

*“ We want our children... to grow up competent and confident, healthy in mind, body, and spirit, secure in their sense of belonging and in the knowledge that they make a valued contribution to society. ”*

*From Te Whariki, Ministry of Education*

# Background to the review

- 2005 Government announcement as a commitment to child health
- Additional funding of \$23.6M over 4 years to:
  - initiate a 'B4School' check
  - ensure all children (0 to 5 yrs) and their families are supported by Well Child services to help improve child health outcomes
- Implement a review of current services

# Current child health concerns

- Significant and worsening disparities
- Increased potentially preventable (in primary care) hospital admissions
- Oral health problems – DMFT
- Childhood obesity
- Increasing referrals for child protection
- Behavioural and developmental problems resulting in poorer health, educational and social outcomes in later life

# Whole of Government context

- MSD and Education have been closely involved with the Well Child Review
- Well Child is a key component of the MSD Early Intervention programme Kia Puawai
- There are links to the Ministry of Education's enhancement of early childhood services
- Opportunities to improve child health outcomes if Well Child services are more closely linked with other health, education, and social services.

# Policy settings unchanged

- Universal service with additional needs-based targeted contacts
- Based on home visiting, family partnership model
- Takes a wellness strengths-based approach
- Part of a range of child and family health and wellness services

# Structure may change over time

- Three core areas of action
  - Clinical/health protection, Health education and promotion, and family/whanau support
- All coordinated but not all provided necessarily by the same person
- Linkages with other providers essential and emphasis on this may need to be increased
- Some components may be funded by different agencies

## Areas of suggested improvements to Well Child services

- Family violence and child abuse
- Breastfeeding
- Nutrition and physical activity
- Oral Health
- PND and attachment
- Child mental health, development and behaviour
- Hearing and vision

# Early Options for enhancing service delivery

## Outcomes focused:

- Earlier meeting/interface with LMC
- Group sessions for parenting support
- Health focus < 3 yrs then educational/behavioural focus
- Service delivery in alternative venues e.g. kohanga, marae, Pacific churches
- Stronger linkages with other agencies and primary health care providers – regional meetings?
- Shared information systems

# Challenges for Well Child services



- Early identification of need and risk
- Increased targeting of services to vulnerable families
- Early recognition and management of issues as they emerge
- Strengthening the service infrastructure including workforce and information management
- Improving linkages with other agencies and the primary health care strategy

# Progress of the review

- Focus group meetings with experts and key stakeholders held Feb/March/April
- Options paper sent for feedback from sector July-August
- Recommendations paper due in October
- Next steps for implementation include developing a quality framework and needs assessment tool
- Workforce competencies under review – need national consistency
- Options for information systems being scoped:
  - B4 School check
  - child health generally

# B4 School Check

- B4 School means adequately preparing the child and family for school, and the school for the child
- B4 School Check will be the 8<sup>th</sup> and final “core” Well Child check
- Aim is to identify any health, behavioural or developmental concerns which could affect a child’s ability to learn at school

# Expected Outcomes

- Child
  - Able to access school curriculum
  - Enhanced resilience, confidence
  - Disabilities identified/managed and abilities enhanced
- Family
  - Access to available resources
  - Healthy parent child relationship
  - Enhanced relationship with professionals
- School
  - School prepared for child
- Professionals
  - Enhanced relationship with parents
  - More aware of child's needs
  - Supported to deliver quality care

## Likely content (evidence-based)

- Hearing assessment
- Vision assessment
- Height, weight, (BMI )
- Dental assessment
- Questionnaire on behaviour/development
- Questionnaire health issues, social issues, development (e.g. chronic illness, immunisation, disability, learning & communication, nutrition, relationships, safety)
- Health promotion, support, immunisation check

# The Pilot

- Opportunity to trial delivery mechanisms and assess service content
- Counties Manukau and Whanganui DHBs
- Commenced 20 August 2007 with up to 1000 children
- DHB co-ordination - local providers involved
  - Whanganui – PNs, PHNs, Iwi providers delivering in ECC, GP/IP clinics and outreach services
  - Counties – multidisciplinary team of PNs, WCPs, PHNs delivering out of community and mobile venues
- Evaluation – assess effectiveness and share key learnings

# National Implementation

- Phased implementation from Feb 2008
- Will require:
  - workforce development – including nurse providers and VHTs; MoH will provide training for DHB trainers
  - printed resources – MoH will develop nationally consistent templates
  - information management – currently an RFP process for provider to develop a system
- Importance of referral pathways

# Service Delivery

- When - 4 to 5 years – ‘catch up’ at school
- Where – home, preschool, kohanga reo, school, Well Child Clinics, General Practices, other
- By whom - Practice nurse, Public Health nurse, School nurse, Well Child provider, VHTs
- Workforce competencies have been developed
- A dedicated information collection process to support across multiple providers

# Information management

- RFP for provider to develop a system to:
  - Ensure all eligible children are identified and offered a B4SC
  - Ensure any issues of concern are referred for action and action is taken
  - Support information sharing between providers
  - Improve coordination of care, enable performance benchmarking and shared learnings
  - Enable providers to target additional resources to high need communities and children
  - Enable accurate reporting on uptake, coverage and results

# Operational issues

- How do we ensure good uptake particularly for children at risk?
- Who should have access to the information?
- How should communication channels be managed?
- How will DHBs coordinate service across multiple providers?
- How will referrals to health, education and social services be managed effectively?

# Linkages

- Pilot DHBs have included the following service providers in steering/advisory groups
- Primary care providers and PHOs
- ECE, primary schools and GSE
- Well Child providers
- Support services, MSD, Family Start, parenting programmes
- Secondary health services