

Child Health 27-30 Month Review Statistics

Scotland 2015/16

Publication date – 7 February 2017

Contents

Introduction.....	2
Methods and Definitions	3
Data collection	3
Coverage Methodology.....	3
Development Assessment Analysis Methodology.....	3
Definitions	4
Main points	5
Results and Commentary	6
Coverage	6
Age at review	7
Developmental Assessments.....	8
Glossary	16
List of Tables	17
Contact.....	18
Further Information	18
Rate this publication	18
Appendices.....	19
A1 – Background Information.....	19
A2 – Publication Metadata (including revisions details)	22
A3 – Early Access details (including Pre-Release Access).....	24
A4 – ISD and Official Statistics	25

Introduction

NHS Scotland offers a universal health promotion programme to all children and their families known as the child health programme. The programme includes various elements such as formal screening for specific medical problems, routine childhood immunisations and a structured programme of needs assessment, health promotion, and parenting support provided through regular scheduled contacts with health visitors, school nurses and other health professionals.

The delivery of the child health programme to pre-school aged children in Scotland is supported by the Child Health Surveillance Programme Pre-School system. The system facilitates the invitation of children for specific child health programme contacts as they reach the appropriate age and also allows recording of information obtained and/or care given during the contacts.

The 27-30 month review was introduced in Scotland in April 2013. National guidance on the purpose, content, and delivery of the reviews was published by the Scottish Government in December 2012 in order to support a consistent approach to provision of effective reviews across Scotland (<http://www.scotland.gov.uk/Publications/2012/12/1478>).

The 27-30 month review is universal and should be offered to every child reaching the appropriate age. It is important that there is high coverage of the review to ensure that there is the opportunity to improve children's outcomes. One of the overall priorities identified in the national guidance document is the 'promotion of strong early child development'.

This is the third publication of statistics on the child health 27-30 month review. Figures for 2013/14, 2014/15, and 2015/16 are provided in the accompanying excel workbooks.

ISD is committed to producing information that best meets the needs of our customers. Readers are invited to send comments on the publication to NSS.isdchildhealth@nhs.net.

Methods and Definitions

Data collection

During 27-30 month reviews, the health professional (normally a health visitor) assesses children's developmental status and records the outcome (e.g. no concern, concern newly suspected as a result of the review, or concern or disorder already known prior to the review) against each of nine developmental domains (social, emotional, behavioural, attention, speech language & communication, gross motor, fine motor, vision and hearing). All available records for children turning 27 months in the period are included in the analyses as long as the review took place before the child turned 3 years.

ISD receives quarterly data extracts from the child health surveillance program pre-school system for the purpose of producing and publishing statistics.

Coverage Methodology

In order to calculate the coverage of the review, all children eligible for a 27-30 month review were linked to their specific 27-30 month review record. Eligible children are defined as children who turned 27 months old during the analysis period (for example, 1 April 2015 to 31 March 2016) and who were registered to receive the child health programme on the Scottish Immunisation & Recall System (SIRS) which supports the administration of childhood immunisations in Scotland). Each of the eligible children is linked to their specific 27-30 month review record, provided it took place before they turned three years or age and regardless of whether their review happened in the same time period. For example, a child eligible for review in financial year 1 April 2015 to 31 March 2016 might not receive their review until well beyond March 2016.

This approach which we have called '*Achieved Coverage*' means there is an inevitable delay before coverage can be calculated. It is necessary to wait until, as far as reasonably possible, all eligible children have received their reviews and these have been recorded on the child health surveillance programme pre-school system. It was felt that this analysis is feasible if data sourcing continues until November of the relevant year. It is likely that the number of reviews provided after November 2016 would be very small, as even the youngest eligible children would have been 34 months old, and hence should have already received their review, by that time.

Development Assessment Analysis Methodology

The 27-30 month review records capture the outcome of developmental assessment for the following 9 domains: social; emotional; behavioural; attention; speech language & communication; gross motor; fine motor; vision and hearing. The health visitor can record for each domain whether there were no concerns, a concern that was newly suspected as a result of the assessment carried out during the 27-30 month review, a concern or disorder that was known prior to the review, or if the assessment was incomplete. The analysis looks at the responses for all 9 domains individually as well as summary information for all 9 domains combined and the presence of one (or more) concern. All percentages are based on the total number of reviews provided (not the number of reviews with meaningful assessment information recorded nor the population). For more information on developmental assessments please see [Appendix 1](#) (Background Information).

Definitions

Number of children eligible for review (denominator): total number of children turning 27 months during the year 2015/16 who were registered for child health surveillance on the Scottish Immunisation & Recall System (SIRS) in May 2016.

Number of reviews recorded on child health surveillance programme pre-school (CHSP-PS) system (numerator): Number of children eligible for a review in financial year 2015/16 who had a review recorded on the child health system at the time of the data extract, provided the review took place before the eligible children turned 3 years of age.

Percentage Coverage of eligible children reviewed is calculated as:

Number of reviews recorded on CHSP-PS x 100

Number of children eligible for review

Meaningful developmental assessment outcome data (N, C, P) across all domains: the number of children reviewed who had meaningful assessment data recorded for all 9 development domains. Meaningful data is defined as N=No Concerns, C=Concern newly suspected, or P=Concern/Disorder previously identified.

