

**Services for Children and Young
People**

**Well Child / Tamariki Ora
Services**

Tier 2

September 2024

Contents

1. Status	3
2. Review History	3
3. Introduction	4
3.1 Background	4
4. Service Definition	6
5. Service objectives	6
6. Service Users	7
7. Access	7
7.1 Coverage	7
7.2 Entry process	8
7.3 Provider management of access	8
7.4 Exit from the Service Provider	9
7.5 Follow-up on whānau/family not receiving the Service	9
8. Service Components	10
8.1 Additional Contacts	11
8.2 Service availability	12
8.3 Settings	12
8.4 Key Inputs	12
8.5 Education and Training within the Service	13
9. Service Linkages	14
10. Exclusions	16
11. Quality Requirements	17
11.1 General	17
11.2 Acceptability	17
11.3 Effectiveness	18
12. Purchase Units	18
13. Reporting Requirements	19
13.1 Purpose of reporting and data collection	19
13.2 Data Management Protocols	19
13.3 Ethnicity Data Protocol	19
13.4 Reporting Types and Timing	19
13.5 Reporting Process	20
14. Glossary	21
15. Appendices	24
15.1 Appendix One – Minimum Register Requirements	25
15.2 Appendix Two – Quarterly Aggregated Reporting	28
15.3 Appendix Three – Guidelines for Mode of Delivery of Contact Types	29

Note: In September 2024 a small programme of work moved all Service Specifications to Health New Zealand branded templates. No amendments were made to the body text or content of the Service Specification, so references to DHB, Ministry of Health or other pre-2022 reforms vocabulary will still exist. A larger programme of work to review and revise all Service Specifications is planned for late 2024 to early 2025.

1. Status

Approved to be used for mandatory nationwide description of services to be provided.

MANDATORY ☒ RECOMMENDED ☐

It is compulsory to use this Specification when purchasing services. No Districts should use a local service specification instead of this mandatory specification.

2. Review History

Review History	Date
First Published as Tier Two Well Child/Tamariki Ora Services	2003
Amendments: updated to reflect current the revised Well Child/Tamariki Ora National Schedules, Needs Assessment, Information and Competency requirements.	December 2010
Amendments: exit criteria, reporting requirements; referrals, ethnicity and reduced number of fields to be reported.	June 2011
Amendments: added: Additional Contacts and Joint Care Planning and Coordination, new Relative Value Unit and PU, guidelines for counting service volumes (Appendix four). Standardised terms, reduced duplication, updated references to the National Service Schedule (2013) and Quality Improvement Framework (2013). Refer to Tier One Service Specification as appropriate	17 April 2014
Amendments: updated references to the Well Child/Tamariki Ora Quality Improvement Framework Indicators (2016) Whakamaui: Māori Health Action Plan 2020-2015, and legislation. Replaced C01016 purchase unit code with C01018 with new unit of measure. Amendments to the Guidelines in Appendix Four. Removal of reference to RVU from the specification Recognition of virtual contact/video call/conference/zoom as a mode of delivery for additional contacts. General editing.	5 May 2021
Content moved to updated Health New Zealand format	September 2024
Consideration for next Service Specification Review	Within 18 months

Note: Contact the Service Specification Programme Manager, National Health Board Business Unit, to discuss the process and guidance available in developing new or updating and revising existing service specifications. Web site address Nationwide Service Framework Library: [Nationwide Service Framework Library – Health New Zealand](#)

3. Introduction

This Tier Two Service Specification for Well Child/Tamariki Ora Services is delivered in accordance with the principles with the overarching Tier One Service Specification Services for Children and Young People¹. Refer to this Tier One Service Specification for information as this is applicable to all service delivery.

Appendix One provides a glossary of terms used in this Service Specification.

3.1 Background

The following documents that relate to this service specification:

The Framework: The 2010 *Well Child/Tamariki Ora Framework*² sets out the policy context for the WCTO Service.

The National Schedule: The 2013 *Well Child/Tamariki Ora National Schedule*³ (the National Schedule) outlines the assessment, whānau/family care and support, and health education activities for each of the core contacts.

