



This newsletter provides you with an update on the outcomes of Well Child/Tamariki Ora review and outlines the next steps for revising and implementing the National Schedule. The review, which took place over 2006/07, focused on reviewing the content of the National Schedule to bring the programme into line with current evidence and emerging issues for children and their families/whānau. Recommendations on future changes to the content of the Well Child/Tamariki Ora programme were made to the Minister of Health based on consultation with stakeholders. These changes have now been approved and are summarised in this newsletter.

## Background

The national Well Child/Tamariki Ora Framework was introduced in 2002 to reduce fragmentation and inconsistencies in the delivery of Well Child services, enhance co-ordination between child health and early intervention services, and reduce inequalities. While the framework has led to improvements in access for a significant proportion of New Zealand children, issues of service content were not reviewed when the framework and National Schedule were put in place.

In 2006, additional funding was provided to increase the number of core Well Child contacts from 6.5 to 8.0 including the introduction of the B4 School Check. The Government also requested that the Ministry of Health also commenced a review of whether Well Child/Tamariki Ora services were effectively meeting the needs of children and their families/whānau.

Feedback from stakeholders supported retaining the fundamentals of the existing framework, that is, a universal, publicly funded service with targeted services for families with additional needs. It is now well established that the rate of brain development before birth and in the first few years by far exceeds that occurring during other periods of life and is a process strongly shaped by the environment, particularly early caregiving relationships. The review of the Well Child programme has identified a strong rationale and stakeholder support for the programme to include a greater focus on child behaviour and development, infant mental health and to ensure the programme promotes warm, nurturing, responsive parenting and the development of secure attachment.

There was also support for a greater focus on reducing inequalities by ensuring that the programme is effective for Māori and Pacific children and

families/whānau. It was also highlighted that there is significant opportunity to improve health outcomes and reduce inequalities through ensuring closer links and better co-ordination with other providers of services to young children and their families.

## Schedule Changes

### Core contacts

The eight core contacts in the existing Well Child schedule will remain but with a greater focus on core contacts in the early developmental stages over the child's first year of life and transition from maternity to Well Child services. There will also be more flexible age ranges in which the contacts can be delivered to allow the checks to be based on individual child and family needs as much as possible. The changes to the timing of the core contacts are below. The content for the revised schedule will be finalised over the next nine months, with the revised schedule to take effect from 1 July 2009.

Core contact	Old schedule	New schedule
1	6 weeks	4–5 weeks
2	3 months	8–10 weeks
3	5 months	3–4 months
4	8–10 months	5–7 months
5	15 months	9–12 months
6	21–24 months	15–21 months
7	3 years	2–3 years
8	5 years	4–5 years (B4 School check)

## Needs assessment

An evidence-based needs assessment process will be developed to replace the current risk-assessment process and will include a focus on a range of factors, including psychosocial factors, that impact on children and their families. It is likely that the needs assessment process will be undertaken by lead maternity carers (LMCs) and Well Child/Tamariki Ora nurses in partnership with parents and will be used to create a family care plan to guide the provision of additional needs-based Well Child contacts, to determine the need for additional resources, support or referrals to a range of other services. This process will be developed and piloted over the next 18 months, with national implementation starting from June 2010.

## Additional visits

There are up to 10 additional visits based on degrees of deprivation and a further five additional visits for first time parents currently available in the National Schedule. These additional visits will be retained, but allocation will be on the basis of the needs assessment process. The first time parent visits will be reconfigured to provide three scheduled visits for all families based around key parent and child activities such as breastfeeding, parenting for fathers and introduction of complementary feeding. However, flexibility will be retained for the overall content and structure of these visits. The six week general health check with the child's

GP at the time of the child's first immunisation will also be retained in the revised schedule. The table below describes how the additional visits will be reconfigured under the new schedule.

## Breastfeeding and Nutrition

The existing schedule provides for promotion of breastfeeding, support and supervision of early postnatal breastfeeding and advice on maternal and child nutrition by the Well Child provider as part of the core contacts. The review concluded that Well Child providers should use the Ministry of Health's Food and Nutrition Guidelines for 0 to 2 year olds as best practice guidelines for nutrition, including adopting the World Health Organization (WHO) Growth Standards as the default charts. The Well Child/Tamariki Ora Healthbook was revised in June 2008 to include the WHO growth charts from birth to five years. The WHO standards establish breastfed infants as the normative model for growth and development. The adoption of these growth standards aligns with the recent WHO and now New Zealand recommendation that infants are exclusively breastfed to around six months of age. The lower weight gain in late infancy of breastfed infants as seen in the WHO growth standards may be beneficial to health. For more information on WHO growth standards see the *Food and Nutrition Guidelines for Healthy Infants and Toddlers (Aged 0–2): A background paper* (Ministry of Health, 2008).

Additional contacts	Criteria	Providers
Up to 10 contacts based on family/whānau care plan	Any time between birth and five years based on needs assessment.	Well child/Tamariki Ora nurse, community health worker.
6 week check	General health check for baby, six week immunisation and possibly first postnatal depression screening.	Family doctor and practice nurse.
Scheduled additional contacts		Possible providers
4–6 weeks	<b>Becoming a Parent</b> with a particular focus on support for breastfeeding.	May be LMC/Well Child/Tamariki Ora nurse, parent educator, lactation consultant.
8–10 weeks	<b>Especially for Dads</b> could be delivered as a group session.	May be Well Child/Tamariki Ora nurse, and/or parenting educator, community health worker.
5–6 months	Complementary feeding/preparing for solids and maintaining breastfeeding.	May be a Well Child/Tamariki Ora nurse, dietician, or parent educator.