Main points

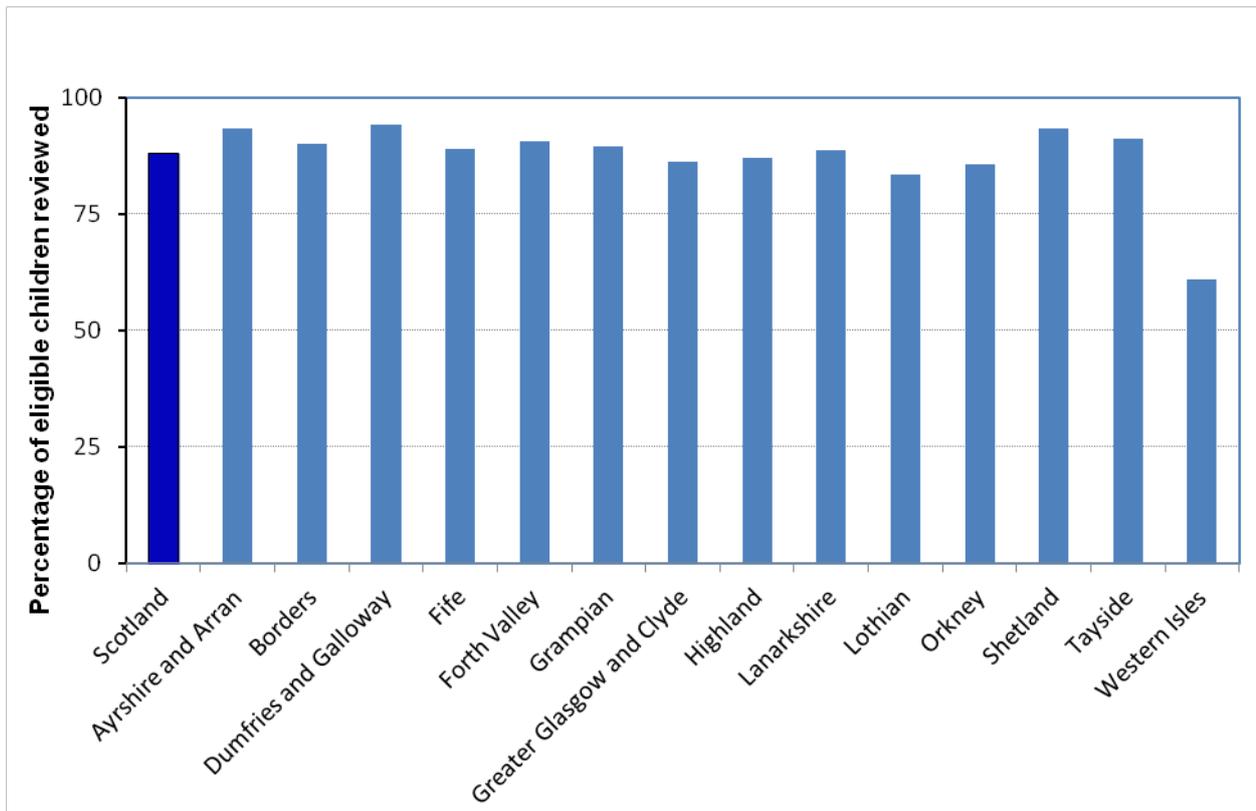
- More than one in four children from the most deprived areas (26%) had at least one developmental concern identified in the 27-30 month review compared to one in nine for the least deprived areas (11%).
- Eighteen percent of children had at least one developmental concern identified, and boys (23%) were more likely to have a concern than girls (13%).
- Speech, language and communication was the developmental domain where most concerns were identified. Eleven percent of children had a newly identified concern in this domain, and 2% had a known concern prior to their review.
- The coverage of the 27-30 month review in Scotland has remained broadly similar since the review began in April 2013 (87% in 2013/14 compared to 88% in 2015/16).
- Nearly one in four (24%) children reported as 'Asian' had at least one concern compared to nearly one in five (19%) for the 'White Scottish' ethnic group.
- Children who were 'looked after' by a local authority (27%) were more likely to have at least one developmental concern identified compared to those who were not 'looked after' by a local authority (18%).

Results and Commentary

Coverage

Overall the coverage of the 27-30 month review in Scotland has remained broadly similar since the review began in April 2013. Coverage in 2013/14 was 87% compared to 88% in 2015/16. In the most recent year coverage in the mainland boards varied from 83% in NHS Lothian to 94% in NHS Dumfries & Galloway (Figure 1).

Figure 1: Coverage of the 27-30 Month Review by NHS Board 2015/16



Source: ISD Scotland, CHSP Pre-School Nov 2016

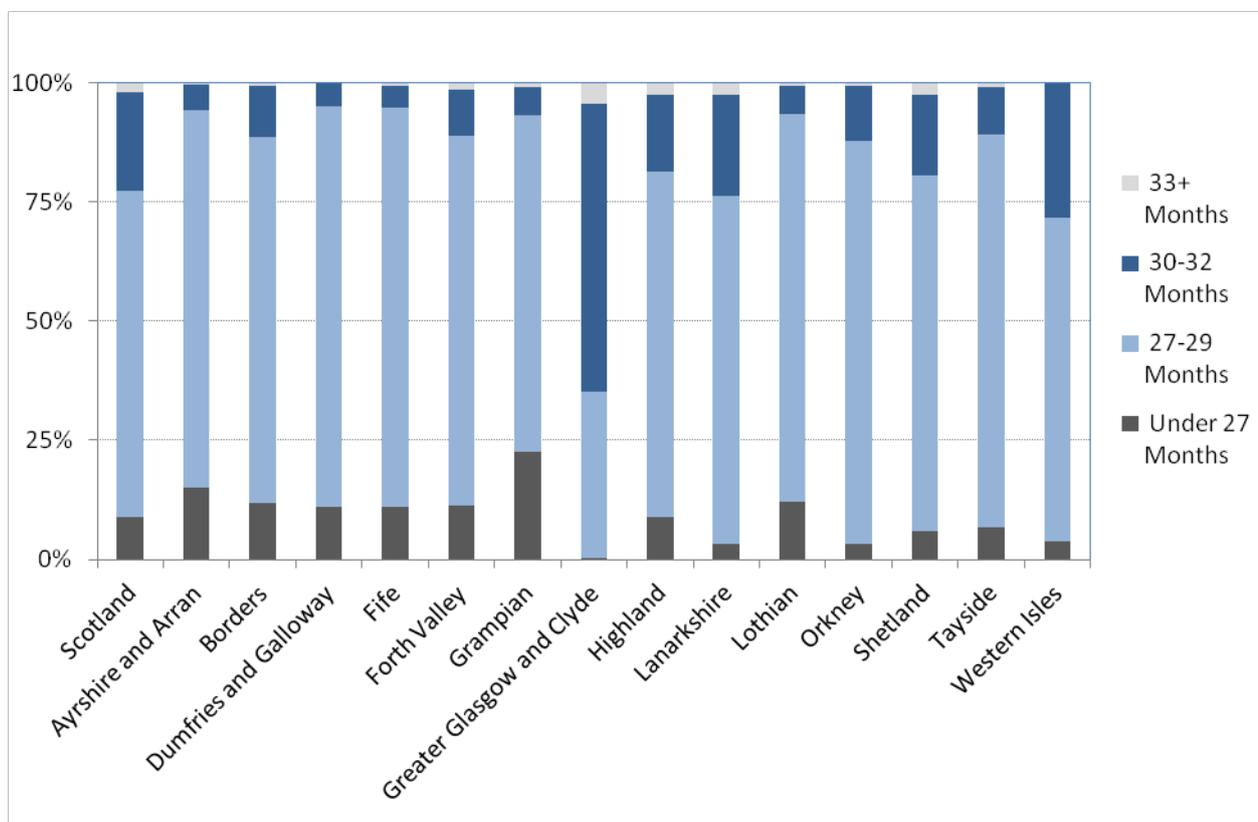
* Coverage in Western Isles is lower than expected due to health visitor resourcing issues in the first half of 2015/16

Age at review

There is variation in the timing of reviews carried out by different NHS Boards. The majority of areas start calling children for their review when they turn 27 months but at least one board (NHS Greater Glasgow & Clyde) is slightly different and calls children when they reach 29 months which may have an impact on the outcome of the developmental assessment.

Figure 2 shows the age at which reviews were carried out. 35% of reviews in NHS Greater Glasgow & Clyde were carried out between 27-29 months, compared with around 84% in NHS Dumfries & Galloway, NHS Fife & NHS Orkney. Some boards also chose to carry out some reviews before 27 months. This occurred most frequently in NHS Grampian where nearly 23% of their reviews were carried out before 27 months.