The Handbook: The 2013 *Well Child/Tamariki Ora National Schedule Handbook*⁴ helps and supports all providers who deliver Well Child/Tamariki Ora services in accordance with the Schedule.

The Quality Improvement Framework (QIF): The 2016 *Well Child/Tamariki Ora Quality Improvement Framework*⁵ has been revised from 27 indicators to 18 indicators and includes indicators on screening for family violence and provision of Sudden Unexpected Death in Infancy (SUDI) prevention messages. It is an evidence-based quality framework to ensure the Well Child/Tamariki Ora programme consistently achieves its aims. The QIF has three high-level aims, focusing on family/whānau experience, population health and best value for the health system resource. The QIF sets quality indicators to audit health system performance.

¹ www.nsfh.health.govt.nz/service-specifications/current-service-specifications/child-and-youth-health-service-specifications

² *Changes to the Well Child Framework* www.health.govt.nz/publication/changes-well-child-tamariki-ora-framework

³ www.health.govt.nz/publication/well-child-tamariki-ora-national-schedule-2013

⁴ www.health.govt.nz/publication/well-child-tamariki-ora-programme-practitioner-handbook-2013

⁵ www.nsfh.health.govt.nz/dhb-planning-package/well-child-tamariki-ora-quality-improvement-framework

Outline of the National Schedule

There are twelve universal Core Contacts that every Child and their whānau/family are entitled to receive from birth to five years.

Postnatal Core Contacts (LMC)	Transition Core Contacts	Well Child/Tamariki Ora Infant and child Core Contacts	B4 School Check Core Contact
Birth–24 hours	2–6 weeks (LMC)	8–10 weeks	4 year
Within 48 hours		3–4 months	
Up to 1 week	4–6 weeks (Well Child Tamariki Ora)	5–7 months	
		9–12 months	
		15–18 months	
		2–3 years	

In addition to the twelve core contacts listed above, there is a General Practice (GP) check at six weeks at the same time as the first immunisation event. The six-week GP check provides the six-week immunisations, six-week vision screen, and hip screen. The check can address any immediate health issues for mother and baby, and set up provision of ongoing medical and primary health care services to the baby and whānau/family, with needs assessment and appropriate referral as required.

Core Contacts from birth, to four to six weeks

The Core Contacts for this period are provided by Lead Maternity Carers (LMCs) under the Notice pursuant to Section 88 of the New Zealand Public Health and Disability Act 2000 for Maternity Services⁶.

This care encompasses the needs of the mother and baby and includes the Well Child/Tamariki Ora schedule of care until handover to the Service Provider when the baby is four to six weeks old.

Core Contacts from four to six weeks, up to four years of age

The next seven Core Contacts are provided by the Service Provider from the time of handover from the LMC at around four to six weeks, through to four years of age. Additional contacts will be provided where there is an assessed need for additional visits or support so that health outcomes are improved. See Section 6.1 for more information.

Core Contact at four to five years of age

The last Core Contact is the B4 School Check is provided under a separate service specification.

⁶ Postnatal Cores and the Transition Cores from 2-6 weeks are delivered by midwives and funded through the Primary Maternity Services Notice in Section 88.

4. Service Definition

The Service is a universal health and development assessment, whānau/family care and support, and health education service offered to all⁷ New Zealand tamariki/children and their whānau/family from the date of accepted enrolment to four years of age.

The Service assists whānau/family to improve and protect their tamariki/children's health. The Service provides care as three parallel streams delivered as an integrated package of care for each Child and their whānau/family. The three parallel streams are:

1. *Health and Development Clinical Assessment*: the universal health and development assessments that relate specifically to the Child and that are undertaken at every Core Contact to identify health, disability and/or development needs.
2. *Whānau/family care and support*: the assessments, interventions and referrals to services that relate to the context within which the Child lives. These are offered and documented in response to the specific clinical assessments and care plan agreed with the whānau/family
3. *Health Education*: the range of health education activities that should be delivered appropriate to the core contact age bands. Health education will be undertaken in response to professional judgement and the needs assessment and care plan that is reviewed with the whānau/family.

