

Well Child Tamariki Ora Review Report

November 2020



Foreword

Tēnā koutou katoa, Mālō lelei, Tālofa lava, Kia orana, Taloha ni, Fakalofa lahi atu, Ni sa bula vinaka, Namaste, Ni hao, and warm greetings.

The Well Child Tamariki Ora (WCTO) Programme aims to nurture pēpi, tamariki and whānau around them in those important early years. Enhancing the health and development of tamariki makes a significant contribution to a child's lifelong health, wellbeing, education and social outcomes.

The Government's 2019 Child and Youth Wellbeing Strategy sets out a shared vision of how New Zealand's government agencies and services would work toward making New Zealand the best place in the world to be a child. The review of the WCTO programme formed part of the health and disability sector's response to this strategy alongside the Maternity Action Plan.

For many whānau the WCTO programme contributes positively to health and wellbeing for their tamariki. However, we know this is not happening consistently for all whānau in Aotearoa. This creates inequities that are unfair and avoidable. We need to do things differently to address these equity gaps so that all tamariki and whānau have the opportunity to flourish.

Our priority population groups are pēpi, tamariki and whānau who are Māori or Pacific, have disabilities, are in state care or have high needs. We will partner with them to understand their unique strengths and needs and to design a joined-up system that is able to respond flexibly to support them. Delivering on the findings from the WCTO review also presents an early opportunity for transformation in response to the Health and Disability System Review.

The areas for action identified in the review, alongside cross-Ministry and Government action, will guide our ongoing work programme. We are already starting to address some of the issues that have been identified in the review and during the COVID-19 response. This includes trialling an enhanced model of support for young parents, streamlining existing reporting and enabling real-time access to current data, and strengthening and improving commissioning approaches at a local level.

I'd like to thank everyone who participated in the WCTO programme review, including whānau and community; stakeholders from the health and disability, social and education sectors who attended sector hui and completed online surveys; and the people and organisations who made formal submissions.

I'm looking forward to seeing how the results of this review are used to transform our approach to providing the best start for New Zealand's tamariki, whānau and communities.

Dr Ashley Bloomfield

Te Tumu Whakarae mō te Hauora

Director-General of Health

Poipoia te kākano
kia puawai



Nurture the seed
and it will blossom

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Whakataukī and Principles



Poipoia te kākano kia puawai Nurture the seed and it will blossom

Our whakataukī was used in the early phases of the Well Child Tamariki Ora (WCTO) Review, to support and guide it. Within WCTO, we will achieve the vision of this whakataukī when:

pēpi and tamariki are prioritised
as taonga in Aotearoa

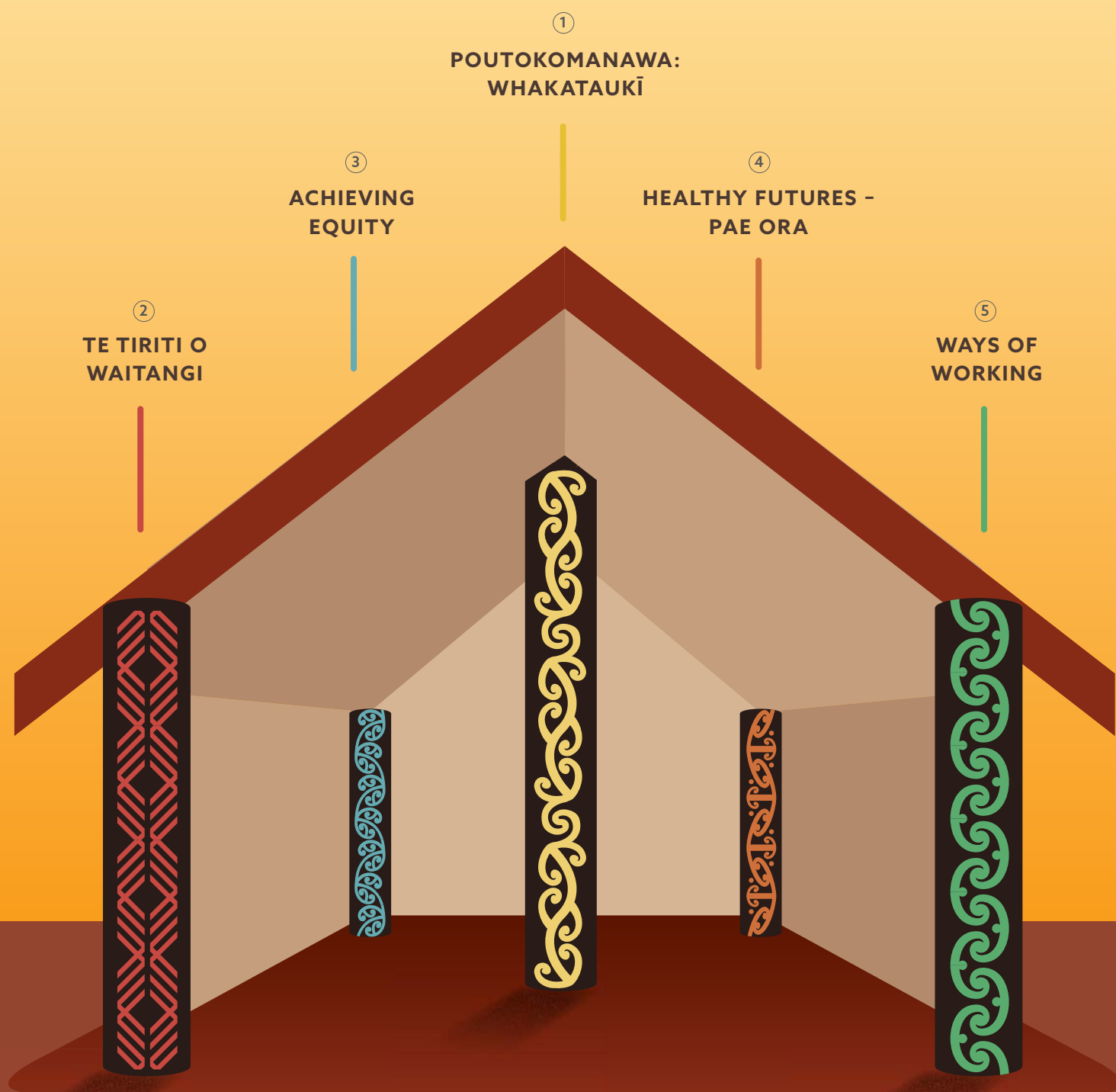
whānau are enabled to achieve
the hopes and aspirations they
have for their pēpi and tamariki

communities provide nurturing
environments that support pēpi,
tamariki and whānau to blossom
and reach their potential

services and supports are
whānau-focused, connected,
holistic and responsive

the wellbeing system is integrated
and coordinated across the life
span and enables pae ora.

Ngā pou o Well Child Tamariki Ora Framework





The Ministry of Health developed Ngā Pou o Well Child Tamariki Ora as a framework to guide the Review. The framework uses the symbolism of a wharenuī that has five pou. The pou tokomanawa that holds the whakataukī (vision) is at the centre; it is supported by four foundation pou. All five pou are operational and inform the work and decision-making.

The whare symbolism takes inspiration from Hineteiwaiwa, who is the deity of childbirth. Her presence in this space is a reminder to all of the promise and hope tamariki bring for the future. Within the whare, Hineteiwaiwa is represented by the pou tokomanawa. Thus procreation, and aspirations for the health and wellbeing of whakapapa and of future generations, remain at the centre of our work. This speaks to our collective commitment to future generations.

The pou tokomanawa is the central pillar, and has an important role of providing structural strength and support. It is regarded as the heart of the whare. It is believed that the pou tokomanawa connects Ranginui and Papatūānuku, the sky father and the earth mother – the primordial parents – with all that dwell within.

The pou tokomanawa that holds the whakataukī 'Poipōia te kākano kia puawai' provides the vision for the WCTO Review; it is central to the Review and transformation kaupapa.

We initially used Ngā Pou to inform the Review, but we will continue to use the framework in the next phases of our work, to strengthen and enhance the mana of our work and the health and wellbeing of tamariki and whānau.



Understanding Ngā Pou o Well Child Tamariki Ora

TE TIRITI O WAITANGI

Meet our obligations under Te Tiriti o Waitangi through applying the principles recommended in the Wai 2575 Health Services and Outcomes Kaupapa Inquiry (2019 Hauora report):

- tino rangatiratanga: provide for Māori self-determination and mana motuhake
- equity: commit to achieving equitable outcomes for Māori
- active protection: be informed on the extent and nature of outcomes and efforts to achieve equity
- options: provide and properly resource kaupapa Māori services
- partnership: work in partnership with Māori, enabling Māori to be co-designers with the Crown.

ACHIEVING EQUITY

Design and deliver a fair and just system that contributes to achieving equity and equitable distribution of resources and funds for:

- Māori pēpi, tamariki and whānau
- Pacific pēpi, tamariki and whānau
- pēpi, tamariki and whānau with disabilities
- pēpi, tamariki and whānau in state care
- pēpi, tamariki and whānau with high needs.





PAE ORA - HEALTHY FUTURES

Enable whānau to express and achieve their aspirations for their tamariki.

Be explicit about our aspirations for pae ora for our priority populations.

Use Ministry and government strategic levers to inform, align and activate responses for priority population groups.



WAYS OF WORKING

Adopt and apply the Ministry values, ngā uaratanga, in our ways of working, including:

- manaakitanga: care, inclusion, respect, support, trust and kindness
- kaitiakitanga: preservation and maintenance of an environment that enables people to thrive
- whakapono: trust and faith in each other
- kōkiri ngātahi: working together towards a common purpose.





Introduction

This document reports on the findings from the Review of the WCTO Programme (the Review) that took place over 2019/20. Cabinet commissioned the Review due to concerns about the programme's contribution to equity and outcomes, and its financial sustainability. This report concludes the Review and provides a guide for potential next steps to respond to the findings.

The term 'Well Child Tamariki Ora' has been used historically across the sector to describe different aspects of services, supports, providers and programmes for pēpi, tamariki and their whānau. Because of this wide applicability, there is misunderstanding within the public and sector about what WCTO is, who provides it and what it delivers. Due to the similarity in names, 'Well Child Tamariki Ora' is sometimes confused with 'Oranga Tamariki', the Ministry for Children.

This report adopts the following terminology to describe the current programme and services:

- **WCTO programme** describes the range of services and supports specified under the WCTO National Schedule, inclusive of lead maternity carers (LMCs), general practice teams, WCTO services and providers (see the following point) and the Before School Check (B4SC).
- **WCTO services and providers** describes the specific services and providers contracted to the Tier 2 Service Specification for WCTO.

The Review focused on the current WCTO programme. However, the findings make it clear that a fundamentally different whānau-centred system inclusive of both intensive and universal services and support is required to support pēpi, tamariki and their whānau in the early phases of life. Such a system would include wrap-around services that are integrated with other social wellbeing supports, flexibility to increase service intensity in response to need, as well as improvements to simplify the pathway for

all whānau to access universal screening and early intervention services.