Figure 2 - Age group at review by NHS Board for children attaining 27 months in 2015/16



Source: ISD Scotland, CHSP Pre-School Nov 2016

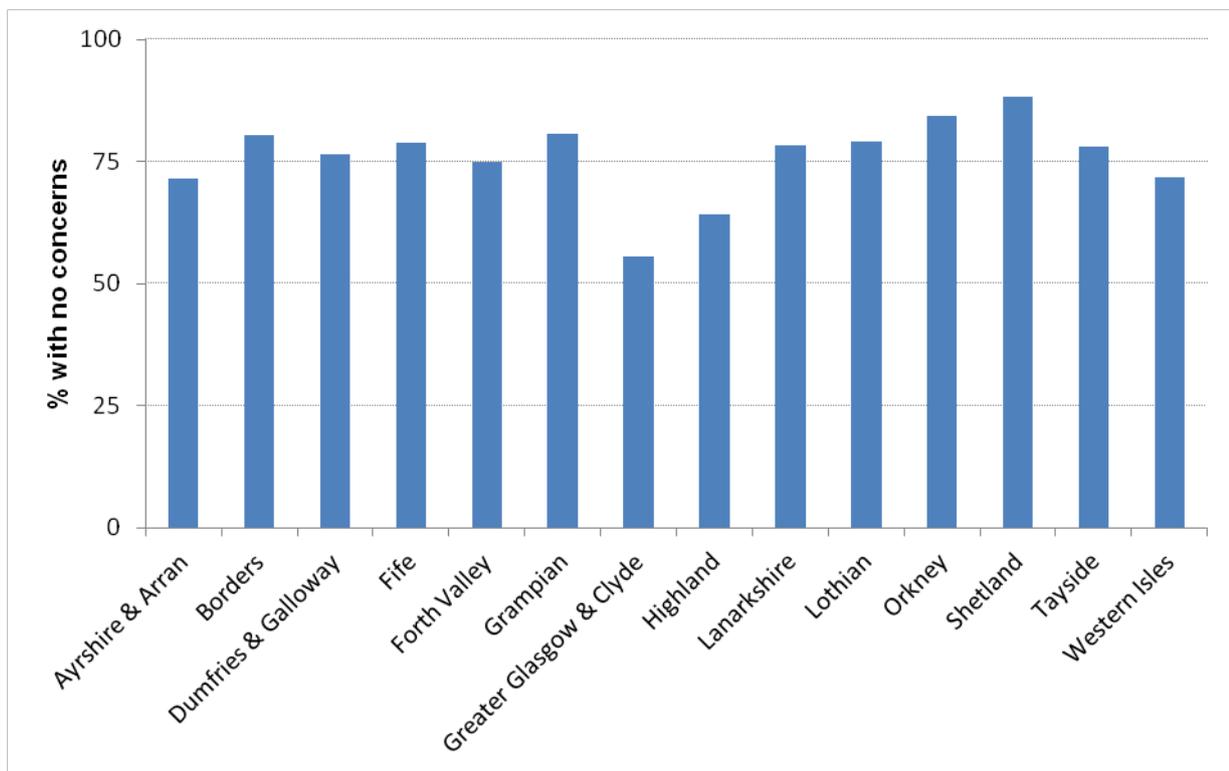
Developmental Assessments

For children turning 27 months during 2015/16 the number of 27-30 month reviews completed was 50,102. Of these completed reviews 44,190 (88%) had meaningful assessment information recorded against each developmental domain. Eleven out of fourteen Boards recorded meaningful information against all development domains for 90% or more of children reviewed. From the mainland Boards NHS Tayside recorded the highest level of meaningful information across all domains with 98%.

For those boards with a lower percentage of meaningful information recorded against each developmental domain, the reasons may vary. For NHS Highland and NHS Grampian there was no information recorded against every domain for between 13-16% of reviews. For NHS Greater Glasgow & Clyde just under a quarter of reviews had either incomplete or no information recorded for the vision and hearing domains. Gross motor and fine motor domains were also lower at around 88-89% with meaningful information but recording was good for the other five domains.

In 2015/16, 72% of children receiving a review had ‘no concerns’ recorded against all of the nine developmental domains in their 27-30 month review. The percentage of children with no developmental concerns varied across the mainland Health Boards from 56% in NHS Greater Glasgow & Clyde to 81% in NHS Grampian (Figure 3).

Figure 3 - Percentage of children reviewed with no concerns recorded against each developmental domain, by NHS Board; 2015/16

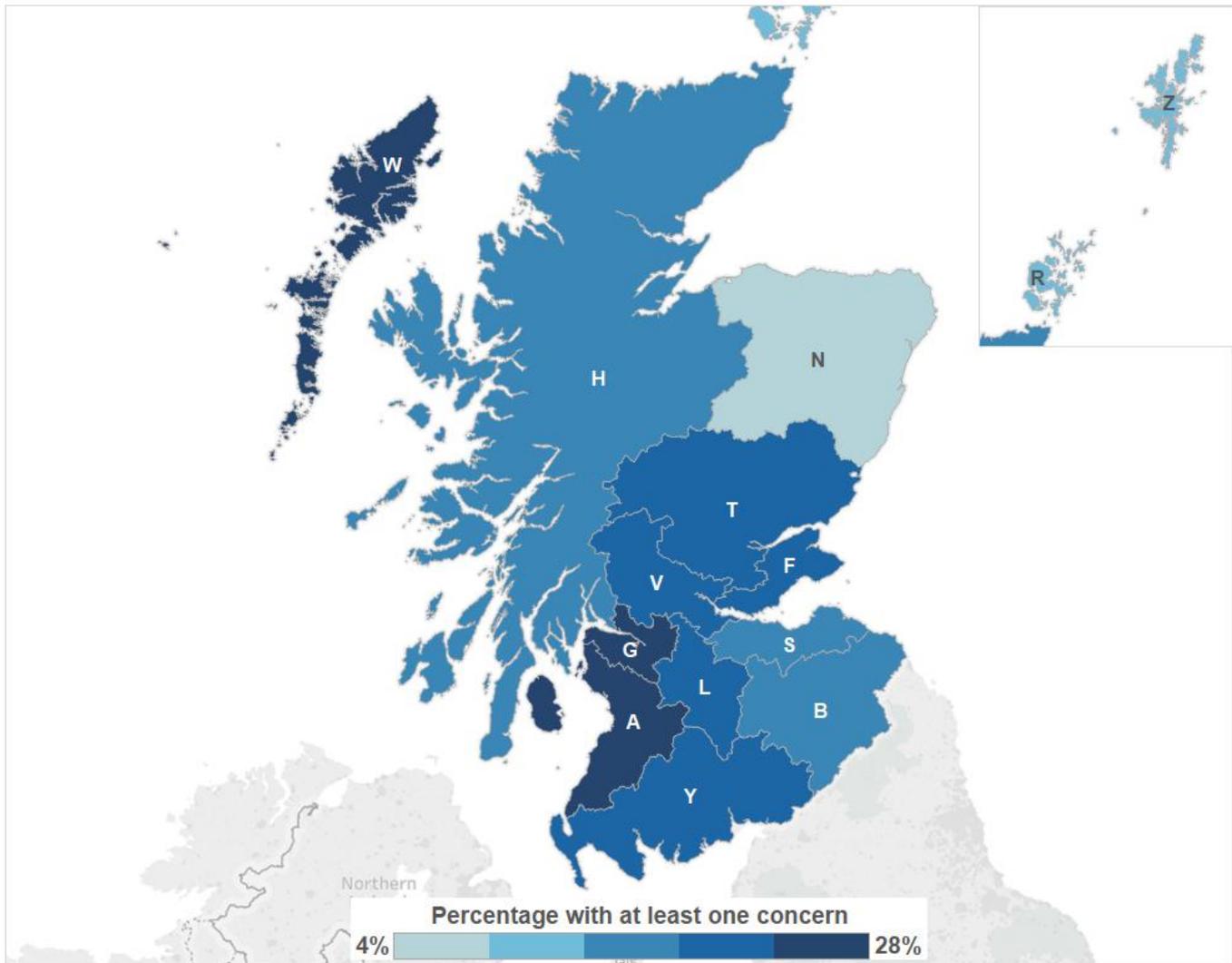


Source: ISD Scotland, CHSP Pre-School Nov 2016

Children who are not included in the ‘no developmental concerns’ category include those who had specific concerns recorded and those who had incomplete or missing information recorded for one or more domains. Some of the variation between Boards in ‘no concern’ rates is therefore likely to reflect variation in data completeness, discussed above, as well as genuine

variation in rates of concerns. For these reasons it is also useful to consider the percentage of children with a new or previously identified concern recorded against at least one domain (Figure 4).

