidance on breastfeeding and safe weaning, and support parental mental health.

Methods

- Qualitative
 - 15 individual interviews with parents
 - 2 focus groups with parents
 - Including one with parents who hadn't taken up the visit
 - Focus groups with seven nursery nurses, four public health staff and commissioners.
 - Factors associated with delivery and uptake of the visit were examined.
- Quantitative
 - Tracking month-by-month how many eligible babies received it and whether it happened on time. Visit completion was described by demographic factors, including socio-economic deprivation, ethnicity, maternal age and parity, and developmental scores at 3-4 months.
 - The children's 12-month development scores were compared before and after the review controlling for demographic factors.

Reach

- The 3-4-month visit began in September 2023 but was targeted.
- General rollout to the entire population began from January 2024.
- On average, just under 200 babies and their families received a 3-4 month visit each month.



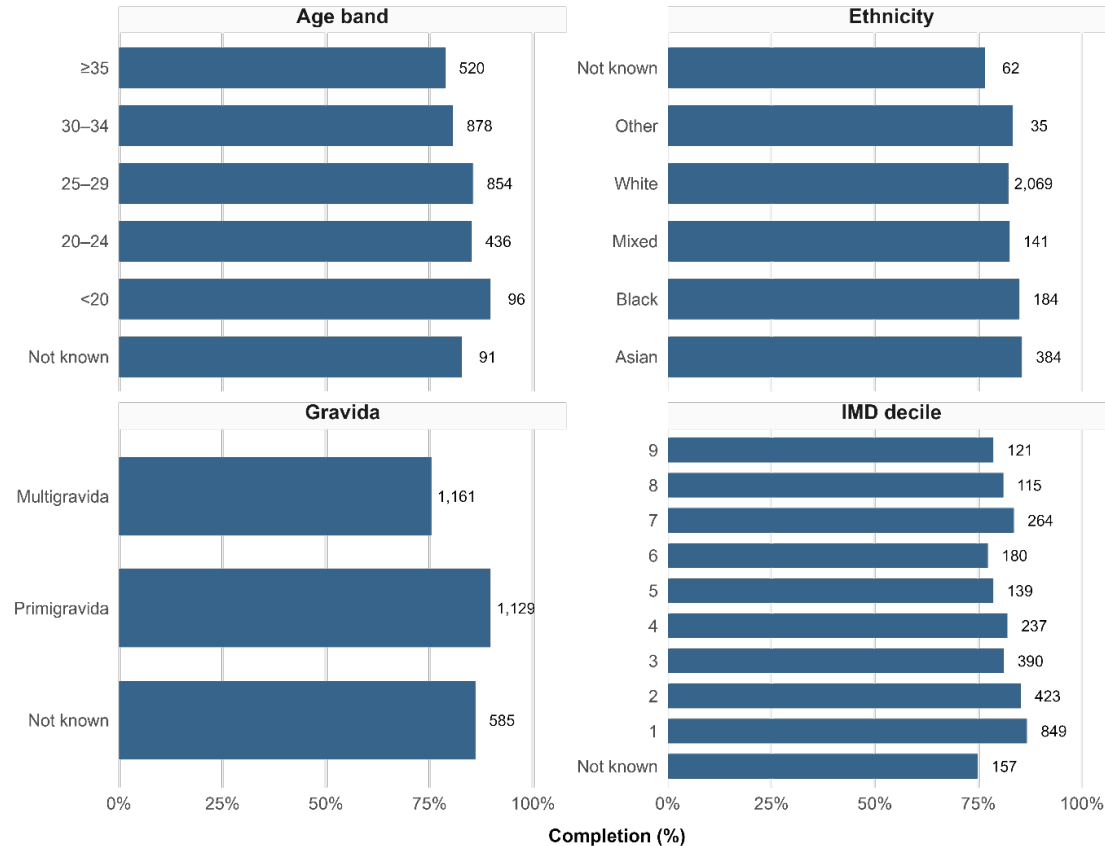
Qualitative key findings

- Parents valued having an additional visit between the 6-8 week and 9-12 month reviews and the visit was positively supported.
- There were positive opinions of the service and family hubs.
- Community groups, such as those delivered at a local mosque, provided an important way of delivering information and support to diverse communities.
- Parents felt the visit was more developmentally focused than other visits, aligning with nursery nurse skills in developmental screening.
- The visit supports parents' knowledge and preparedness for upcoming developmental milestones, providing parental reassurance.