5. Service objectives

5.1.1 General

The key objectives are to:

- protect and improve the health outcomes of all New Zealand tamariki/children
- protect and improve the health outcomes of New Zealand Māori tamariki, and
- contribute to the reduction of health inequities

by:

- providing 100 percent coverage of tamariki/children born (or as near as possible accounting for tamariki/children whose parents/guardians decline the service); and
- supporting whānau/family's tamariki/children from entry into the Service and up to four years, to maximise their Child's developmental potential and health status and to establish a strong foundation for ongoing healthy development; and
- promoting and facilitating access to the General Practice Team and other health or community services, especially for those tamariki/children of whānau/family at risk of adverse outcomes.

⁷ www.health.govt.nz/new-zealand-health-system/eligibility-publicly-funded-health-services/eligibility-direction

5.1.2 Māori Health

As per the Tier One Services for Children and Young People Service Specification, the Service Provider will provide health services that will contribute to the improvement of health outcomes and reduction of health inequities for Māori tamariki and rangatahi. This may be achieved through mechanisms that facilitate Māori access to services, provision of appropriate pathways of care which might include, but are not limited to:

- referrals and discharge planning
- culturally competent services and
- services that meet the health needs of Māori.

It is expected that there will be Māori participation in the decision making around, and delivery of, the specific services for tamariki and rangatahi.

See Section 7 – Quality Requirements.

5.1.3 Pacific Health

As per the Tier One Service Specification Services for Children and Young People, the Service Provider is expected to provide health services that will contribute to the improvement of health outcomes and reduction in health inequities for Pacific people's children and young people.

Providers will support initiatives that build upon current investment and innovation in Pacific peoples' programmes and services and develop effective models of service delivery that are responsive and aligned to Ola Manuia: The Pacific Health and Wellbeing Action Plan⁸ 2020-2025.

See Section 7 – Quality Requirements.

6. Service Users

All tamariki/children living in New Zealand between the ages of 0-5 years are eligible for the Service⁹. Service Users are those tamariki/children and their whānau/family that are enrolled in the Service.

7. Access

7.1 Coverage

The Service Provider has a responsibility to work with other providers in their region to encourage enrolment in Well Child Tamariki Ora services to achieve 100 percent coverage of tamariki/children born and/or living in the region (or as near as possible accounting for tamariki/children whose parents/guardians decline the service).

⁸ www.health.govt.nz/publication/ola-manuia-pacific-health-and-wellbeing-action-plan-2020-2025

⁹ www.health.govt.nz/new-zealand-health-system/eligibility-publicly-funded-health-services/eligibility-direction

7.2 Entry process

7.2.1 Referral at four-six weeks of age

Written referral to the Service by the LMC needs to occur before the end of the fourth week following birth. Where there is no LMC, the referral will be made by the General Practice Team (GPT) or self-referral. The referral must include all key information required by the Service Provider for assessment of need and ongoing care planning for the Child and whānau/family. Transfer of care/handover to the Service will be made by the LMC before six weeks from birth¹⁰.

Entry to the Service will commence at the time of transfer of care/handover by the LMC.

Where there is an assessed need for intensive additional support antenatally, the LMC may request that a Service Provider becomes involved to provide concurrent and co-ordinated care with the LMC. See Section 6.1.1.

7.2.2 Referral of older tamariki/children

Older tamariki/children can be referred to the Service. Reasons for a referral of older tamariki/ children include:

- tamariki/children new to the country – quota refugee or new migrant
- preterm babies or medically-fragile tamariki/children (on oxygen, enteral feeding, disability etc) who may be under the care of secondary health services such as NICU Homecare Nurses and not ready for Well Child/Tamariki Ora Care until over 6 weeks of age
- tamariki/children older than six weeks who do not have a Well Child/Tamariki Ora service provider are referred to provider by families or by other agencies. This may have resulted from moving to another area without advising the previous Well Child/Tamariki Ora service provider, or having not engaged with the initial provider.

The Service Provider should ascertain if the Child is enrolled with a GPT and other services such as oral health, and to facilitate enrolment if necessary.

7.2.3 Self-referral

Self-referrals can be accepted by the Service Provider.

7.3 Provider management of access

The Service Provider must establish and maintain a Register of Service Users enrolled with their Service (as per Appendix Two) and ensure their Service Users receive the services they are entitled to receive.