Figure 4 - Percentage of children reviewed with a new or previously identified concern in at least one developmental domain, by NHS Board; 2015/16



NHS Boards

- | | | | |
|--------------------|-----------------|---------------------------|------------|
| A Ayrshire & Arran | B Borders | Y Dumfries & Galloway | F Fife |
| V Forth Valley | N Grampian | G Greater Glasgow & Clyde | H Highland |
| L Lanarkshire | S Lothian | R Orkney | Z Shetland |
| T Tayside | W Western Isles | | |

Source: ISD Scotland, CHSP Pre-School Nov 2016

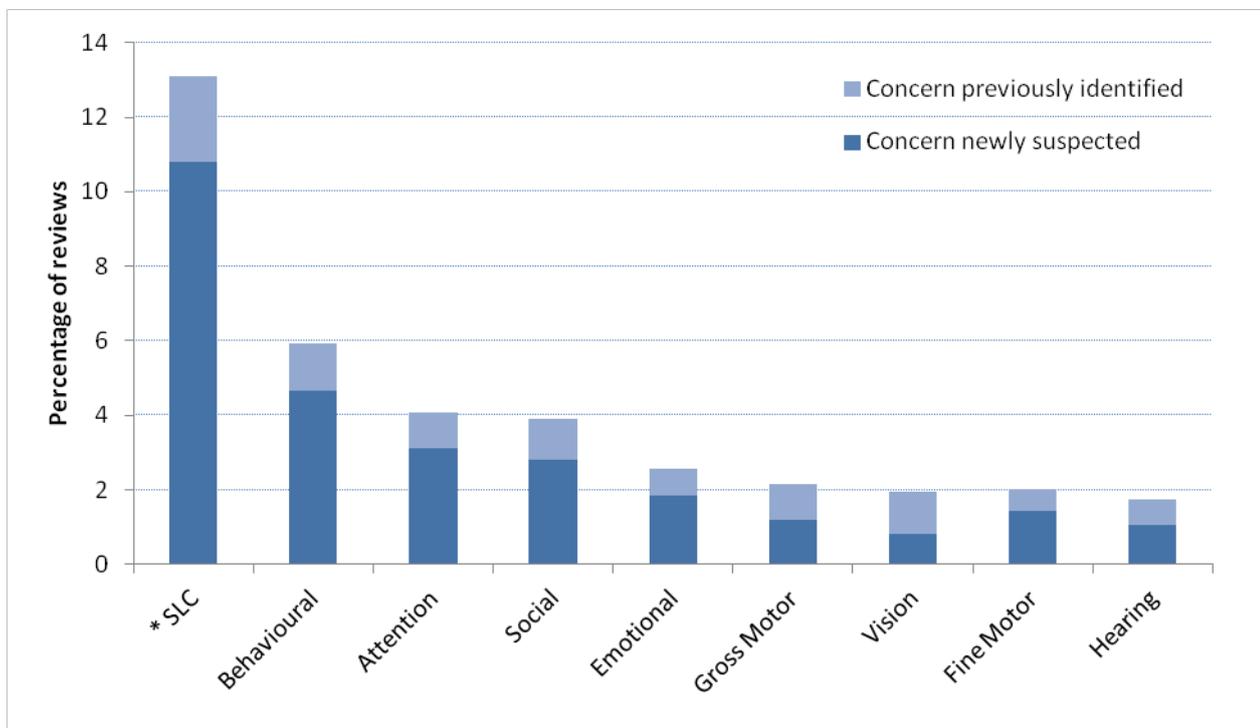
Figure 4 shows the variation in actively recording concerns across the country. Of the mainland boards 4% of children in NHS Grampian had at least one concern recorded compared to 24% in Ayrshire & Arran. Many factors could have an impact on this, such as deprivation, data completeness, and the assessment tools/questionnaires used when carrying out the reviews. NHS Grampian did not use any formal assessment tools in the majority of their reviews, which would suggest that the use of formal assessment tools may increase the

likelihood of concerns being identified. See [Appendix A1](#) for more information on the different assessment tools which are used.

Speech, language & communication was the domain in which most concerns were identified (Figure 5). 11% of children reviewed had a concern newly identified about their speech, language & communication and an additional 2% had a previously identified concern in this domain.

In comparison around 2% of those assessed had a concern in one of the gross motor, fine motor, hearing or vision domains. Children were slightly more likely to have a previously identified concern with vision than have a new concern.

Figure 5 - Percentage of newly suspected and previously identified concerns in Scotland by developmental domain; 2015/16



*SLC - Speech, language & communication

Source: ISD Scotland, CHSP Pre-School Nov 2016

Substantial differences by Health Board can be observed across the individual domains. In ten out of 14 boards, more than 10% of children reviewed had a newly identified concern with speech, language and communication, compared with 3% in NHS Grampian.

Hearing concerns were identified more frequently in NHS Dumfries & Galloway (7%) and NHS Western Isles (6%), whereas all the other areas had 2% or less with a new or previously identified hearing concern.