Stakeholders agreed that there needed to be strengthened emphasis on the importance of breastfeeding and support for breastfeeding mothers within the schedule. An additional visit for all families to support maintenance of breastfeeding at 4–6 weeks has been included in the schedule. Changes to the schedule will be made in line with the National Plan of Action for Breastfeeding 2007–2010 and the work being done to support breastfeeding targets. For more information go to [www.moh.govt.nz/breastfeeding](http://www.moh.govt.nz/breastfeeding).

## Oral Health

There is good evidence that a stronger role for Well Child providers in oral health has the potential to improve oral health for all children. The revised schedule will include an oral health screening check, risk assessment and completion of enrolment for dental services at the 9–12 month core contact and a greater focus on oral health at the other core contacts from nine months to four years. There are several useful resources that professionals and parents can reference for guidance and advice about a child's oral health. Please visit the following websites to access these resources [www.moh.govt.nz/oralhealth](http://www.moh.govt.nz/oralhealth) and [www.nzda.org.nz](http://www.nzda.org.nz)

## Hearing Screening

The schedule currently provides for a tympanometry screen for glue ear at three years of age and sweep audiometry/tympanometry at the school new entrant assessment. However, current research and professional opinion indicates that universal tympanometry screening for glue ear is of limited benefit. Therefore, the universal screen will be phased out of the Well Child Schedule. Sweep audiometry is being introduced as part of the universal B4 School Check to replace both universal screening for glue ear (tympanometry check) at three years and the school new entrant assessment. The B4 School Check is anticipated to be fully implemented by 30 June 2009. Universal three year old tympanometry screening will be phased out from 1 July 2009 onwards.

Children with risk factors for developing speech, language or hearing problems should continue to have a routine tympanometry check for glue ear as part of a diagnostic assessment. Guidelines for checking high-risk children will be developed as part of the revised national hearing and vision screening protocols. Personal and public health initiatives to improve primary prevention of glue ear will also be reviewed, as will information available for parents and educators about the preschool hearing and vision screening programme.

## Vision Screening

Current evidence supports continuation of screening for amblyopia using distance visual acuity in four year olds, and this has been retained as part of the B4 School Check. Infants will also continue to be checked for congenital cataracts by either the LMC or GP by six weeks of age.

Other than the above screens, identification of vision defects should rely on parental concern and professional awareness and parents will continue to be asked if they have any concerns about their child's vision at core Well Child/Tamariki Ora checks.

## Child Development and Behaviour

Child development is a powerful determinant of health in adult life. The existing schedule includes informal developmental surveillance from six weeks onwards using developmental observation/questioning by the provider.

However, developmental surveillance is a shared parent/health professional activity that uses both parties' knowledge about the child to monitor ongoing development and emotional wellbeing. The Parental Evaluation of Developmental Status (PEDS) will be introduced to the six core contacts from 3–4 months to 4–5 years as a formal screening tool for developmental surveillance. The Strengths and Difficulties Questionnaire (SDQ) will also be used as a screening tool to assist parents to discuss social/emotional concerns as part of the B4 School Check.

## Maternal Postnatal Depression

The Well Child/Tamariki Ora Framework Review has identified the need for better identification of, and support for mothers with, postnatal depression (PND).

The current Schedule recommends screening using the Edinburgh Postnatal Depression Scale, however, this is not part of an organised screening programme. There has been increasing interest in PND screening with the development of new, briefer screening tools and because there is a greater appreciation of the burden of ill health associated with PND.

Work over the next 18 months will look at what are the most effective and appropriate approaches to early identification and response to PND as part of the Well Child programme.

## Attachment

A new evidence-based module is being developed that will promote secure infant/parent relationships and assess attachment and parent/child relationship difficulties. The module will be included in the schedule and training provided to Well Child providers and will complement the needs assessment and PND parts of the Well Child programme. It is planned that the new attachment module will commence national implementation as part of the Well Child programme from July 2010.

## Family Violence and Child Maltreatment

Many Well Child providers are skilled in identifying families and situations within which abuse is likely to occur and offering support. However, not all providers have specific training to recognise such situations and provide advice and support. As part of the training package that will be developed for the changes to the national programme, additional training will be offered to providers to identify vulnerable families within which abuse is more likely to occur and offer support at that early prevention stage.

## Parenting

The review has also recognised the importance of good parenting and the need for parent support and education programmes to help build parents' capability, promote secure attachment and improve outcomes for children. As a result, further interagency work will be undertaken to determine whether existing parenting resources could be reconfigured to provide an evidence-based universal service that included more targeted elements for vulnerable families.

## Next steps

Now that the direction for the schedule content has been agreed, work is under way to support implementation of the changes. There will be a phased approach to implementation over the next three years. To be effective, the changes to the Well Child/Tamariki Ora programme need to be implemented in a way that is responsive to the needs of Māori and Pacific children and their families/whānau and this will be a key consideration for implementation planning.

There are also several operational issues, such as service configuration, linkages and communication, contracts, referrals, quality, workforce development and clinical management, that need to be addressed to gain the maximum benefit from the schedule changes. These issues will be considered in parallel to implementing the schedule changes.

Over 2008/2009, work will focus on finalising the schedule, practitioners' handbook and changes to the Well Child/Tamariki Ora Healthbook, as well as development work around the needs assessment, PND and attachment module. To support this work, a clinical advisory group and network will be established to provide advice and guidance around how best to implement the changes. A stocktake will also be undertaken to provide a clear picture of Well Child/Tamariki Ora service delivery, contracts and workforce development needs across New Zealand. The Ministry will also identify effective methods of communicating Well Child-related information with parents using current literature and feedback from parents. Schedule changes will be gradually introduced over 2009 to 2011 as workforce and service capacity permits.