To reflect this fundamental shift in approach, the direction of travel and priority action area sections of this document use the following terminology:

- **early years health and wellbeing system** describes the future framework of services and supports for pēpi, tamariki and their whānau
- **WCTO screening and intervention services** the universal screening and early intervention services that need to be retained and embedded within the wider health and wellbeing system for pēpi, tamariki and their whānau.

In the next phase of work, we will take action to transform the health and wellbeing system for pēpi, tamariki and their whānau. This will include considering a name change for future services and supports within the transformed system.



Setting the strategic direction

Investing in the early years and supporting whānau to nurture tamariki

Evidence shows that by investing in whānau antenatally and in the first 1,000 days of life we can make the biggest difference to lifelong wellbeing.

Most brain development happens in the early years and is influenced by the environment in which tamariki are nurtured. At this time, parents and whānau are learning too, and are known to be open to learning during the early years of the lives of their tamariki. We need to respond to this by weaving recent scientific developments in neuroscience, epigenetics, adverse childhood experiences and resilience into services supporting early childhood health and development.

The purpose of WCTO is to nurture both tamariki and the whānau around them, to maximise the potential health and development of tamariki. Services within WCTO therefore have the potential to greatly impact health and wellbeing outcomes at every stage of the life of tamariki, reducing the need for health, education and justice services later.

Making Aotearoa New Zealand the best place to be a child

In 2019, the Government published the Child and Youth Wellbeing Strategy.¹ This sets out a shared vision of how government agencies and services will work toward making Aotearoa the best place in the

world to be a child. The health and disability system contributes to this vision through its maternity, child and youth health services.

The Strategy includes an outcomes framework, which describes the Government's aspirations for the wellbeing of tamariki, rangitahi and whānau.

The pou tokomanawa for the Review of the WCTO was derived from that outcomes framework, alongside the Strategy's whakataukī:

Whakatō te kākano aroha i roto i o tatou taitamariki kei puawai i roto tō rātou tupuranga aranui oranga.

Plant the seed of love in our children and they will blossom, grow and journey towards the greatest pathway of life.

Strategic alignment to achieve pae ora

Achieving pae ora for pēpi, tamariki and whānau requires strategic alignment across the wider health and disability and social service systems, through plans and strategies including: He Korowai Oranga² and Whakamaui,³ Ola Manuia⁴, the Disability Strategy⁵ and Action Plan,⁶ Whāia Te Ao Mārama,⁷ Faiva Ora,⁸ the Learning Support Action Plan⁹, Early Learning Action Plan¹⁰, and the draft Oranga Tamariki Action Plan. Strategic alignment is also required to related services across health including maternity, primary care, immunisation and oral health services.

1. Department of Prime Minister and Cabinet 2019.

2. Ministry of Health 2014a.

3. Ministry of Health 2020a.

4. Ministry of Health 2020b.

5. Office for Disability Issues 2016.

6. Office for Disability Issues 2015.

7. Ministry of Health 2018.

8. Ministry of Health 2017.

9. Ministry of Education 2019a.

10. Ministry of Education 2019b.



What is the current Well Child Tamariki Ora programme?

The WCTO programme provides universal early childhood health and development services to all tamariki under five years and their whānau. The primary objective of the current programme is to support whānau to nurture the early development of their tamariki, establishing a strong foundation for health and wellness throughout life. The programme provides the opportunity for early intervention through referrals to other primary, specialist or intensive health and social services.

What does it deliver?

The current programme design is intended to be a proportionate universal service. This means everyone is offered a core service while those who need more are offered more intensive or tailored services and support. It delivers a combination of screening and surveillance, health education and advice, and care and support services.

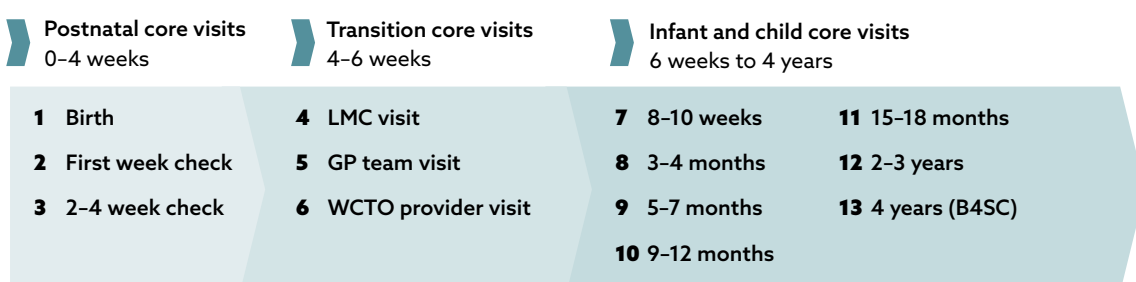
The National Schedule¹¹ (the Schedule) sets out the expected timing and content of WCTO contacts from birth to five years for all pēpi, tamariki and their whānau, including:

- 13 scheduled universal or core contacts available to all whānau at ages at which evidence confirms the importance of assessing and monitoring child development and wellbeing
- discretionary additional contacts allowing for further services in response to needs identified at core contacts.

The current programme delivers three key strands of activity across all contacts:

1. *Health and development assessments:* universal assessments and screening and surveillance activities are undertaken to identify health, development or wellbeing issues early. Usual assessments cover physical and developmental domains, including growth, development, hearing, vision, hips, oral health, and cardiac and respiratory systems.
2. *Whānau care and support:* assessment and activities are undertaken in priority health areas such as maternal mental health, breastfeeding and infant nutrition, pēpi sleep and sudden unexpected death in infancy (SUDI), immunisation, family violence and smoking cessation.
3. *Health education:* a range of health education activities are provided to align with the developmental age of tamariki and in response to the request of whānau for information.

Figure 1: Well Child Tamariki Ora core contacts



11. Ministry of Health 2013a.

Services for 0–5 year olds delivered outside of Well Child Tamariki Ora

The WCTO programme is one of five early childhood health services available to all tamariki aged 0–5. The other four are:

1. LMC maternity services
2. general practice team services
3. immunisation services
4. community oral health services.

Some of these services include checks or contacts as part of the WCTO Schedule, but for the most part these services are contracted and delivered separately from the current WCTO programme.

Who delivers services and when?

A range of providers currently deliver the WCTO programme at different times between birth and five years of age, as follows:

- **from birth up to six weeks:** LMC midwives deliver WCTO core contacts and postnatal services
- **at six weeks:** the general practice team in some cases delivers a pēpi check and the six-week immunisations
- **from four to six weeks up to five years:** WCTO nurses and community health workers (kaiāwhina, karitane and kaitiaki) deliver core and additional contacts between these ages. WCTO services and providers are sometimes engaged in the late antenatal/early postnatal period to offer complementary care in parallel to the LMC
- **at four years:** nurses deliver the B4SC and vision hearing technicians (VHTs) deliver the vision and hearing components of the B4SC.

How is it contracted?

Funding and contracting mechanisms for the programme vary, depending on the provider type:

- LMC postnatal services are contracted under the New Zealand Public Health and Disability Act 2000, via the Primary Maternity Services Notice (Section 88)
- WCTO services and providers are contracted through a mix of national and devolved funding:
 - › Whānau Āwhina Plunket is contracted through a national agreement with the Ministry of Health to deliver WCTO services to approximately 85 percent of the population nationally
 - › District health boards (DHBs) receive funding through a Crown funding agreement (CFA) variation and subcontract with more than 60 Māori, Pacific and public health providers to deliver WCTO services to approximately 15 percent of the population nationally
- B4SC funding is provided to DHBs through a CFA variation and subcontracted by DHBs to a mix of primary care services, WCTO services and providers or public health providers.

Contracts for the B4SC and WCTO services and providers are guided by:

- the Well Child Tamariki Ora Programme Practitioner Handbook,¹² which sets out processes, tools and referral pathways for the assessment, education and support components of the programme
- the Tier 2 Service Specification for WCTO services and providers¹³ and the B4SC.¹⁴

12. Ministry of Health 2013b.

13. Ministry of Health 2014b.

14. Ministry of Health 2011.

Programme history

The history of the WCTO programme is as follows.

2002

In 2002 the first National WCTO Framework including the National Schedule and Service Specification came into effect.

2007/08

In 2007/08 the Government reviewed that Framework and replaced the new entrant check with the B4SC at four years of age.

2010/11

In 2010/11 the Ministry made significant changes to the Framework and Schedule as a result of the 2007/08 review. It added new components to the Schedule, including a developmental surveillance tool (Parental Evaluation of Developmental Status (PEDS)), a universal enquiry about family violence, screening for maternal mental health, an oral health intervention (Lift the Lip) and smoking cessation support.

2011/12

In 2011/12 a new Service Specification for the WCTO programme came into effect. Changes were based on the findings of the 2007/08 review, and included an amended pricing framework, repatriation of WCTO programme funding from DHBs to the Ministry and the introduction of National Health Index reporting requirements. A tool to support needs assessment and care planning was piloted, with the intention of rolling this out to complement the additional screens and pricing framework changes. However, the tool did not progress past the pilot stage due to changing priorities and resourcing.

2012

In 2012 the Ministry commissioned three reviews of the 2010/11 Schedule changes. Based on these reviews, a WCTO Quality Improvement Framework (QIF) was developed in 2012 and implemented in 2013.

2013

Since 2013 smaller scale reviews and amendments have continued to be made to the QIF and the Service Specifications for WCTO services and providers and the B4SC.



Priority population groups

A rights-based approach to priority populations

In Aotearoa New Zealand, all tamariki and their whānau have the right to access quality health care. These rights are underpinned by Te Tiriti o Waitangi and the United Nations Convention on the Rights of the Child (UNCROC).

■ Te Tiriti o Waitangi

Te Tiriti o Waitangi is the founding document of Aotearoa. Five Tiriti principles have been consistently articulated by the courts and the Waitangi Tribunal (see the Waitangi Tribunal's 2019 *Hauora* report), and are applicable to Māori pēpi, tamariki and whānau as tangata whenua under Te Tiriti o Waitangi:

1. **Tino rangatiratanga:** the right of Māori to self-determination and mana motuhake over the design, delivery and monitoring of services
2. **Equity:** the right of Māori to experience equitable health outcomes, access and funding and be free from discrimination
3. **Active protection:** the Crown's obligation to act to the fullest extent possible to protect Māori health and achieve equity for Māori
4. **Options:** the right of Māori to access properly resourced kaupapa Māori solutions alongside mainstream services and not to be disadvantaged by service choices
5. **Partnership:** the right of Māori to work in partnership with the Crown in the governance, design, delivery and monitoring of services.