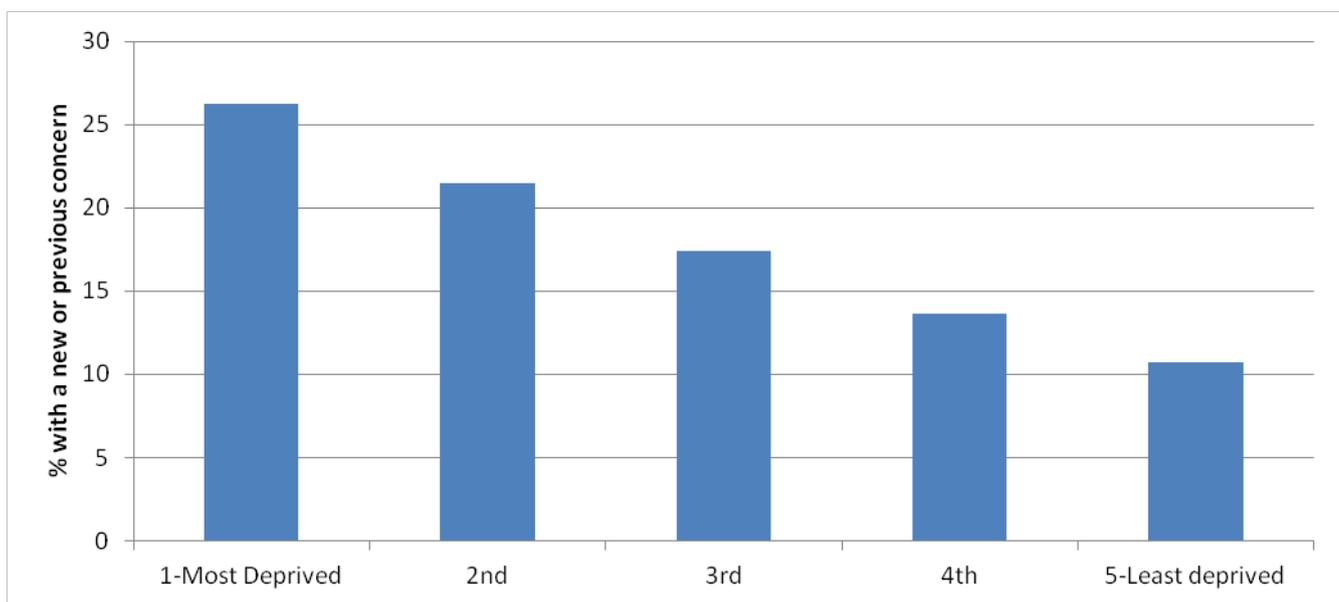
NHS Greater Glasgow & Clyde were more likely to identify a concern with behaviour than any other board, with nearly 11% of children identified as having a new or previous concern in this domain. These differences may be partly due to variation between NHS Boards in the assessment tools/questionnaires they use. See [Appendix A1](#) for further information on the different approaches.

Deprivation

Children from more deprived areas are slightly less likely to have had a 27-30 month review carried out in 2015/16 (86% in most deprived areas compared to 89% in least deprived). They are also slightly less likely to have meaningful information recorded against the reviews (85% in most deprived areas compared to 89% in least deprived). That said, there is a clear association between deprivation and developmental concerns with children from the most deprived areas more than twice as likely to have at least one developmental concern.

The percentage of children with at least one concern identified has fallen slightly in both the most and least deprived areas between 2013/14 and 2015/16.

Figure 6 – Percentage with a new or previously identified concern in at least one development domain by deprivation area¹ 2015/16



Source: ISD Scotland, CHSP Pre-School Nov 2016

¹ Deprivation area is calculated using the Scottish Index of Multiple Deprivation (SIMD). This is an area-based measurement of multiple deprivation which combines information on income, employment, education, housing, health, crime and geographical access (see [Appendix A1](#) for further information). Areas in Scotland were divided into five groups with decreasing levels of deprivation, and with equal numbers of people. Please note the numbers of children in each group are NOT equal.

Children are over-represented in the most deprived areas. If the 56,948 children eligible for review were split evenly between the five deprivation areas you would expect roughly 11,390 in each area. In contrast there were just over 14,100 children eligible for a 27-30 month review in the most deprived area and just over 10,500 in the least deprived area therefore there is not an even split of children between the deprivation areas. This needs to be considered when interpreting the information by deprivation area.

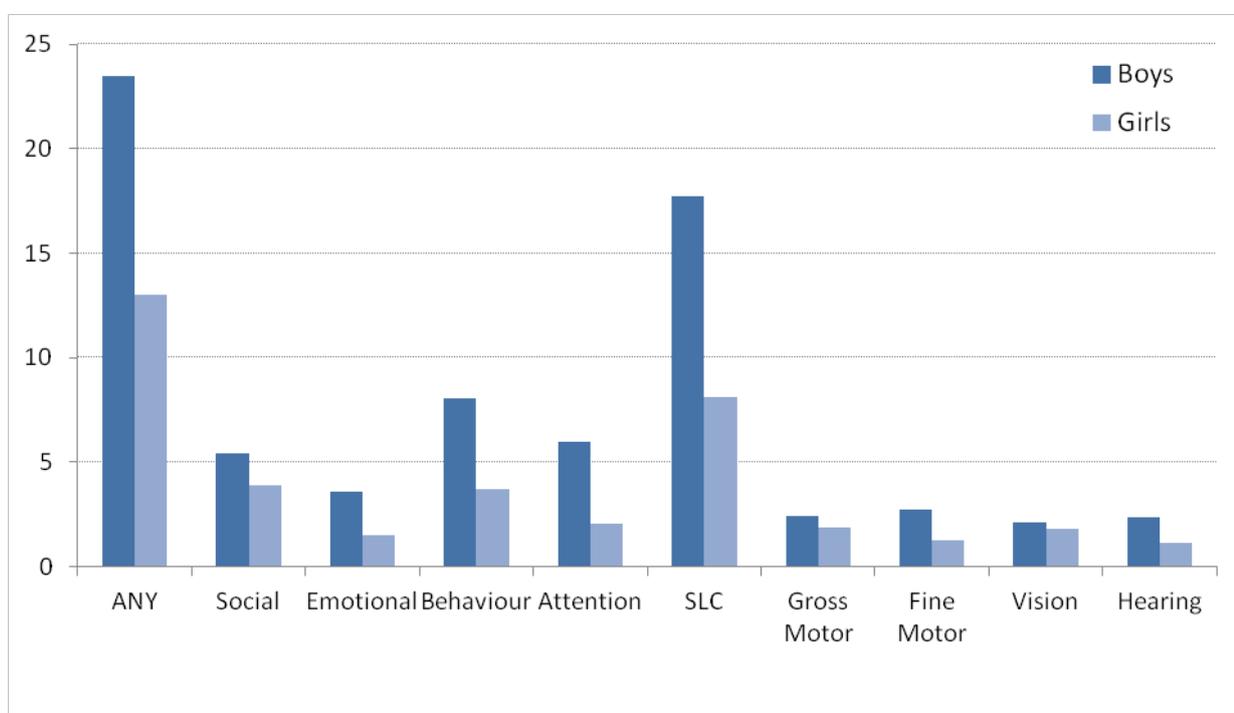
There were 3,187 children with a concern in any domain in the most deprived area compared to 1,009 in the least deprived area.

Gender

Males and females had roughly the same percentage of reviews carried out in 2015/16 (88%) but females were slightly more likely to have meaningful assessment information recorded (89% females compared to 87% males). Twenty three percent of males had at least one developmental concern recorded, compared with 13% of females.

Figure 7 presents the gender difference in identification of developmental concerns. Boys were twice as likely as girls to have a concern in the speech, language and communication, emotional, behavioural, fine motor, and hearing domains. Boys were three times as likely as girls to have a concern in the attention domain.

