

### **Analysed text**

#### Your baby's health and development reviews

You will be offered regular health and development reviews (health visitor checks) for your baby until they are around 2. These are to support you and your baby, and make sure their development is on track.

#### Your personal child health record (Red Book)

Shortly before or after your baby is born, you'll be given a personal child health record (PCHR), known as the "red book". Healthcare providers will use it to record your child's weight and height, vaccinations and other important health information. You can also add information to the red book yourself.

#### The reviews

The reviews are usually done by a health visitor or a member of their team. They may be done in your home, at a GP surgery, baby clinic or children's centre. During the reviews, your health visitor will discuss your baby's health and development, and ask if you have any concerns.

#### New baby review

A health visitor will visit you at home, usually 10 to 14 days after the birth. They will check your baby's health and ask about feeding, sleeping and safety. They will also ask how you are coping.

#### 6 to 8 week review

Your baby will have a thorough physical examination. Your GP will check your baby's eyes, heart, hips and, in boys, the testes.

#### 9 to 12 month review

Your health visiting team will send you an ASQ-3 questionnaire to fill in before the review. During the review, your health visitor will look at your baby's language and learning, safety, diet and behaviour.

#### 2 to 2 and a half year review

Your child will have another health and development review. Your health visiting team will send you a questionnaire to fill in before the review, which helps you and your health visitor

understand how your child is developing.

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## Needs attention

This is a clear, practical piece of writing that largely treats parents as people with a genuine stake in their child's health. The tone is warm and accessible, and the parent is addressed directly throughout. What holds it back is a recurring pattern where professionals do things to or for the baby — parents appear mainly as people who are asked questions and fill in forms, rather than as the central figures in their child's development.

### Assessment per criterion

#### ● Position of the parent

Parents are addressed directly and warmly, which is good. But across the reviews, the health visitor checks, examines, and looks — the parent mostly receives, fills in, and is asked. The parent is present but not quite centred.

#### ● Agency

There is one clear moment of agency — 'You can also add information to the red book yourself' — and the reviews are framed as things offered rather than imposed. But parents don't appear as people who bring knowledge, ask questions, or drive the conversation. They respond to the health visitor's agenda.

#### ● Tone and manner

The tone is straightforward and human. There is no blame, no judgment, and no patronising framing. The question 'how you are coping' is a gentle acknowledgment that new parenthood is hard.

#### ● System language and jargon

'ASQ-3' appears without explanation — a parent reading this has no idea what it is or why it matters. All other terms are clear or explained in context.

## ● Show don't tell

There are no hollow claims about partnership here — it doesn't say 'we value parents' while doing the opposite. What it says, it mostly shows, even if there is room to go further.

## ● Being a parent vs. parenting

There is no suggestion that being a parent is a role to be assessed or a capacity to be measured. The reviews are framed as support, not scrutiny.

## ● The shoulder test

A parent reading this would feel reasonably comfortable — nothing here would make them feel watched or judged. But they might also feel slightly invisible: the baby is checked, examined, and looked at; the parent is mostly a backdrop. A parent who came hoping to feel like the expert on their own child might leave slightly flat.

## Concrete suggestions for improvement

*“They will check your baby’s health and ask about feeding, sleeping and safety. They will also ask how you are coping.”*

## **Position**

The health visitor checks and asks — the parent answers. The parent’s own observations and knowledge about their baby don’t appear here as something of value, only as something that gets elicited.

Suggestion: They will talk with you about how feeding, sleeping and safety are going, and ask what questions or concerns you have. They will also ask how you are feeling.

*“During the review, your health visitor will look at your baby’s language and learning, safety, diet and behaviour.”*

## **Agency**

The health visitor looks — the parent watches. A parent who has been observing their child’s language and learning for nine months is not positioned here as someone with insight to share.

Suggestion: During the review, you and your health visitor will talk through your baby’s language and learning, safety, diet and behaviour. You are welcome to bring any notes or questions.

*“Your health visiting team will send you an ASQ-3 questionnaire to fill in before the review.”*

## **Jargon**

‘ASQ-3’ means nothing to a parent who hasn’t encountered it before — they are told to fill in something without knowing what it is or why it matters.

Suggestion: Before the review, your health visiting team will send you a short questionnaire about your baby’s development (called the ASQ-3). Your answers help shape the conversation at the review.

*“These are to support you and your baby, and make sure their development is on track.”*

## **Position**

‘Make sure development is on track’ frames the review as a check on the baby — with the professional as the one doing the checking. It positions the parent as someone whose baby will be assessed, rather than someone who is bringing their own knowledge to a shared conversation.

Suggestion: These are to support you and your baby, and give you a chance to talk through how your baby is growing and developing.

*“which helps you and your health visitor understand how your child is developing”*

## **Show don’t tell**

This is a good instinct — framing the questionnaire as useful to both parent and professional. But ‘helps you understand’ subtly implies the parent doesn’t already understand their child. The health visitor’s understanding is the implied goal.

Suggestion: which gives you both a shared picture of how your child is developing, and helps you focus the conversation on what matters most to you