■ United Nations Convention on the Rights of the Child

The UNCROC is a comprehensive international human rights agreement that recognises the rights of children and defines principles and standards for the status and treatment of children worldwide. Aotearoa New Zealand ratified the UNCROC in 1993. The rights are set out in 54 articles; the UNCROC specifies special measures to protect those belonging to minority groups, and sets out the rights of all children:

- to protection from discrimination of any sort
- for governments to take their best interests into account when making decisions that affect them
- to life, survival and development
- to education and health care
- to an opinion, and for that opinion to be heard.

Priority population groups

Most whānau in New Zealand can meet the health and development needs of their tamariki with support from the community and primary services. However, we are not fulfilling the rights of certain groups to access equitable and high-quality services; to be free from discrimination; and to influence decisions about the design, delivery and monitoring of services. There is significant cross-over between these groups, due to mixed ethnicities and the disproportionate numbers of Māori and Pacific tamariki that have disabilities, are in state care or have high needs.

Measures of service coverage, completeness, quality and outcomes show the programme is persistently underserving Māori, Pacific peoples and whānau living in high-deprivation areas. Data about access to WCTO services and providers and outcomes for whānau of tamariki with disabilities and for pēpi and tamariki in state care is not collected. However, sector feedback suggests the system needs to change,

to deliver both universal and intensive services that are more responsive to the unique needs of these pēpi, tamariki and whānau.

To address the current lack of equity in access and use of WCTO services, the Ministry of Health has prioritised the following populations:

- Māori pēpi, tamariki and whānau
- Pacific pēpi, tamariki and whānau
- pēpi, tamariki and whānau with disabilities
- pēpi, tamariki and whānau in state care
- pēpi, tamariki and whānau with high needs.

To meet the needs of these priority groups, we need to understand their unique strengths and needs. We also need to establish a joined-up, culturally responsive system that is connected to the community, as well as services that are funded and commissioned to respond flexibly to deliver the right level of support.

■ Māori pēpi, tamariki and whānau

In the traditional Māori view, pēpi and tamariki ensure the future survival and continuation of whakapapa that contributes to whānau, hāpu and iwi. This is an integral part of ensuring that Māori culture, language and traditional beliefs and practices are maintained and continued. In pre-colonial times, the strong societal structures of whānau, hāpu and iwi provided support mechanisms that protected and nurtured tamariki while reinforcing their sense of belonging. Since colonisation, there has been a marked deterioration of traditional Māori structures; this has adversely affected the health and wellbeing of Māori pēpi, tamariki and whānau.

Some Māori whānau, communities and individuals have strong ties to their hāpu, iwi and marae, while others may have experienced a sense of disconnection.

Whānau Māori live in both urban and rural communities. We need to respect the diverse realities of whānau and the choices they make, and ensure that services take those realities and choices into account.

Māori hold a holistic and interconnected view of health that is inclusive of relationships to people and the environment. Māori health models that reflect that view need to influence service design and delivery.

■ Pacific pēpi, tamariki and whānau

The Aotearoa Pacific populations¹⁵ are increasingly diverse (linguistically, culturally and ethnically) and mostly youthful. There is a growing population of New Zealand-born and multi-ethnic Pacific peoples. Most New Zealand-born and multi-ethnic Pacific peoples are children and young people aged up to 25 years.

Pacific cultures share certain aspects of language, culture and traditions, underpinned by some shared values, beliefs and principles. For Pacific peoples, views on health and wellbeing are generally underpinned by holistic perspectives (for example, a sense of the interconnection between spiritual, mental, social and physical health). Pacific cultural worldviews are informed by language; the principles of reciprocity and collectivism; the importance of whānau; and the cultural values of respect, love and service. Understanding these views and how they inform health literacy at the individual and whānau/wider community level is essential. Effective wellbeing initiatives for Pacific peoples must centre the needs of both tamariki and the collective as a whole, and must intentionally integrate cultural worldviews and holistic perspectives into decision-making.

Overall, the health and wellbeing of Pacific tamariki and whānau is reliant on many interconnected factors: language, cultural worldviews, holistic perspectives, and the balancing of collective and individual needs. To support equity aspirations for Pacific pēpi, tamariki and whānau, the system needs to acknowledge this.

15. 'Pacific' is a collective term describing a diverse group of people who have hereditary and cultural links to Pacific Island nations. This group comprises more than 16 culturally and linguistically distinct ethnic groups. Samoan, Tongan, Cook Island Māori, Fijian, Niuean, Tuvaluan and Tokelaeans comprise the largest Pacific ethnic groups in Aotearoa New Zealand.

■ Pēpi, tamariki and whānau with disabilities

Pēpi, tamariki and whānau living with a disability have diverse cultural, economic and social needs, characteristic of all whānau. Disabled people can have multiple and complex needs, poorer health outcomes, a lower sense of wellbeing and a lower life expectancy than the rest of the population. Disabled people and their whānau and carers are likely to interact with multiple support systems and experience barriers to regularly accessing and benefitting from quality health and disability services. Health providers need to treat disabled people with understanding, dignity and respect and ensure they have access to inclusive mainstream health services alongside services that are specific to disabled people, including mental health services. In this regard, effective health services fulfil the right of disabled people to independence, and to choice, control and participation in their communities and society in general. Decision-making on issues regarding the health and wellbeing of disabled people needs to be informed by robust data and evidence.

■ Pēpi, tamariki and whānau in state care

Many pēpi and tamariki who are, have been or are at risk of being in state care experience poor wellbeing outcomes. The whānau environment these tamariki is often characterised by multiple and complex needs that are not well served by the public system; relevant issues may include poverty, unaddressed physical and mental health needs, parental alcohol and drug problems and family violence. Some tamariki who enter state care have suffered repeated abuse, neglect, victimisation and exposure to family violence. Many have experienced significant instability in their care arrangements over prolonged periods of time. We need to change systems, services and supports to ensure that we are hearing the voices of these tamariki, and that they have influence over decisions that are made about them. It is imperative that tamariki experience a safe, stable and loving care environment in state care, and that those caring for them understand their needs and aspirations for health and wellbeing.

■ Pēpi, tamariki and whānau with high needs

Whānau with high and complex needs and those experiencing multiple social and economic deprivation require higher and different levels of care and support. Studies have indicated that tamariki and whānau with complex needs, and who experience greater social and economic deprivation, have poorer health, development, educational and welfare outcomes throughout life. However, we know that certain factors mitigate or protect against this potential social and economic deprivation, including strong relationships with other whānau and within the community, supportive environmental factors and resiliency. We need to undertake further research to better understand these positive factors.





How does the current programme perform?

Coverage, timeliness and completeness measures

■ New baby enrolment rates

Enrolment of new babies with a WCTO service or provider is a proxy for overall coverage of the WCTO programme.

In **2013/14**, coverage of whānau with new babies receiving any service from a WCTO service or provider was 87–88 percent for Māori, Pacific peoples and whānau living in deprivation quintile 5¹⁶ (Q5), compared to 92 percent for non-Māori, non-Pacific (see Figure 2).

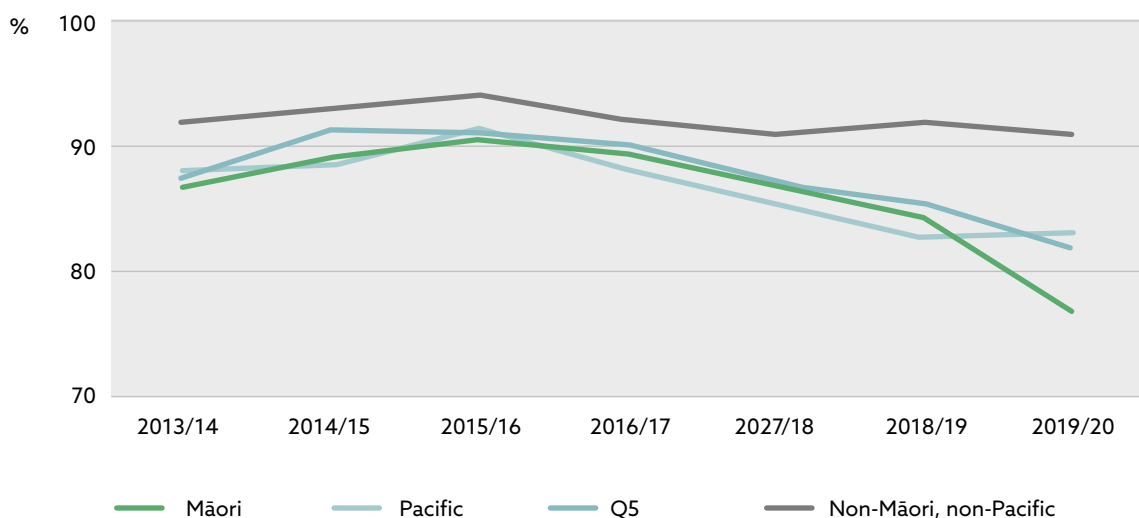
In **2019/20**, there was a slight decrease nationally in the rate of enrolment of new babies with a WCTO service or provider, and a widening equity gap: enrolment rates for Māori, Pacific peoples and whānau living in high-deprivation areas decreased to 79 percent, 83 percent and 82 percent respectively.

Similar inequalities in rates of enrolment and access for Māori, Pacific people and whānau living in areas of high deprivation can be seen across other services, including the B4SC, LMC services, immunisation and enrolment in primary care and community oral health services.

■ Timeliness and completeness

The timing of current core contacts in the WCTO programme is evidence-based. The contacts entail age-specific screening and surveillance activities, and guidance and support. The development of providers' relationship with whānau, the quality of assessment and retention of whānau in the programme are enhanced when all core contacts are completed on time. On-time delivery of contacts also supports timely access to referred services and early intervention where required. It also provides a proxy measure for the quality and timing of transition of care from LMC to WCTO service or provider.

Figure 2: New baby Well Child Tamariki Ora service or provider enrolment, by ethnicity and deprivation quintile



16. The New Zealand Index of Deprivation (NZDep) is an area-based measure of socioeconomic deprivation in New Zealand. It measures the level of deprivation for people in each small area and is based on nine Census variables. Each NZDep quintile contains about 20 percent of small areas in New Zealand. Quintile 5 represents areas with the most deprived scores.