Figure 7 – Percentage with a new or previously identified concern by developmental domain and gender, 2015/16



SLC – Speech, language & communication

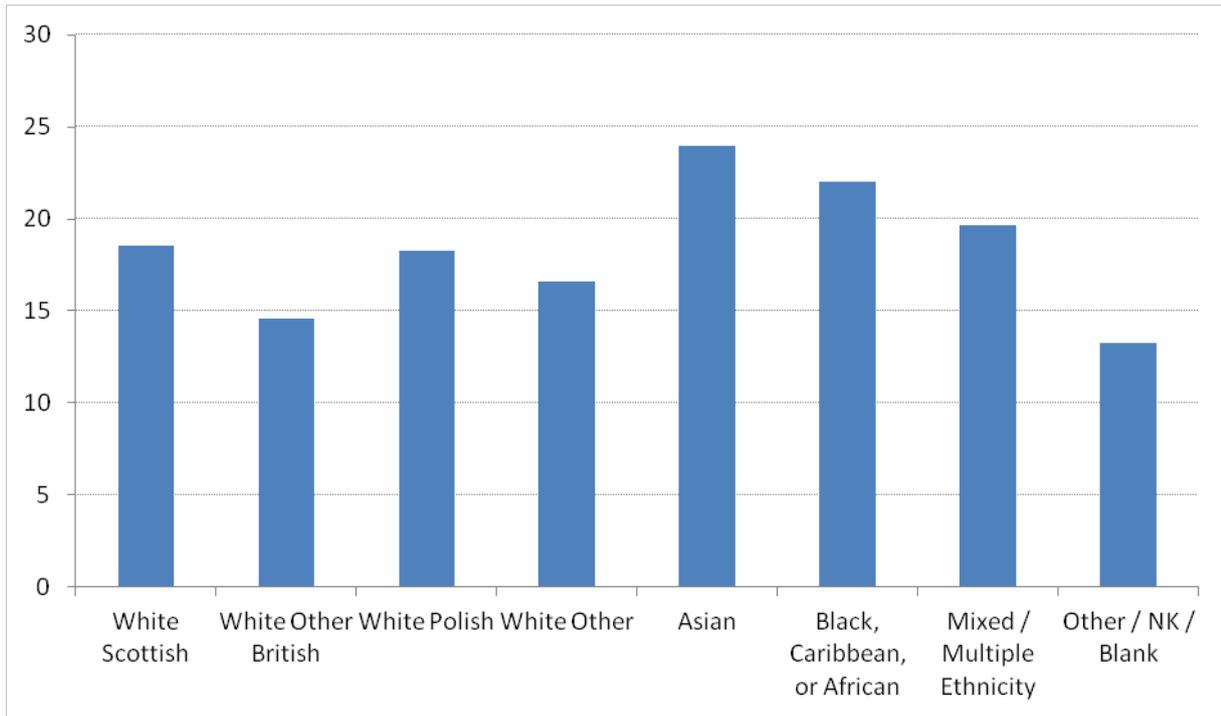
Source: ISD Scotland, CHSP Pre-School Nov 2016

Ethnicity

Children from minority ethnic backgrounds were less likely to have meaningful assessment data recorded (77% Asian compared to 90% White Scottish), but despite this they were more likely to have a developmental concern identified.

Figure 8 shows that 19% of White Scottish children had at least one developmental concern identified compared with 24% of 'Asian' and 22% of 'Black, Caribbean or African' children.

Figure 8 – Percentage with at least one developmental concern by ethnicity 2015/16



Source: ISD Scotland, CHSP Pre-School Nov 2016

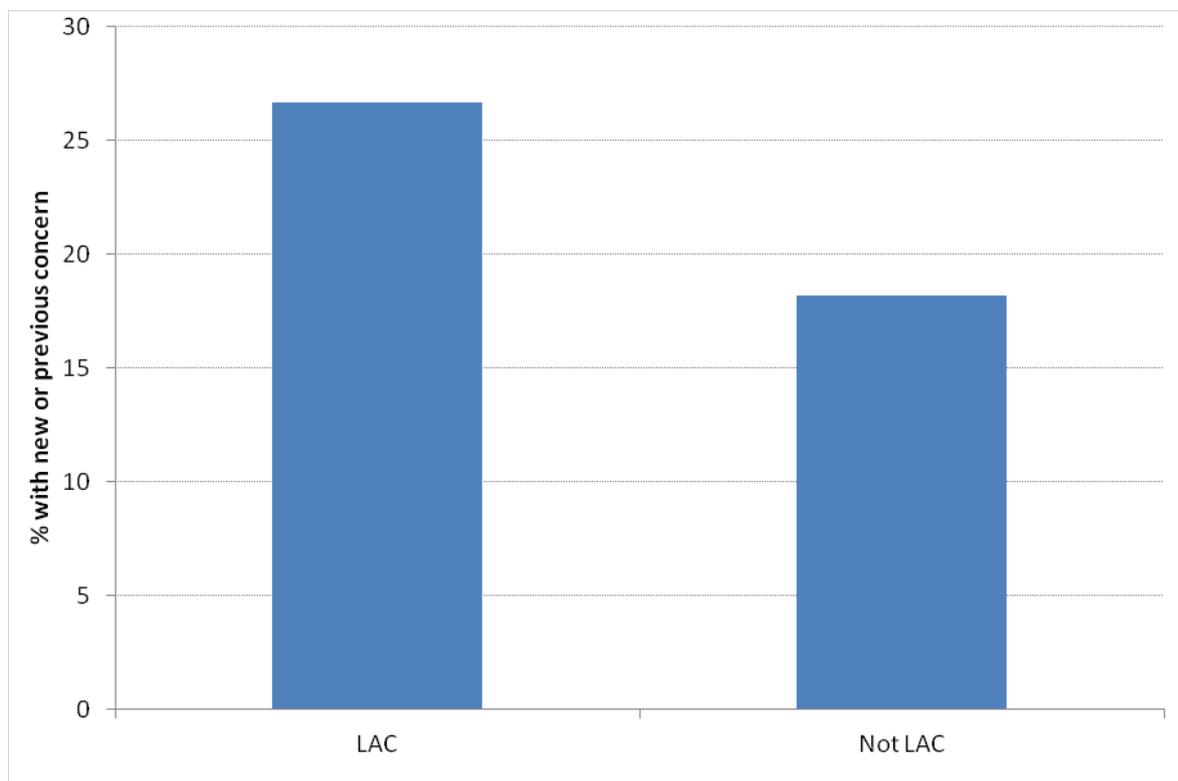
Looked After Children (LAC)

There are a number of reasons why a child may be 'looked after' by the local authority. Most often it is because the child's parents or the people who have parental responsibilities and rights to look after the child are unable to care for him/her, or have been neglecting him/her. The local authority has specific responsibilities and duties towards a child who is being looked after or who has been looked after.

Looked after children may remain in their family home under compulsory supervision by social work services or be living with friends or family (kinship care), with a foster family, or in other residential care settings.

In 2015/16 3% of children reviewed were looked after by a local authority. Children who were looked after by a local authority were slightly more likely to have meaningful information recorded against all developmental domains (90% for local authority looked after children compared to 88% for non looked after children). They were also more likely to have a new or previously identified concern in any domain. Figure 9 shows that 27% of children who were looked after by a local authority had a developmental concern compared to 18% of those who were not looked after.