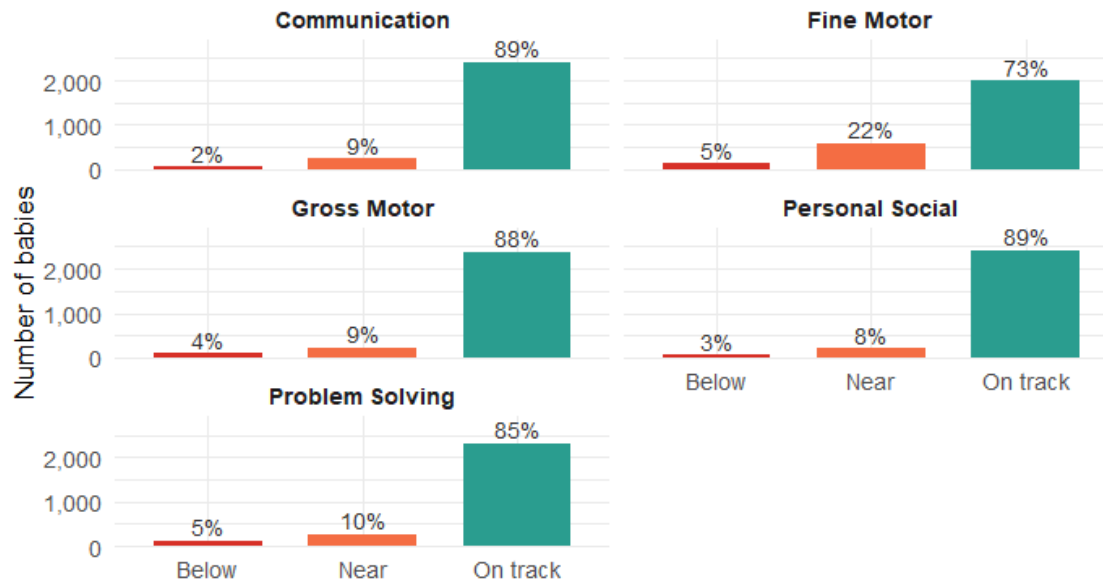
Quantitative findings - demographic

- 3-4 month visit rates stabilised at around 80%.
- Before adjusting for potential confounders, 3-4 month visit rates are lower for older mothers, those who have already had a child, and those in IMD deciles 5 and 6



Quantitative findings – ASQ

- Of those who received the visit, the ASQ completion is around 80%.
- ASQ-3 screening results at the 3-4 month visit by each of the five domains, on time visits only are shown below.



Quantitative key findings

- The 3-4 month visit uptake is equitable across socio-economic deprivation, ethnicity and maternal age groups, but families with more than one child were around 70% less likely to receive a visit.
- Maternal mood recording rates were consistent across deprivation quintiles and ethnic groups.
- At the 9-12 month visit, children eligible for a universal 3-4 month visit had higher likelihood of scoring above the close-monitoring cutoff in the ASQ domain of problem solving.

Next steps

- These findings provide evidence for Rotherham stakeholders to consider when deciding on the future of the review and may contribute to the wider national debate on delivery of the Healthy Child Programme.
- A detailed report will be published by November describing these findings further.
- Meetings with Public Health Senior Management Team and Family Hubs Operational Group will share the detailed report and to discuss the future commissioning options.

Conclusion

- Overall, the evaluation indicates that the 3–4 month review is a valued addition to the Healthy Child Programme, offering a point of contact between the 6–8 week and 9–12 month visits and supporting families during a period of rapid developmental change.
- The visit appears feasible to deliver, culturally adaptable, and acceptable to parents.
- Work remains for ongoing data collection to monitor outcomes and to discuss future commissioning options.

Recommendations to the board

- To note the findings from the evaluation of the 3-4-month health visit.