Figure 3: Timely receipt of 4–6-week core contact on time and complete set of core contacts in first year of life, by ethnicity and deprivation quintile

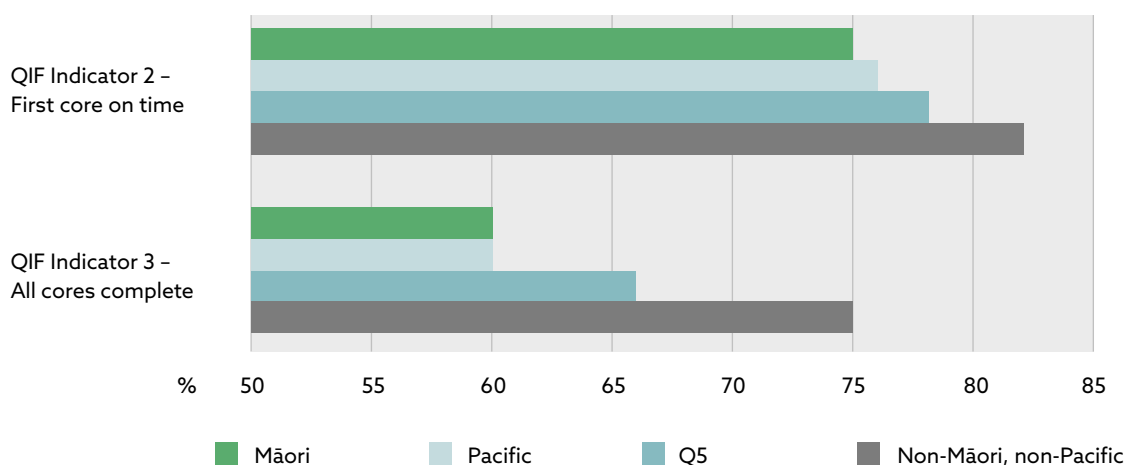


Figure 3 shows that just over 82 percent of non-Māori, non-Pacific peoples receive the first WCTO service or provider contact on time, compared to 75–78 percent of Māori, Pacific peoples and whānau living in high-deprivation areas. Looking at completion of all core contacts due in the first year of life, the equity gap widens even further: only 59–66 percent of Māori, Pacific peoples and whānau living in high-deprivation areas receive all their core contacts in the first year of life, compared to 75 percent of non-Māori, non-Pacific peoples.

Inequities for these population groups are also evident in timeliness and completeness measures for the B4SC; this results in inequitable access to referral services required before tamariki start school.

Population outcome measures

The WCTO programme contributes to population outcomes for tamariki and their whānau. The WCTO programme's QIF measures current population outcomes across all services offered from birth to five years, and covers breastfeeding, smokefree homes, oral health, and immunisation.

From September 2015 to September 2020, QIF reports show slight improvements across all population groups; however, equity gaps remain for Māori, Pacific peoples and whānau living in high-deprivation areas.

From September 2015 to September 2020 QIF reports show slight improvements have been made across all population groups, however equity gaps remain for Māori, Pacific and families living in high deprivation areas.

Table 1: Analysis of Quality Improvement Framework outcome indicators, by ethnicity and deprivation

QIF Measure	2015 – September Report				2020 – September Report			
	Māori	Pacific	Q5	Other	Māori	Pacific	Q5	Other
Smokefree homes at six weeks ¹⁷	33%	39%	40%	55%	36%	43%	46%	59%
Breastfeeding at three months	46%	47%	46%	56%	48%	48%	49%	59%
Caries free at five years	37%	36%	n/a ¹⁸	57%	41%	36%	n/a ¹⁸	60%
Fully immunised at age five	78%	78%	77%	81%	86%	90%	88%	89%

17. The denominator for this measure is total registered births which includes a significant proportion of households with an unknown smokefree status. Therefore, the percentage of households that are not smokefree cannot be derived from this measure

18. Community Oral Health data is not reported by deprivation quintile

Funding and contract measures

The total funding of the WCTO services and providers and B4SC components of the WCTO programme for the 2020/21 year is \$91.6 million. Of this, \$61.6 million is centrally commissioned and \$30 million is provided to DHBs through CFA variations for local commissioning of services.

Funding amounts and allocations for WCTO services and providers are based on a historical funding formula and allocations. This only pays for between 6 and 6.5 of the Schedule's 7 WCTO services and providers core contacts between four–six weeks and two–three years. While the National Service Specification includes purchase units for WCTO services and providers, the purchase units have neither been updated nor consistently implemented by DHBs in their contracts with WCTO providers. This results in a lack of standardisation of the price per purchase unit in contracting, with an up to six-fold difference in the price paid for a new baby enrolment between different WCTO services and providers.

There is a national funding formula for the B4SC that considers population demography, rurality and fixed coordination/administration costs. Consequently, there is up to a four-fold difference between the price for a B4SC in a large urban DHB and the price for a B4SC in some small rural DHBs. Total funding also only pays for delivery of B4SCs for up to 90 percent of the population eligible for B4SC in each DHB. The funding formula for the B4SC was last reviewed in 2015.





Why did we review the programme?

The Ministry of Health initiated the WCTO programme Review in response to concerns with the performance of the current programme, and to provide a basis for strengthening the programme.

Concerns with the current WCTO programme included:

- persistent inequity experienced by Māori and Pacific pēpi, tamariki and whānau across the health, education and social systems that could potentially be prevented by early intervention
- long-standing inequities in access to WCTO services and providers and outcomes for Māori and Pacific pēpi, tamariki and whānau, as well as those with disabilities, in state care, living in high deprivation areas or with higher or more complex needs
- while the current programme is designed to include both universal and intensive elements, providers and services are not enabled to deliver on this intent
- strong anecdotal feedback from providers that the programme does not prioritise or resource them to deliver culturally responsive models of care or to adjust service delivery to respond with intensified care for whānau with higher needs
- gaps in programme infrastructure (for example, IT systems, workforce recruitment, retention and development, the quality framework) that are impacting on service quality and preventing WCTO services and providers from being delivered as a cohesive, integrated programme.

The Ministry intended that the Review would inform how it could strengthen the programme to:

- drive equitable health and development outcomes
- enable the programme to contribute to wider pēpi, tamariki and whānau wellbeing more effectively
- improve the sustainability and performance of WCTO services and providers
- ensure value for money.



How was the Review conducted?

The Review looked at the design and delivery of the current WCTO programme to investigate:

- how well the programme is working and to what extent it is meeting the needs of pēpi, tamariki and whānau
- what was working well
- opportunities for improvement and change.

The Ministry set the following four questions to guide the Review's assessment of the current programme and to identify strengths and opportunities for improvement.

1. What outcomes should the WCTO programme be contributing to?
2. What should the content of WCTO services be?
3. How should WCTO services be delivered?
4. What are the critical enablers?

These questions guided the development of tools to engage with key stakeholders and review research and data. The Ministry applied a population health lens to consider how well the programme was working for pēpi, tamariki and whānau in the five priority populations, as well as for all whānau.

Our approach

Three perspectives guided the Review's approach:

- **Ngā Pou o Well Child Tamariki Ora Framework:** the set of foundational pou or principles established to guide our ways of working and decision-making (see above)
- **listening to the voices of experience, evidence and intent:** synthesising perspectives from experience (sector and consumers), evidence (research and data) and intent (government strategies), using both qualitative and quantitative information

- **a Te Tiriti critical analysis framework:** a framework by which to activate the intent of Te Tiriti o Waitangi pou, interpret the Review's findings and inform next steps.

The Review team was drawn from across the Ministry and was advised by an Advisory Rōpū made up of sector stakeholders. The Review was governed by a Steering Group with members with experience from each of the three voices listed in point 2 above: experience, evidence and intent. Appendix 1 lists members of the Advisory Rōpū and Steering Group.

Appendix 2 sets out a timeline of the Review.

Using a critical Te Tiriti o Waitangi analysis framework

'Te Tiriti o Waitangi' was included as a critical pou for the Review to signal commitment to the Government's Te Tiriti obligations to improve Māori health and wellbeing. This pou guided the Review in the following ways.

- The Review Steering Group is co-chaired by a DHB Māori Health General Manager alongside the Ministry's Deputy Director General, Population Health and Prevention.
- Membership and Chair selection for the Advisory Rōpū prioritised those with te ao Māori experience and expertise
- The Review team commissioned a literature review and whānau interviews, to explore Māori whānau insights into tamariki wellbeing.
- The team made use of Māori research and scholarship to inform how we synthesised and interpreted Review insights, including Dr Angus Hikairo Macfarlane's He Awa Whiria (Braided Rivers) approach and Dr Heather Came-Friar's critical Te Tiriti policy approach.
- Hikitia Consultants, an external kaupapa Māori evaluation provider, provided expert advice on applying a critical Te Tiriti Framework.

Insights from the voices of experience, evidence and intent

We used a range of methods to collect evidence and insights, as outlined in Table 2 below.

Table 2: Key Review activities and inputs

Voice	Key activities and inputs	Description
EXPERIENCE	Sector engagement hui	11 hui across Northland, Waitematā, Counties Manukau, Tairāwhiti, Bay of Plenty, Waikato, Hawke's Bay, Lakes, Whanganui and Hutt Valley 339 participants including stakeholders from DHBs; non-government organisations (NGOs); local iwi; WCTO services and providers; and the social, justice and education sectors
	In-depth provider interviews	8 interviews with WCTO services and providers working with whānau with high needs
	Online survey	131 responses, including 40 from whānau
	Online submissions	70+ submissions
	Consumer insights	Review of 20+ reports from existing consumer insights, with a focus on priority population groups
EVIDENCE	Rapid evidence reviews	Academic reviews commissioned from A Better Start of the literature across 11 areas of pēpi and tamariki health and wellbeing, screening and surveillance
	Population outcomes and access data	Analysis of 2013–2019 programme data, with a focus on priority groups
	Local and international pēpi and tamariki wellbeing research and policy	The Growing Up in New Zealand Study ¹⁹ reports and evidence from international well child programmes, among others
	Literature review and whānau insights research	Exploration of Māori models of care and whānau aspirations for tamariki wellbeing commissioned from Litmus
INTENT	Previous Ministry reviews	Comparison and synthesis of findings with those from previous reviews
	Identifying our strategic signals	Embedding key strategic signals into the Review, including from the Child and Youth Wellbeing Strategy, He Korowai Oranga and Whakamaaua, the Health and Disability System Review, Wai 2575 Health Services and Outcomes Kaupapa Inquiry (2019 Hauora report), Ola Manuia, Disability Strategy and Action Plan, Whāia Te Ao Mārama, Faiva Ora, Learning and Support Action Plan, Early Learning Action Plan, Oranga Tamariki Action Plan and Action Plans for Maternity, Primary Care and Immunisation.
	Review of policy settings	Assessment of funding, contracting, programme content, and service design and delivery specifications against the Child and Youth Wellbeing Strategy vision and up-to-date evidence.

19. Growing Up in New Zealand is New Zealand's largest contemporary longitudinal study, tracking the development of approximately 7,000 New Zealand children from before birth until they are young adults.

Lessons learned/limitations

The Review had several limitations, as follows. The team will address these in the next phase of work.

■ Full intent of the Te Tiriti o Waitangi pou has not been achieved.

In including the Te Tiriti o Waitangi pou, our intent was to engage Māori at all levels of the Review. There are limitations to the extent that this has been achieved; we acknowledge that in this respect the Review has not fully upheld the Crown's obligations under Te Tiriti o Waitangi. The next phase of work will ensure partnership at all levels and that Māori are co-designers of the future wellbeing system, services and support for pēpi, tamariki and whānau.