Figure 9 – Percentage with at least one developmental concern by looked after children (LAC) status 2015/16



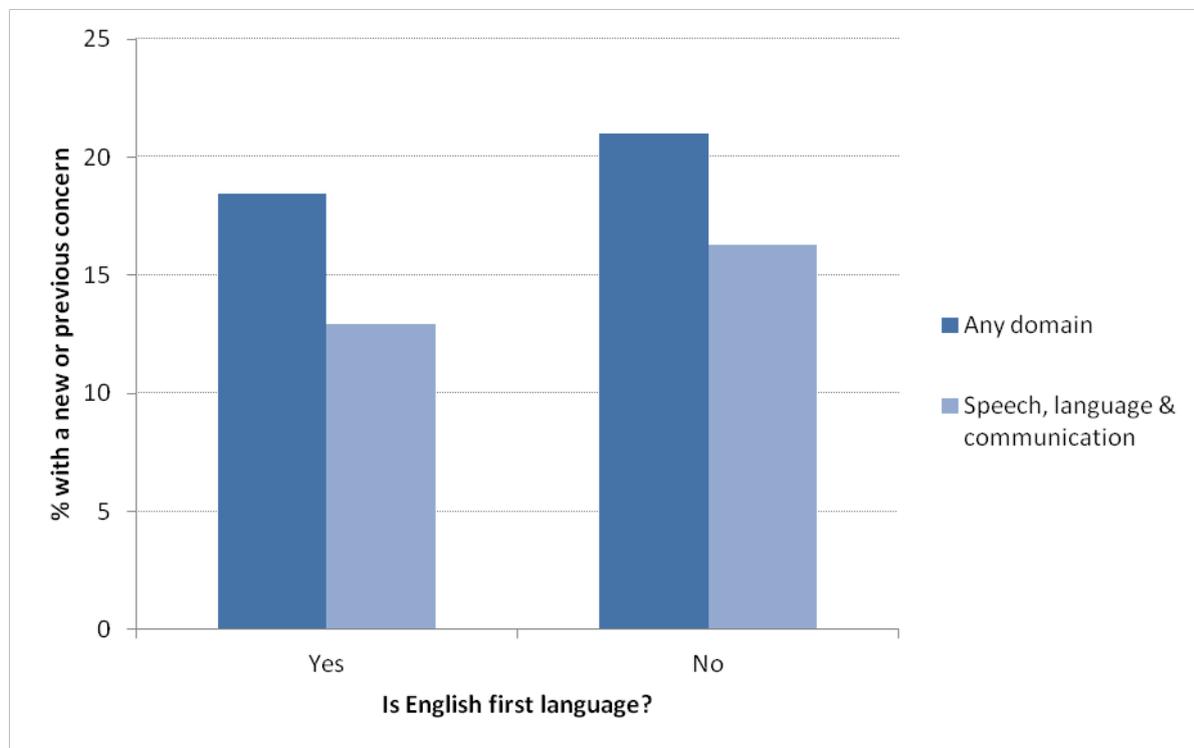
Source: ISD Scotland, CHSP Pre-School Nov 2016

Language

Information on whether the child speaks more than one language (bi/multilingual) and whether the child speaks English as their first language is captured at the 27-30 month review.

In 2015/16 11% of children reviewed did not speak English as their first language. Children who didn't speak English as their first language were less likely to have meaningful data recorded against all developmental domains (83% English not first language compared to 90% for English first language). Figure 10 shows that they were also more likely to have at least one developmental concern (21% English not first language compared to 18% English first language), and more likely to have a concern in the speech, language and communication domain (16% English not first language compared to 13% English first language).

Figure 10 – Percentage with a new or previously identified concern in any domain and in the speech, language & communication domain by language 2015/16



Source: ISD Scotland, CHSP Pre-School Nov 2016

In 2015/16 15% of children reviewed were classed as bi/multilingual. Bi/multilingual children were less likely to have meaningful data recorded against all developmental domains (84% bi/multilingual compared to 90% not bi/multilingual). Bi/multilingual children were slightly more likely (14%) to have a new or previously recorded concern in the speech, language, and communication domain than children who were not bi/multilingual (13%).

Glossary

CHSP Pre-School	Child Health System Programme Pre-School
CHI	Community Health Index
ISD	Information Services Division
SIMD	The Scottish indicator of multiple deprivation. Deprivation is reported via the use of Scottish Index of Multiple Deprivation. See Appendix A1 for more information.
SIRS	Scottish Immunisation & Recall System. SIRS covers the entire child population in Scotland up to six years of age. The data are recorded on SIRS for the primary purpose of facilitating the invitation of children for immunisation. SIRS began in the 1970s and has been used by all NHS boards since 2002.
SLC	Speech Language and Communication
LAC	Looked After Children. Children who are looked after by a local authority. Looked after children may remain in their family home under compulsory supervision by social work services or be living with friends or family (kinship care), with a foster family, or in other residential care settings

List of Tables

Table No.	Name	Time period	File & size
1	Coverage and outcome of assessment at 27-30 month review by NHS Board	Financial years 2013/14- 2015/16	Excel [1482kb]
2	Coverage and outcome of assessment at 27-30 month review by local authority	Financial years 2013/14- 2015/16	Excel [1525kb]
3	Coverage and outcome of assessment at 27-30 month review by deprivation area for Scotland	Financial years 2013/14- 2015/16	Excel [2144kb]
4	Coverage and outcome of assessment at 27-30 month review by deprivation area and NHS Board/local authority	Financial years 2013/14- 2015/16	Excel [2144kb]
5-8	Coverage and outcome of assessment at 27-30 month review by gender, ethnicity, looked after children, & language	Financial years 2013/14- 2015/16	Excel [2090kb]

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Further Information

Further information can be found on the [ISD website](#).

ISD Scotland publishes a wide range of information on Child Health including breastfeeding, immunisations, and Primary 1 Body mass Index (BMI). Further information can be found in the [Child Health](#) section on the ISD website.

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Appendices

A1 – Background Information

Information on data sources, methods and definitions can be found in the main report – [Methods and Definitions](#).

Developmental Assessment Tools

The national guidance (<http://www.scotland.gov.uk/Publications/2012/12/1478>) recommended that 27-30 month reviews should include 'systematic consideration of all children's development as part of ongoing surveillance'. The guidance described developmental surveillance as comprising the following steps:

- Asking parents/carers about any concerns they have regarding their child's development
- Asking parents/carers about their child's developmental abilities and attainment of relevant milestones
- Structured observation of the child within the context of the review to assess their developmental progress
- Then, if there are any uncertainties or concerns (from the parent/carer or health visitor) about the child's development, using an appropriate developmental assessment questionnaire to obtain objective information on the child's developmental status and to help inform decisions about further assessment and support needs.

The validated questionnaires that were recommended in the guidance as suitable for use in 27 month old children were:

- Ages and Stages Questionnaire 3 (ASQ 3 – all developmental domains)
- Schedule of Growing Skills II (SOGS II – all developmental domains)
- Strengths and Difficulties Questionnaire (SDQ – social/emotional domains)
- ASQ: Social and Emotional (ASQ:SE – social/emotional domains)
- Sure Start Language Measure (SSLM – speech and language domain)
- Modified Checklist for Autism in Toddlers (M-CHAT – autism risk)
- Eyberg Child Behaviour Inventory (Eyberg CBI – behavioural difficulties)

NHS Boards adopted different approaches to incorporating the use of the various recommended developmental assessment questionnaires within 27-30 month reviews. Some NHS Boards intended offering questionnaires to all children/parents invited for reviews rather than just administering them if/when a problem was suspected. NHS Boards also differed in the questionnaires they intended to select from the national list for use locally.

In November 2014, ISD produced a supplementary paper on ['Use of developmental assessment questionnaires within 27-30 month child health reviews: insights from the first year of review delivery'](#) which provides more information on the different approaches to assessing development within 27-30 month reviews that different areas were taking and the impact this may have had on both data completeness and the number and type of concerns identified.

