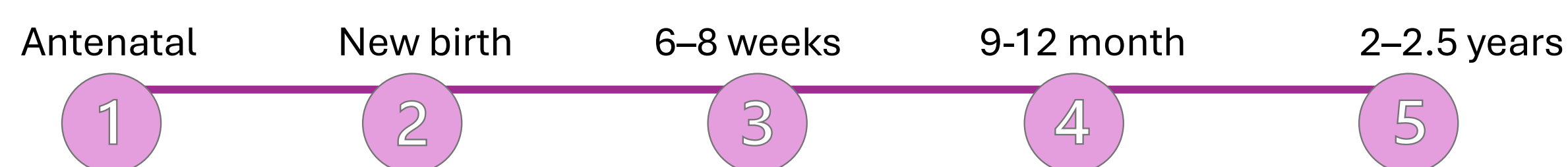


Mixed Methods Evaluation of a Universal 3-4-month Healthy Child Programme Review in Rotherham, South Yorkshire.

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Background

The Healthy Child Programme (HCP) includes five mandated core reviews that monitor growth, immunisations, development and parental wellbeing. These span pregnancy through 30 months (below) however, there is a gap between the 6-8 week and 9-12 month visit where missed opportunities may occur.



Using Family Hubs and Start for Live funding, Rotherham Metropolitan Borough Council (RMBC) added a universal 3-4 month visit to their HCP schedule.

This visit includes:

- Child development screening (ASQ-3)
- Breastfeeding and weaning guidance
- Home safety advice
- Parental mental health screening
- Signposting to Family Hub Services

Results - Quantitative

Uptake appeared equitable across levels of socioeconomic deprivation, with no clear trend from most to least deprived areas. No differences were found for ethnicity or maternal age groups; however, families with more than one child had around 70% lower odds of receiving 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 a higher likelihood of scoring above the close-monitoring cutoff in the ASQ domain of problem solving (AOR 1.41) than the pre-intervention cohort.

Methods

Concept	Research question
Reach	<ul style="list-style-type: none"> Who engages with the visit? Are there demographic differences between those who do, and do not, take up the visit?
Effectiveness	<p>For those who take up the visit, does the review impact:</p> <ul style="list-style-type: none"> Ages and Stages Questionnaire-3 scores at the 12-month visit? Parental knowledge and confidence towards key developmental milestones following the visit? Rates of breastfeeding, immunisation, and onward referral to other services as measured at 12-month visit?
Acceptability	<ul style="list-style-type: none"> What are parent and staff perceptions of the visit? Are there barriers and facilitators to attendance/engaging or implementation?

Quantitative

We used routine Rotherham HCP data for those born between October 2019 and February 2025 assessing uptake, maternal mood, and developmental outcomes.

Qualitative

15 parent interviews, 2 focus groups, 1 nursery nurse focus group, and 4 local authority stakeholder interviews.

Results - Qualitative



Strong feeling of importance for the visit



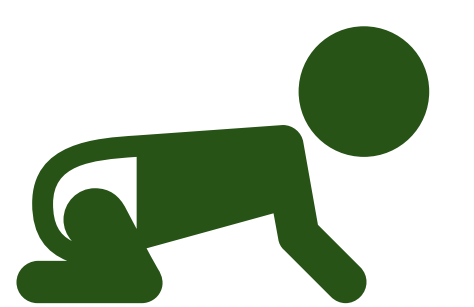
Some parents reported improved knowledge and confidence



The visit had equitable reach



Parents valued service signposting



Those who had the visit had higher ASQ-3 problem-solving scores

Key findings

Uptake was around 80% and was equitable across deprivation and ethnicity, though lower among multigravida mothers.

At 9-12 months, eligible children had higher odds of scoring above the close monitoring cut-off for problem solving.

Most parents valued reassurance, tailored developmental advice, and local signposting.

Robust data on immunisations, feeding, and onward referrals was not available for analysis.