■ Focus on Western Literature

The Ministry did not fully and systematically explore indigenous research into approaches to promote pēpi, tamariki and whānau health and wellbeing. Following the Review, it commissioned kaupapa Māori research to further understand whānau Māori aspirations for tamariki health and wellbeing. The next phase of work will be informed by this research, and will include actions to build the Māori and Pacific research base for tamariki wellbeing.

■ Additional domains of tamariki wellbeing need to be considered

The rapid evidence reviews explored 11 areas of screening and surveillance activities that support tamariki and whānau wellbeing. However, areas related to the health education and care and support strands of the National Schedule (for example, breastfeeding, smoking cessation and immunisation) were not reviewed. The next phase of work will more closely align with work programmes across the Ministry focusing on these areas.

■ Limited consumer participation

Other than the whānau Māori insights work, the Review did not seek stand-alone consumer input, due to the large amount of consumer consultation that had recently occurred through the development of the Child and Youth Wellbeing Strategy. Instead, the team analysed and themed previous consumer engagement to inform the Review findings and the development of a draft whānau voices framework to guide future consumer engagement. The next phase of work will enable the voice of whānau and community to inform the design, delivery and monitoring of the future tamariki wellbeing system, services and support.





What did we find?

Review summary findings

This section summarises the Review's main findings.

■ We need to redesign WCTO to support all tamariki and whānau to flourish

The overarching finding from the Review is that, although the current programme contributes to health and wellbeing outcomes for many pēpi and tamariki, we need to design, deliver and resource it differently to promote equity for pēpi, tamariki and whānau who are Māori Pacific, have disabilities, are in state care or have high needs. This means enabling far more flexible, integrated approaches to delivery that are strengths-based and whānau-led, as well as strengthening the universal components needed to support tamariki health and development.

■ We need to nurture Māori partnership and leadership, to fulfil our Te Tiriti commitments

There are some good local examples of iwi- and kaupapa Māori-led approaches across WCTO. However, meaningful partnership with Māori needs to be embedded across governance, design, delivery and monitoring.

To meet our obligations under Te Tiriti o Waitangi, the transformed system must ensure Māori are co-designers, and enact tino rangatiratanga and mana motuhake in the design, delivery and monitoring of WCTO.

■ We need to enable devolved funding and commissioning approaches to support equity

Measures of service coverage, completeness and quality are persistently lower for Māori, Pacific peoples and tamariki and whānau living in high-deprivation areas. Addressing these equity gaps requires redesigning and devolving the funding and commissioning model, in line with findings from the Health and Disability System Review, to ensure it:

- enables local design of integrated service models focused on outcomes for tamariki and whānau

- reflects and keeps pace with changes in population demography and need
- has sufficient resources to provide flexibility in responding to both the universal and more intensive support elements.

■ We require integration to support pae ora for tamariki and whānau

The current programme is based on international frameworks for child wellbeing surveillance programmes. These are critical universal aspects that must be sustained, updated and strengthened to offer all whānau evidence-based screening and early intervention activities. We need a system that is tailored to the New Zealand context which is integrated across the early years and framed on kaupapa Māori and Pacific concepts of health and wellbeing within the context of whānau wellbeing and collective responsibility.

Services and supports for tamariki and whānau who are Māori or Pacific, have disabilities, are in state care or have high needs will be improved by alignment to the intent and actions from other Ministry and Government Agency Strategies including He Korowai Oranga, Whakamaui, Ola Manuia, Child and Youth Wellbeing Strategy, Wai 2575 Health Services and Outcomes Kaupapa Inquiry (2019 *Hauora* report)²⁰ and the Health and Disability System Review²¹, as well as work across Whānau Ora, Disability, Maternity, Oranga Tamariki and Education.

■ We need to invest in system infrastructure to achieve pae ora

A flourishing early years system needs to have high quality monitoring and information system embedded at national, regional and local level to support service delivery that achieves pae ora. Currently this is unable to be achieved due to gaps and inequities in critical infrastructure, including information and technology, workforce, quality, governance and accountability. We need change and investment in these areas at a system and service level, to support equity, quality improvement and integration.

20. Waitangi Tribunal 2019.

21. HDSR 2020.

Lessons from COVID-19

The WCTO programme remained an essential service during the COVID-19 national lockdown period between March and May 2020. During this time services were primarily delivered at a distance or through virtual contacts. While working within the restrictions placed upon communities, WCTO services and providers ensured whānau continued to receive access to WCTO services, and supported parents and caregivers to access primary and specialist health care, and social services where required.

With the rapidly evolving situation, it became apparent that national leadership, guidance and assurance across the WCTO programme was required. The Ministry established an interim COVID-19 WCTO clinical governance group (ICGG)²² to provide these functions.

The ICGG commissioned qualitative interviews of WCTO services and providers about their experience of the COVID-19 response in terms of their services. These findings are summarised below.

Monitoring of service coverage data over the COVID-19 lockdown and recovery period shows that the equity gap for whānau widened, and that the existing pressure on service providers was exacerbated. COVID-19 forced change and required providers to shift their approach to meet the broader wellbeing needs of whānau. There is now a pressing need to respond to this change and build on the lessons learnt during the COVID-19 response through system transformation.

A summary of ICGG's findings as to the strengths and challenges of the WCTO COVID-19 response follows.

■ Strengths²³

- WCTO services and providers that are also Whānau Ora providers or that are nested alongside other primary health and social care providers provided more responsive services to whānau during the COVID-19 response, through delivery of welfare packs and holistic wellbeing assessments.
- Existing strong connections and rapport with whānau enabled a smooth transition to virtual contacts.

- Providers had to be innovative and flexible in using technology to connect with whānau.
- Where services were able to work together, general practice teams were able to see whānau concurrently for immunisation and WCTO checks. LMC and WCTO services and providers worked together to ensure that whānau who needed more support received it.
- Effective information-sharing between agencies supported whānau access to wrap-around services.

■ Challenges

- Some whānau were unable to access available support during the COVID-19 response.
- Some whānau did not accept referral from an LMC to a WCTO service or provider, due to concerns about the value of virtual care.
- For some whānau, food and basic needs were a higher priority than accessing WCTO services, because of financial difficulties.
- WCTO services and providers with a high proportion of high needs whānau had difficulty prioritising service according to need.
- Inequities in access to appropriate technology and connectivity issues in rural areas reduced some providers' ability to deliver services virtually.
- Providers acknowledged that virtual contacts cannot replace the intangible information gathered through an in-person home visit.
- Workforce redistribution to the COVID-19 response affected the capacity of WCTO services and providers to deliver services virtually, and to catch up with whānau following the lockdown period.
- A lack of readily available clinical leadership meant there was an initial lack of support to guide nurses' clinical judgement and decision making.
- There was a lack of up-to-date and joined-up data at a national level to support monitoring for clinical governance.
- Workforce challenges included staff fatigue, lack of support, inadequate facilities and resources to support physical distancing, isolation and lack of boundaries when working virtually.

22. Appendix 4 lists members of the ICGG.

23. ICGG 2020.



Reimagining the future

It is clear from the key findings of the Review that we need a fundamentally different approach to the way health services support the wellbeing of pēpi, tamariki and their whānau.

We need to transform the programme from a stand-alone, output-focused WCTO programme to a whānau-centred system of services and support based on outcomes that matter to whānau. This system would include wrap-around services that are integrated with other social wellbeing supports, flexibility to increase service intensity in response to need, as well as improvements to simplify the pathway for all whānau to access universal screening and early intervention services.

The Review found that the current model for how services under the WCTO programme are purchased is contributing to fragmentation and inequity in access and outcomes. The transformed approach needs to be founded on a holistic health and wellbeing outcomes framework. Devolved commissioning will enable integration and local decision-making on the design and delivery of services, to achieve outcomes that matter to whānau and communities.

The current WCTO programme design and timing is centred around international evidence and delivery of universal clinical screening components. These aspects must be retained and strengthened to offer all whānau evidence-based screening and early intervention activities. The transformed system design needs to also be centred on outcomes for tamariki and whānau, informed by te ao Māori and Pacific values and principles of health and wellbeing for tamariki, as well as mātauranga Māori knowledge and insights.

The following priority action areas and direction of travel sections of this report set out the high-level actions we have identified to transform the WCTO programme to a health and wellbeing system for pēpi, tamariki

and their whānau. Stakeholders have made it clear that transformation will only occur when it is undertaken in partnership. To achieve this, we propose a three-phase approach to transformation, as follows.

1. **Nurturing** – Setting the foundations (2020–2021): agreeing co-design principles; putting in place governance structures; commissioning an outcomes framework; and establishing baseline data on funding, workforce, quality and information system needs.
2. **Blossoming** – Co-designing the future (2021–2022): co-design of the outcomes framework, models of care and funding and commissioning model and development of the requirements for workforce, quality and information systems.
3. **Flourishing** – Implementing transformation (2023 onwards): transitioning to co-designed models of care that are supported by an appropriate funding and devolved commissioning model and implement the supporting changes to workforce, quality and information systems.

Stabilisation of the current programme

We need short-term improvements to sustain and improve current services for tamariki and their whānau while transformation is taking place. These improvements will include changes to the clinical tools and content of the service; reallocating funding to support equity; and workforce development, quality improvement and information systems change initiatives.



Priority action areas for transformation

The next phase of work will reflect the essence of the whakataukī, 'Poipoia te kākano kia puawai', by delivering actions that transform the WCTO programme into a health and wellbeing system that will nurture pēpi, tamariki and whānau and contribute to pae ora.

Ngā Pou has guided our approach to the WCTO Review. The Ministry has continued to take inspiration from Ngā Pou in developing objectives, priorities and action areas for the transformation phase.

Objectives for transformation of the Well Child Tamariki Ora programme

There are four objectives in the transformation phase.



Priority areas for action

To achieve these objectives, we need to make change across six action areas:

1 governance	2 models of care	3 funding and commissioning
4 quality, monitoring and evaluation	5 information and technology	6 workforce

The Review found that there are critical gaps and insufficient investment in these areas to achieve the programme’s intended outcomes. These priority areas are highly interdependent; achievement of the objectives will require additional investment and alignment across all priority areas, and a whole-of-system approach. We will need to undertake continuous action research and evaluation of our actions, to ensure we are making the intended difference for whānau.

The following section provides an overview of the current situation and potential next steps for each of the six identified action areas. The quotes from stakeholder participants in the Review process are indicative of the current situation and the changes we need to make.

Action Area 1

Governance

Overview

Governance provides the framework for collective kaitiakitanga and leadership across the design, delivery and monitoring of services. Integrated governance needs to operate across services under the broader early-years health and wellbeing system, which includes WCTO, maternity, primary care, immunisation, community oral health, maternal mental health, early childhood education, Whānau Ora, children in care, family violence prevention and child poverty reduction.