Table 1 shows the use of developmental assessment questionnaires within 27-30 month reviews in 2015/16, and highlights the variation between boards in the tools that they use.

Table 1: Use of developmental assessment questionnaires¹ within 27-30 month reviews, 2015/16

NHS Board	Multi-domain questionnaire ²	Questionnaire focused on social/emotional domains ³	Questionnaire focused on speech and language domain ⁴	No of reviews
Ayrshire & Arran	93%	92%	0%	3492
Borders	97%	2%	0%	990
Dumfries & Galloway	100%	0%	0%	1300
Fife	95%	93%	0%	3520
Forth Valley	72%	4%	0%	2873
Grampian	5%	0%	0%	5584
Greater Glasgow & Clyde	1%	98%	98%	10932
Highland	10%	1%	2%	2656
Lanarkshire	98%	1%	1%	6366
Lothian	94%	89%	0%	8040
Orkney	76%	2%	0%	179
Shetland	18%	0%	0%	237
Tayside	98%	1%	0%	3769
Western Isles	6%	94%	92%	159

1 Multiple questionnaires can be used at each review, and some boards use other questionnaires that are not included here

2 Questionnaires include ASQ3 & SOGSII

3 Questionnaires include SDQ & ASQ:SE

4 SSLM Questionnaire

Geographical information

NHS Board figures are based on the child's home postcode on the data extract of eligible children from Scottish Immunisation & Recall System taken in May. For a small proportion of records postcode data is not available and therefore it is not possible to derive an NHS Board; these records are included in the Scotland total. For the vast majority of children, the NHS Board of residence will be the same as the NHS Board providing the review; therefore NHS Board of review has been used as a proxy for NHS Board of residence when the postcode of residence is missing. Records on the system for the former Argyll & Clyde NHS Board area cannot be amended in this way and so NHS Board of residence will remain unknown. Thus, the sum of the NHS Board areas is slightly less than the Scotland total.

Figures by local authority are based on the child's home postcode on the eligible children data extract from Scottish Immunisation & Recall System. For a small proportion of records postcode data is not available and therefore it is not possible to derive a local authority; these records are included in the Scotland total. Figures for local authorities which share boundaries with a NHS Health Board (e.g. Fife) may differ slightly from figures presented at NHS board level as the proxy allocation for NHS Board or residence described above cannot be applied, or the postcode is not available or there is no mapping to local authority.

Deprivation - Scottish Index of Multiple Deprivation (SIMD)

Deprivation is reported using Scottish Index of Multiple Deprivation (SIMD) quintiles matched via the postcode on the extract of eligible children taken from Scottish Immunisation & Recall System.

Deprivation is estimated from aggregate data derived from the census and other routine sources. These are used to estimate the deprivation of small geographical areas. The Scottish Index of Multiple Deprivation has seven domains (income, employment, education, housing, health, crime, and geographical access), which have been combined into an overall index to pick out area concentrations of multiple deprivation. ISD use population weighting when using Scottish Index of Multiple Deprivation. The deprivation quintiles relate to equal fifths of the whole population.

This publication uses SIMD2016 for all three years of data (2013/14, 2014/15, 2015/16), and Scotland-level SIMD is used throughout.

Further information about Scottish Index of Multiple Deprivation can be found at:

<http://www.isdscotland.org/Products-and-Services/GPD-Support//Deprivation/SIMD>

A more detailed explanation about the application of Scottish Index of Multiple Deprivation, its advantages and disadvantages is available at: <http://www.isdscotland.org/Products-and-Services/GPD-Support/Deprivation/docs/PHI-Deprivation-Guidance-version-2.2-100615.pdf>

Historical revision to coverage methodology

A number of different methods for assessing the coverage of the 27-30 month review were explored for the first publication in 2014 and an '*Estimated Coverage*' method was chosen. '*Estimated Coverage*' was calculated by comparing the total number of 27-30 month reviews completed in a specific time period (for example, 1 April 2013 to 31 March 2014) to the estimated total number of children eligible for review during the same time period.

In this publication, an improved method '*Achieved Coverage*' has been used to calculate coverage, as this is a more accurate measure. Comparisons between results from the December 2014 publication and more recent publications are not valid.

A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Child Health 27-30 Month Review Statistics Scotland Financial year 2015/16
Description	Release of statistics from the 27-30 month review. Figures are presented for 2015/16 and also for 2014/15 and 2013/14. Information is provided on the coverage of the review and the outcome of developmental assessments. Figures are presented by Health Board, Local Authority, Deprivation, Gender, Ethnicity, Looked After Status (LAC), and Language.
Theme	Health and Social Care
Topic	Child Health
Format	PDF document and Excel workbooks
Data source(s)	Child Health Systems Programme Pre-School (CHSP Pre-School) Scottish Immunisation and Recall System (SIRS)
Date that data are acquired	14 November 2016
Release date	7 February 2017
Frequency	Annual
Timeframe of data and timeliness	Data recorded on CHSP pre-school on 27-30 months reviews up to the data extract on 16 November. Children eligible for the 27-30 month review in financial years 2013/14, 2014/15 & 2015/16. No delays between receipt and processing of data for publication.
Continuity of data	All fourteen Health Boards provided data for 2013/14-2015/16.
Revisions statement	The data has a revision to the coverage methodology from the December 2014 publication. See historical revision to coverage methodology for more information. Analysis by deprivation has been revised to use SIMD2016, rather than SIMD2012 which was used in previous publications. See revisions relevant to this publication for more information.
Revisions relevant to this publication	Analysis by deprivation now uses the latest version of the Scottish Index of Multiple Deprivation, which is SIMD2016. Figures for 2013/14 and 2014/15 have been updated in this publication and comparisons between years in this publication are valid. See Scottish Index of Multiple Deprivation for more information.

Concepts and definitions	See Methods and Definitions section of the publication.
Relevance and key uses of the statistics	Monitoring the delivery of the 27-30 month review and making information publicly available for planning, provision of services and providing comparative information.
Accuracy	Programmes were checked and data was compared with the figures for the previous year.
Completeness	See Coverage methodology . Concerns over data completeness are followed up with individual boards
Comparability	N/A
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines .
Coherence and clarity	Tables and charts are accessible via the ISD website . Information is presented by NHS Board and LA.
Value type and unit of measurement	Numbers and percentages
Disclosure	The ISD protocol on Statistical Disclosure Control is followed.
Official Statistics designation	Official Statistics
UK Statistics Authority Assessment	These are new experimental statistics which have not been submitted for assessment by the UK statistics Authority.
Last published	December 2015
Next published	February 2018
Date of first publication	December 2014
Help email	NSS.isdchildhealth@nhs.net
Date form completed	09 January 2017

A3 – Early Access details (including Pre-Release Access)

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access.

Standard Pre-Release Access:

Scottish Government Health Department

NHS Board Chief Executives

NHS Board Communication leads

A4 – ISD and Official Statistics

About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

Purpose: To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

Mission: Better Information, Better Decisions, Better Health

Vision: To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of 'Official Statistics'. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD's statistical publications are currently classified as one of the following:

- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD's statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the [ISD website](#).