Transformative change across this broader system can happen when there is a collective vision, shared accountability and system-wide performance and monitoring structures. For WCTO this means strong governance and collaboration across strategic, clinical, data and operational domains is needed. Governance in all domains and at all levels will be enabled through partnerships with Māori, Pacific peoples, whānau, communities, service commissioners and providers and other agencies.

What we heard

The findings of the Review in this area were as follows.

- Institutional and systemic racism in the health and disability system influence the design and delivery of the current WCTO programme.
- We must enable partnership with Māori, to ensure transformation to a wellbeing system is based on te ao Māori values and principles of health and wellbeing for tamariki within the context of whānau Māori wellbeing and collective responsibility.
- We must effectively embed and enable partnerships at all levels between providers and Māori, whānau and communities.
- A shared vision and accountability framework needs to underpin commitment from across the sector to improving equity and outcomes for tamariki and whānau.
- Providers need to have an equal opportunity to influence system design, delivery and monitoring at a national level.
- We need to develop a collective mechanism to support clinical governance and leadership nationally and across all providers.

Action Area 1

Governance

INSIGHTS

‘We have different knowledge bases that we draw from, but we haven’t allowed Māori to drive the decision-making and we wonder why it’s not working for Māori. The impetus is there to change but if you want to change it will be tough, you need to change the value system that you are working from, the fundamentals.’

SECTOR ENGAGEMENT HUI PARTICIPANT, 2019

‘WCTO nurses need a national collective to oversee all WCTO providers and Plunket. This would promote and provide a platform to allow for that shared learning between WCTO providers and Plunket too.’

SECTOR ENGAGEMENT HUI PARTICIPANT, 2019

Next steps

The objective we will work towards and the actions we will take in regard to governance are as follows.

■ Objective

To enable partnership, kaitiakitanga and leadership across an early-years health and wellbeing system that delivers on the Crown’s responsibilities under Te Tiriti o Waitangi, achieves equity and contributes to pae ora for pēpi, tamariki and whānau who are Māori or Pacific peoples, have disabilities, are in state care or have high needs.

■ Actions

To meet this objective, we will:

- 1.1 scope governance needs and mechanisms at national, district and community levels
- 1.2 ensure governance structures are integrated within an early-years health and wellbeing system
- 1.3 enable whānau, hapu and iwi to exercise tino rangatiratanga and mana motuhake through partnership and leadership at national, district and community levels
- 1.4 agree and establish a collective to enable Māori and Pacific NGO providers to partner in leadership, governance and workforce development
- 1.5 enable the voice of whānau and community to inform design, delivery and monitoring using experience-based co-design
- 1.6 develop and implement governance structures to address institutional racism and support future design, delivery and monitoring
- 1.7 enable the development and implementation of joint actions with other services and agencies.

Action Area 2

Models of care

Overview

Models of care describe service delivery principles and best practice requirements that inform the design, commissioning and delivery of services. Models of care are a mechanism for driving care that meets people's needs and preferences through the provision of safe, consistent and equitable services. Models of care describe how a service is delivered as well as what the service is.

What we heard

The findings of the Review in this area were as follows.

- Whānau place high value on having the same nurse and/or support worker over time, with whom they can develop a trusting relationship.
- Whānau want providers to acknowledge the shared role of parenting by māmā, pāpā and the wider whānau by encouraging their attendance and engaging with all whānau attending.
- Many whānau are frustrated with unreliable service delivery, which causes some to disengage from WCTO services and providers.
- Models of care must include and strengthen the role and experience of fathers, grandparents and the wider whānau in supporting pēpi and tamariki wellbeing.
- There are excellent local examples of providers delivering enhanced or integrated models to whānau with high health and social needs, and of services being designed and delivered by Māori for Māori and by Pacific for Pacific; these need greater investment.
- One size fits all approaches to models of care do not meet the needs of Māori and Pacific whānau and communities. We need a WCTO programme designed and supported by infrastructure flexible enough to offer differentiated models of care informed by cultural world views and expertise, to improve equity in access, engagement and outcomes for Māori and Pacific peoples.
- We need to strengthen the evidence base for the current WCTO Schedule and Service Specification through a braided rivers approach, incorporating Māori and Pacific views, research and evidence.
- The three strands of activity in the current WCTO Schedule (health and development assessments, whānau care and support, and health education) align with international well child programmes. These need to be strengthened by incorporating te ao Māori and Pacific views and research on tamariki and whānau wellbeing and the latest evidence from neuroscience, epigenetics, and research into adverse childhood experiences and resilience.
- The design and delivery of models of care must allow for both kaupapa Māori and mātauranga Māori approaches.
- We need an agreed approach and tool to support whānau-led assessment of their own strengths, needs and aspirations, to support more flexibility in models of care.
- The models of care require more time and less prescribed delivery, to support the development of trusting relationships between whānau and practitioners and to enable whānau-led approaches.
- The current developmental screening tool, PEDS, is not working as it should, and may be increasing inequity.
- There is little focus on social and emotional development, resilience, tamariki and whānau strengths and factors such as adverse childhood experiences, which are known to significantly affect healthy development and outcomes.
- Screening and surveillance tools for tamariki vision, hearing, growth and development (physical, social, emotional, behavioural) require strengthening and/or changing to ensure the programme remains clinically up to date and is acceptable to Māori and Pacific people and all whānau.

Action Area 2

Models of care

- We need to ensure opportunities to improve access to additional health activities and strengthen interventions for whānau such as immunisation and oral health.
- We need to strengthen transition pathways for tamariki and whānau between providers, to improve continuity of care and early identification of and response to health need.
- The circumstances in which whānau live, work and play have a significant impact on the outcomes they experience. To improve outcomes across health, education and social domains, we need to undertake holistic assessments.
- To improve wellbeing outcomes, we need to improve the integration of services across the broader health, education and social systems.
- We need to improve our capacity in referral services; the model of care needs to be able to connect whānau with more intensive or specialist care and support when necessary.
- To improve the effectiveness of the health education and whānau care and support components of the service, we need community-wide approaches.

INSIGHTS

‘Anything that is done for whānau needs to be done with whānau.’

SECTOR ENGAGEMENT HUI PARTICIPANT, 2019

—

‘The model of care needs to move beyond health and also address those other areas of wellbeing that are crippling our families to thrive: housing, education, family violence, relationship and drugs and addictions.’

SECTOR ENGAGEMENT HUI PARTICIPANT, 2019

—

‘We need to strengthen and build on the Whānau Ora approach/model and fund it appropriately.’

SECTOR ENGAGEMENT HUI PARTICIPANT, 2019

—

‘All the important stuff has happened between visits. The visits are a tick box. I prefer genuine conversations about how things are going.’

LITMUS WHĀNAU MĀORI INTERVIEW
RESPONSE, 2020

—

‘I found them to be quite adhoc. There was a lot of changing of times and that got a little bit annoying for our whānau.’

LITMUS WHĀNAU MĀORI INTERVIEW
RESPONSE 2020



Action Area 2

Models of care

The evidence

The rapid evidence reviews commissioned during the WCTO Review identified some key areas where current approaches to screening, surveillance and assessment needs improvement, through either development and validation of new tools and processes or revision of existing ones.

■ Vision and hearing

The current tool for vision screening is no longer supported by evidence, and new technologies are emerging that enable faster and more accurate vision screening. There is enough evidence to justify reconsideration of the recommended ages for hearing screening.

■ Growth

Growth surveillance through the programme is currently undertaken in an evidence-based way, but the rapid evidence review suggests there could be value in using body mass index (BMI) in contacts earlier than four years, because it can be used as a proxy measure of nutritional status. Before we make any changes to the way we measure growth, we must consider whānau perspectives and experiences, to ensure a positive, strengths-based approach to growth.

■ Social, emotional, behavioural and communication development

There is a significant risk that the current specified developmental surveillance tools are not well accepted by parents, and that they are not being administered consistently across the programme. Alternative developmental screening tools are available, in use and better accepted in other jurisdictions.

■ Oral health

There is not an evidence base for the current oral health risk assessment and examination activity undertaken within WCTO services and providers, Lift the Lip. The rapid evidence review suggested that the foundations for the activity are useful for non-oral health professionals as a simplified version of the more comprehensive Caries Management by Risk Assessment (CAMBRA) used in some

dental settings. We need a systems approach, to ensure community oral health services are available and accessible to support early intervention when oral health risk is identified. We need to provide workforce development for practitioners, to refresh the quality of the Lift the Lip intervention and ensure we assess oral health in the context of nutrition and parenting education.

Next steps

The objective we will work towards and the actions we will take in regard to models of care are as follows.

■ Objective

To ensure equitable, responsive, whānau-directed care that contributes to pae ora.

■ Actions

To meet this objective, we will:

- 2.1 co-design models of care with Māori and Pacific peoples and other relevant population groups
- 2.2 pilot and evaluate intensive models of care via the enhanced WCTO support pilots²⁴
- 2.3 support and expand existing models of care that currently meet the diverse needs of whānau
- 2.4 explore parental understanding of development and the appropriateness of evidence-based developmental screening tools from te ao Māori and Pacific perspectives
- 2.5 develop, test and implement changes to WCTO universal screening, surveillance, intervention and care planning tools
- 2.6 work with the Ministry of Education to align and integrate services to enhance early learning, early intervention and school readiness
- 2.6 implement a framework to support and evaluate new and enhanced models of care.

24. Budget 19 included \$10 million over four years to pilot an enhanced support model for young parents with mental wellbeing needs in the context of the WCTO programme.

Action Area 3

Funding and commissioning

Overview

Funding and commissioning models provide the framework for how services are funded, contracted and monitored. Funding models directly influence the development and provision of services. Commissioning models offer us the opportunity to focus on outcomes and create an integrated, whānau-led service delivery model that is integrated within an early-years health and wellbeing system.

What we heard

The findings of the Review in this area were as follows.

- The current commissioning model is not flexible enough to support shifts in whānau preference of provider.
- There is significant variation and inequity in the way WCTO services and providers and B4SCs are contracted and funded by the Ministry and DHBs, which directly affects delivery to and outcomes for whānau.
- Currently, the total amount of funding for services, and the way it is distributed, is not adequate or equitable, and does not ensure service coverage in all regions.
- The current funding model limits the ability of providers to increase or decrease the intensity of services they provide in response to individual whānau strengths and needs.
- Contracts and accountability currently focus on delivery of outputs, which disincentivises integrated, whānau-led and relationship-based service delivery.
- The mix of central and local commissioning creates a competitive environment and siloed services.
- Providers experience tension between funding and contracting requirements and their ability to respond to community needs and expectations.

INSIGHTS

‘There needs to be an equity funding framework that supports a life-course, whānau-centred model of care; one that truly moves to the needs and aspirations of whānau and a model of funding that is flexible, especially for families that need extra care and support.’

SECTOR ENGAGEMENT HUI PARTICIPANT, 2019

‘The data requested doesn’t include what providers have actually done when they deliver to whānau need. The [relative value unit] model means they don’t get paid for it; fee for service drives volume, not quality.’

SECTOR ENGAGEMENT HUI PARTICIPANT, 2019

‘When Tawhirimatea, the god of weather, was causing trouble by ripping the trees out of the ground throwing them around, another atua, Haumia-tiketike, dug a hole to hide and keep himself safe; this is what I feel like doing. Whose knowledge base are we valuing? If you valued Māori knowledge, then the contract would look very different.’

SECTOR ENGAGEMENT HUI PARTICIPANT, 2019

Action Area 3

Funding and commissioning

Next steps

The objective we will work towards and the actions we will take in regard to funding and commissioning are as follows.

■ Objective

To ensure funding and commissioning delivers outcomes that matter to whānau, prioritise local commissioning and contribute towards achieving equity.

■ Actions

To meet this objective, we will:

- 3.1 analyse the costs and benefits of delivering current models to inform equitable allocation of future funding
- 3.2 strengthen and expand the funding and contracting of existing models of care that are delivering good outcomes
- 3.3 in the short term, strengthen service specifications and reallocate funding to support the equity of outcomes for whānau and sustainability of Māori and Pacific providers
- 3.4 co-design a holistic framework that measures the health and wellbeing system contribution to outcomes for tamariki and whānau across the life course
- 3.5 co-design and implement an outcomes-based, devolved funding and commissioning model that supports flexible, integrated, whānau-centred models of care and local decision-making about the design and delivery of services.

Action Area 4

Quality, monitoring and evaluation

Quality expectations, standards and measures underpin the delivery of safe, effective and equitable care. To effectively govern, and to improve outcomes at a system and service level, we need a transparent outcomes monitoring and evaluation system. Robust information will help us to demonstrate results and inform decisions for governance and service management, and to support and secure future funding.

What we heard

The findings of the Review in this area were as follows.

- Currently, limited information on quality and experience of care from a whānau perspective is available and monitored, particularly at a programme or system level.
- The current reporting requirements and quality improvement framework do not require measurement or monitoring of some important aspects of programme quality and outcomes.
- Current measures focus on outputs rather than outcomes (for example, measures of compliance that providers gave SUDI prevention advice, rather than measures of the safety of pēpi sleep), which impacts on delivery of models of care and evaluation of the programme.
- We need to monitor service quality, delivery and outcomes, to establish effectiveness, acceptability and change over time.
- We need to support additional narrative reporting, to enable providers to contextualise care delivery challenges and successes.

INSIGHTS

‘We want to see an outcomes framework and not just a schedule.’

SECTOR ENGAGEMENT HUI PARTICIPANT, 2019

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‘Capture and acknowledge the stories behind the numbers; you miss all the telling information that makes a family-centred approach work for Pacific [peoples] and that is critical to future planning and funding of the programme.’

SECTOR ENGAGEMENT HUI PARTICIPANT, 2019

Action Area 4

Quality, monitoring and evaluation

Next steps

The objective we will work towards and the actions we will take in regard to quality, monitoring and evaluation are as follows.

■ Objective

To enable transparent monitoring and continuous improvement of quality and performance based on outcomes that matter to whānau.

■ Actions

To meet this objective, we will:

- 4.1 review the WCTO Quality Improvement Framework, to inform next steps
- 4.2 invest in and grow Māori and Pacific research to inform system design and ongoing improvements
- 4.3 develop quality standards and accountability measures based on the outcomes framework, including measures of whānau experience
- 4.4 implement a mechanism to monitor and improve performance against the outcomes, quality and accountability measures, with a focus on timely measures and priority populations
- 4.5 implement an evaluation framework for continuous system-level improvement with a focus on priority populations
- 4.6 establish a data, analytics and evaluation advisory function.

Action Area 5

Information and technology

Overview

Quality information is fundamental to providing safe, high-quality, whānau-led services. It provides valuable insights and enables whānau, communities, providers, commissioners, researchers and government to make informed decisions about the design, delivery and improvement of services.

What we heard

The findings of the Review in this area were as follows.

- Whānau value the WCTO programme's *My Health Book* as an integrated record of the wellbeing of their tamariki, but it needs updating. The book needs to include content and be in a format that reflects whānau preferences, and it needs to be more accessible, portable and shareable.
- Whānau prefer not to tell their story repeatedly, so information needs to be more readily shared between LMCs, general practice teams, WCTO services and providers and B4SC providers.
- Whānau and communities need improved access to their information to meet their needs and enable self-determination and Māori and Pacific data sovereignty.
- Currently, different providers across the programme (LMCs, WCTO services and providers and B4SC providers) use separate information systems and tools, making it difficult to share information.
- Providers do not have equal access to technology. For some providers, the burden of documentation and data entry increases the administration resources required and reduces the resources available for them to deliver care to whānau.
- We need to strengthen national reporting requirements so that they better reflect the services and outcomes being achieved for tamariki and whānau.
- Reporting processes are inefficient and cumbersome, and do not allow us to collect meaningful data that measures wellbeing outcomes or programme effectiveness.
- There are insufficient digital solutions to deliver models of care and education material in different ways to meet the diverse needs of consumers.
- We need to improve and increase our available digital tools for delivering support, care and education material, so that we can better respond to diverse whānau needs and living situations.
- There is no integrated view of information in real time to support clinical decision-making, monitoring and evaluation, governance and local planning.

INSIGHTS

‘Data is used as a snippet of what Māori health looks like; it doesn’t take context into consideration or some of the other milestones for whānau to participate in their own health and wellbeing, such as a health plan or whānau plan.’

SECTOR ENGAGEMENT HUI PARTICIPANT, 2019

‘Would be great to have one place where you can see what all the different teams are doing and have done easily and quickly, rather than having to go around asking everyone – integrated service.’

SECTOR ENGAGEMENT HUI PARTICIPANT, 2019

‘Focus for our nurses it feels is driven by collecting data; not on meeting whānau’s needs; core focus is not on ticking boxes on a form but the need of whānau in that moment and time to stay well and healthy.’

SECTOR ENGAGEMENT HUI PARTICIPANT, 2019

Action Area 5

Information and technology

Next steps

The objective we will work towards and the actions we will take in regard to information and technology are as follows.

■ Objective

To ensure information and technology enables self-determination, equity, quality and safety, and helps whānau to achieve pae ora.

■ Actions

To meet this objective, we will:

- 4.1 in the short term, make improvements to stabilise current WCTO and B4SC information technology
- 4.2 streamline existing reporting processes to provide more efficient access to up-to-date information
- 4.3 embed Māori and Pacific data sovereignty principles in policies and processes guiding the collection, access and use of information
- 4.4 undertake whānau engagement to understand their needs and preferences for access to their information and health advice and education
- 4.5 collate and analyse the information needs of others across the system, including communities, providers, clinicians, DHBs, the Ministry and other agencies and researchers
- 4.6 develop and implement data and information standards for information collection to support the information needs of whānau; Maori and Pacific data sovereignty; and the design, delivery and monitoring of services
- 4.7 Build digital solutions for integrating and providing timely access to reliable information to those who need it across the life course.

Action Area 6

Workforce

Overview

Delivery of an integrated, whānau-centred care delivery framework relies on having a workforce with the required knowledge, skill and experience mix, supported by ongoing professional development, leadership and oversight. The development and maintenance of a culturally diverse and capable workforce is essential to achieving equity.

What we heard

The findings of the Review in this area were as follows.

- We need a multi-disciplinary and diverse workforce, including registered nurses, kaiāwhina, social workers, health workers, navigators and peer support workers, to improve the accessibility, navigation and acceptability of services.
- Currently, there is variation and inequities in salaries, training, professional development, supervision and leadership for nurses and kaiāwhina across WCTO services and providers and B4SC providers.
- Non-regulated roles are critical to improving the accessibility and cultural safety of services; we need to value and resource these roles appropriately, including through a workforce development programme.
- We need to address recruitment and retention pressures across the health workforce, to enable a competent and culturally diverse workforce.
- We need programme-wide leadership and strategic planning to recruit, retain and develop a multi-disciplinary and culturally competent workforce that has the knowledge and skills to respond to whānau with all levels of health and social need.

INSIGHTS

‘Workforce pay scales are inequitable. Our Tamariki Ora nurse is paid less than one of the mental health support workers without qualifications.’

SECTOR ENGAGEMENT HUI PARTICIPANT, 2019

‘We have a nursing education plan for our nurses and kaiāwhina to upskill, develop and support their practice; however, we are not funded for this, but it is so needed.’

SECTOR ENGAGEMENT HUI PARTICIPANT, 2019

‘More Māori nurses, Tamariki Ora nurses who are fluent who know tikanga and te ao Māori. It is not that I didn’t enjoy the nurse I had. She did everything I needed her to do and I appreciate her. If there was a full immersion nurse that would be cool. If we did get a fluent Māori nurse it would be easier to talk on that level.’

LITMUS WHĀNAU MĀORI INTERVIEW RESPONSE, 2020

Action Area 6 Workforce

Next steps

The objective we will work towards and the actions we will take in regard to workforce are as follows.

■ Objective

To enable and nurture a diverse, culturally competent workforce with the skills and knowledge to support pae ora.

■ Actions

To meet this objective, we will:

- 5.1 describe and understand the current workforce (in terms of demography, skills, qualifications and experience) and future population needs, to inform the development of a workforce strategy
- 5.2 develop and fund a national approach to workforce development to build cultural and clinical capability
- 5.3 review and implement changes to the current education pathways for nurses and kaiāwhina working with pēpi, tamariki and their whānau
- 5.4 develop and implement a workforce strategy to future-proof the workforce, including by increasing Māori and Pacific recruitment, development and retention.

Links with other strategies

Achievement of pae ora requires alignment and integration across the health and wellbeing system. Development of the priority action areas will directly link to the following strategies, action plans and areas of work. We will develop relationships with different agencies to establish how we can collaborate towards common goals.

Table 3: Existing strategies, plans and areas of work relevant to the Well Child Tamariki Ora programme

Strategic links
Child and Youth Wellbeing Strategy
Health and Disability System Review
Wai 2575 Health Services and Outcomes Kaupapa Inquiry (2019 Hauora report)
Whakamaua
Ola Manuia
Maternity Action Plan
Whānau Ora
Learning Support Action Plan
Early Learning Action Plan
Oranga Tamariki Action Plan
Disability Strategy and Action Plan
Whāia Te Ao Mārama
Faiva Ora
Family Start
Maternal Mental Health
Immunisation
Oral Health
Primary Care
Breastfeeding

Direction of travel

The priority action areas include both short-term improvements and transformational changes. We need short-term improvements to sustain and improve our current services. Transformational changes include the larger-scale changes to service delivery models that will occur over a longer period of time. Table 4 provides a direction of travel from which the Ministry of Health will scope and co-develop the priority action areas and a roadmap through governance structures and with input from the sector and cross-agency partners. We will build ongoing action research and evaluation into the roadmap to ensure we are making the intended difference for whānau.



Table 4: Direction of Travel

	NURTURING: Setting the foundations (2020–2021)	BLOSSOMING: Co-designing the future (2021–2022)	FLOURISHING: Implementing transformation (2023 onwards)
Governance	Scope governance requirements for WCTO that facilitates Te Tiriti partnership and integration within an early-years health and wellbeing system	<p>Māori, Pacific and other population groups are partners in defining problems, finding solutions, prioritising actions and developing a roadmap</p> <p>A collective mechanism is established for DHB-funded WCTO providers</p> <p>Governance structures are operating and support co-design of the system</p> <p>We establish cross-agency partnerships to drive action across sectors</p>	Governance structures support transformation and better integration within an early-years health and wellbeing system
Models of care	<p>We agree on a co-design framework and principles</p> <p>We launch the enhanced WCTO support pilots and establish an evaluation framework</p> <p>We receive and consider recommendations for improvements to WCTO screening and assessment</p>	<p>Enhanced WCTO Support Pilots continue to test and evaluate high intensity models of care</p> <p>Initiate a project to establish a new model of care inclusive of clinical and wellbeing components (culture, language, whānau)</p> <p>Test, evaluate and implement changes to WCTO universal screening and assessment tools and Schedule</p>	Implement new models of care that support integration within an early-years health and wellbeing system
Funding and commissioning	<p>Make funding and contracting change that improves equity of outcomes and sustainable service delivery</p> <p>Undertake cost modelling for current and future models of care</p>	<p>We initiate a project to establish a new commissioning model</p> <p>We introduce changes to the current service specifications, schedule and contracting arrangements to enable transition prior to transformation</p>	We implement the new funding and commissioning model to support the delivery of the new model of care
Quality, monitoring and evaluation	<p>We complete a review of the WCTO Quality Improvement Framework, and make and consider short-term and long-term recommendations</p> <p>We scope and commission a wellbeing outcomes framework</p>	<p>We co-develop the wellbeing outcomes framework</p> <p>We establish a quality, performance and monitoring framework</p>	We implement and monitor quality standards and accountability measures
Information and technology	<p>Short-term projects are under way to stabilise WCTO and B4SC systems and reporting</p> <p>We understand whānau information and health needs</p> <p>Key stakeholder groups validate information and technology requirements</p>	<p>We develop and implement data standards, to collect information that supports design, delivery and monitoring of services</p> <p>We embed Māori and Pacific data sovereignty principles in policies and processes guiding the collection, access and use of information</p>	Digital capability provides integrated information and timely access to key stakeholders across the life course
Workforce	We commission workforce analysis	We commission development of a workforce strategy	Workforce strategy steers decisions and investment



Appendix 1: Membership of the Well Child Tamariki Ora Review Advisory Rōpū and Steering Group

Steering Group

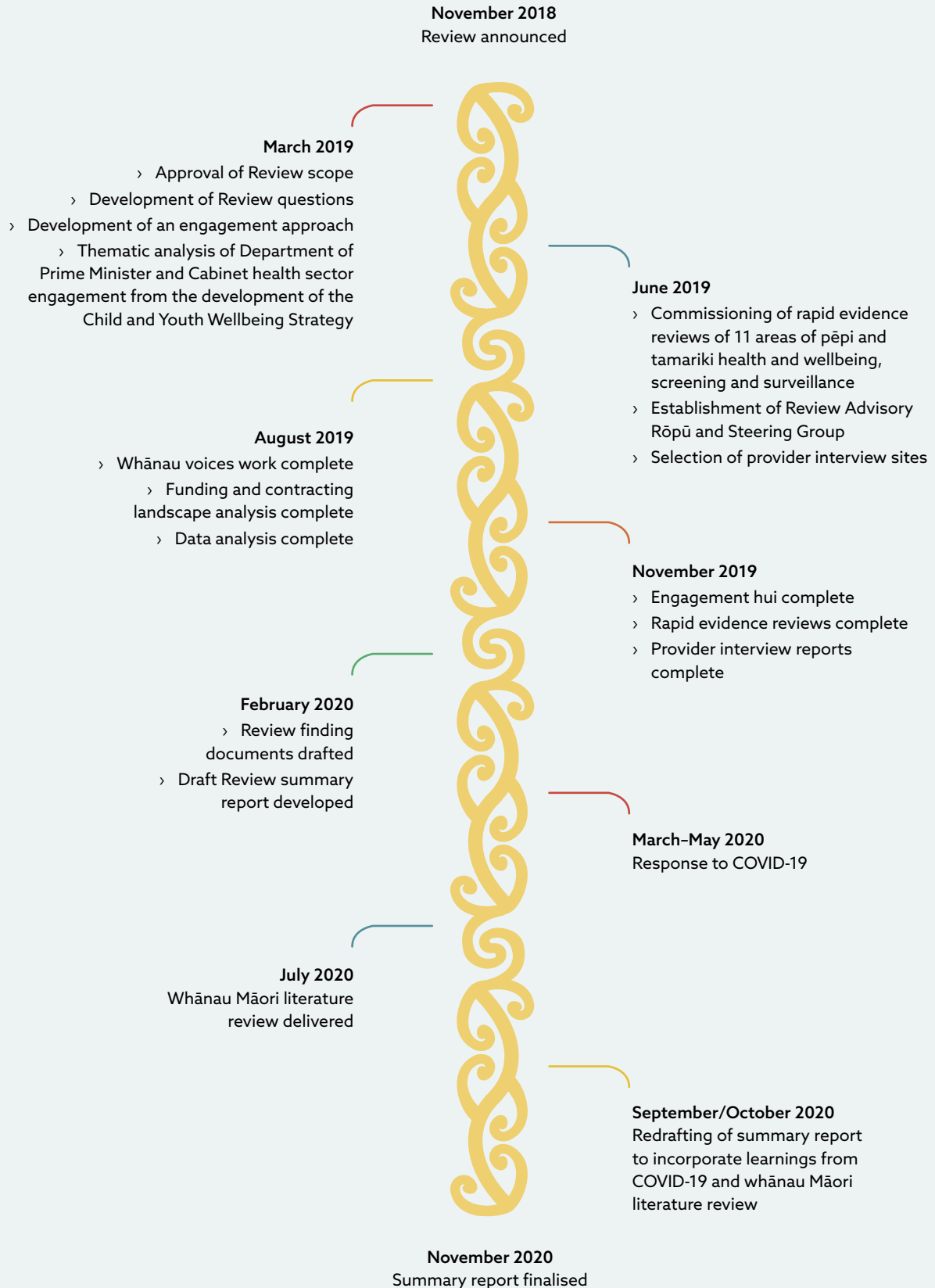
Name	Role
Deborah Woodley	Deputy Director-General Population Health and Prevention (Co-Chair), Ministry of Health
Kerry Dougall	Director Māori Health, Hutt Valley District Health Board (Co-Chair) until August 2020
Marty Rogers	Acting Director Maori Health, Northland District Health Board (Co-Chair) from October 2020
Margareth Broodkoorn	Chief Nursing Officer (and Chair of the WCTO Advisory Rōpū), Ministry of Health
Caroline Flora	Group Manager, System Strategy and Policy, Ministry of Health
Rachel Haggerty	Director Strategy Innovation and Performance, Capital and Coast and Hutt Valley District Health Boards
Dr Timothy Jelleyman	Chief Advisor Child and Youth Health, Ministry of Health
Dr Teuila Percival	Paediatrician and Director of Pacific Health Unit, University of Auckland
Grant Pollard	Group Manager Child and Community Health, Population Health and Prevention, Ministry of Health
Professor Richie Poulton	Chief Science Advisor to the Minister for Child Poverty Reduction
Dr Ian Town	Chief Science Advisor, Ministry of Health

Advisory Rōpū

Name	Role
Margareth Broodkoorn	Chief Nursing Officer, Ministry of Health (Chair)
Dr Alison Leversha	Community Paediatrician, Starship Community, Auckland District Health Board
Beverly Te Huia	Public Māori Health Strategist, Kahungunu Health Services
Dr Christine McIntosh	GP Liaison Child Health, Primary & Integrated Care, Counties Manakau District Health Board
Claire MacDonald	Midwifery Advisor, New Zealand College of Midwives
Ivy Harper	Strategic Analyst, Te Pūtahitanga o Te Waipounamu
Karen Magrath	National Advisor, Whānau Āwhina Plunket
Latu To'omaga	Educational Psychologist, Positive Impact Consultancy Ltd
Leainne Nathan	Service Delivery Manager, Family Success Matters
Mary Roberts	Operations Lead, Moana Research
Michelle McGregor	Senior Nurse, Tamariki Ora, Te Runanganuio Te Atiawa Ki te Upoko o Te Ika a Maui
Dr Nina Scott	Clinical Director Māori Public Health, Waikato District Health Board
Rachel Haggerty	Director Strategy Innovation and Performance, Capital and Coast and Hutt Valley District Health Boards
Tricia Connell	Clinical Coordinator, Public Health Nursing Service, Canterbury District Health Board



Appendix 2: Review timeline





Appendix 3: List of submitters

The following organisations made submissions for the Review:

COMET Auckland

Eastern Bay of Plenty Well Child Tamariki Ora providers

Great Fathers

Hāpai Te Hauora

Hawke's Bay District Health Board

Hokianga Health Enterprise Trust

Māori Health Development, Counties Manukau District Health Board

Midwifery Counties Manukau District Health Board

National Hauora Coalition

New Zealand Branch of the Royal Australian and New Zealand College of Ophthalmologists
and the New Zealand Orthoptic Society

New Zealand College of Midwives

Ngā Maia Māori Midwives

Northern Region Child Health Network

Royal Australasian College of Physicians

Royal New Zealand College of General Practitioners

Safekids Aotearoa

Te Rūnanga o Te Ātiawa

WCTO Waikato Governance Group

Werry Workforce Whāraurau

In addition, the Ministry received eight submissions from individuals, including LMCs, WCTO workers and researchers.



Appendix 4: Membership of the Interim COVID-19 Well Child Tamariki Ora Clinical Governance Group

Name	Role
Dr Timothy Jelleyman	Paediatrician and Chief Clinical Advisor Child and Youth Health, Ministry of Health
Professor Barry Taylor	Paediatrician, Clinical Advisor Child and Youth Health, Ministry of Health
Alison Hussey	Principal Clinical Advisor WCTO, Ministry of Health
Raewyn Bourne	Group Manager, Tipu Ora (WCTO provider)
Dr Teuila Percival	Paediatrician and Director of Pacific Health Unit, University of Auckland
Charissa Keenan	Programme Manager, Te Wahanga Hauora Māori, Te Puni Tumatawhanui, Hawke's Bay District Health Board
Alison Eddy	Chief Executive Officer, New Zealand College of Midwives
Jessica Sandbrook	Quality Improvement Programme Manager, TAS
Dr Jane O'Malley	Chief Nurse, Whānau Āwhina Plunket



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