The Service Provider will work with LMCs, General Practice Teams (GPTs) and other Well Child/Tamariki Ora service providers within their geographic area to ensure that Service Users are able to select or change their choice of provider without prejudice to their future service delivery. This may include return to their original service provider at a later date.

¹⁰ Section DA10, Maternity Services Notice Pursuant to Section 88 of the New Zealand Public Health and Disability Act 2007 (and subsequent updates).

7.4 Exit from the Service Provider

A child and their whānau/family will have exited from the Service:

- at five years of age
- if the child dies
- if the child leaves New Zealand
- if the child transfers to another Well Child/Tamariki Ora service provider
- if the whānau/family chooses to exit the Service.

A child and their family and whānau cannot be exited from the Service for any other reason.

7.4.1 Transfer to another Service Provider

If the whānau/family chooses to transfer to another Well Child/Tamariki Ora service provider the following protocol will be observed:

- a formal transfer of care/handover will occur
- the transfer of care/handover will be in writing and will document all key information required by the new Service Provider for assessment and ongoing care for the Child and whānau/family
- Service Users information must remain on the original Service Provider's Register until the care of the Child and the whānau/family has been formally transferred to another Well Child/Tamariki Ora service provider.

7.4.2 When a whānau/family chooses to exit the Service

If the whānau/family choose to exit the Service the following protocol will be observed:

- a formal transfer of care/handover to the listed GPT for the whānau/family will take place
- the transfer of care/handover will be completed in writing documenting all key information required by the GPT for assessment and ongoing care for the Child and whānau/family.

7.5 Follow-up on whānau/family not receiving the Service

There will be a formal follow-up of those whānau/family who are registered Service Users who have not formally exited the Service and who cannot be located at their most recent residential address. The Service Provider will make all reasonable attempts to locate the whānau/family and ascertain their willingness to attend this or another Well Child/Tamariki Ora service provider. If reasonable attempts at contacting the whānau/family are unsuccessful, the Service Provider will notify the listed GPT for the whānau/family that the Child may no longer be receiving a Well Child Tamariki Ora service. The Child's name will remain on the Service Provider register.

8. Service Components

Services are provided as Core Contacts and Additional Contacts.

The proportion of Core and Additional Contacts as a percentage of total contacts to be delivered by the Service Provider will be agreed with the funding District and described in the agreement for services.

The proportion of Additional Contacts delivered by the different modes such as face-to-face (in-person), telephone, virtual contact (eg, video call/conference/zoom) and community group contacts is guided by Additional Guidance in Appendix Four and will be agreed and described in the agreement for services.

Core Contacts

There are seven Core Contacts provided by the Service Provider from the time of handover from the LMC at around four to six weeks up to four years of age.

During these Core Contacts the Service Provider will undertake health and development assessment, whānau/family care and support, and health education activities as per the Schedule¹¹. The specific activities for each Core Contact are defined in the Schedule.

The content of any given Core Contact may be completed in a subsequent additional contact if appropriate. The date of the Core Contact for reporting purposes is the date the assessment commenced, and not the date the content of the Core Contact was completed in the subsequent additional contact. Refer to Appendix Four for guidelines on mode of delivery.

Needs Assessment

A Needs Assessment is undertaken at the first Core Contact by the Service Provider, and will determine the level of need and develop a Care Plan which may include Additional Contacts. Additional Contacts will be provided where there is an assessed need for additional visits or support so that health outcomes are improved.

The needs assessment process will be undertaken in partnership with the whānau/family and will have a focus on whānau/family strengths and resiliency factors as well as needs and risk factors.

Information in the referral from the LMC will inform the needs assessment of the Child and their whānau/family. It will also form part of a Child's ongoing health record.

Service Providers will use their own evidence-based needs assessment and care planning processes until such time as there are nationally consistent needs assessment and care planning processes.

Needs assessment is a complex process and the Service Provider should refer to the *Well Child/Tamariki Ora National Schedule Handbook*¹² to guide their practice.

¹¹ www.health.govt.nz/publication/well-child-tamariki-ora-national-schedule-2013

¹² www.health.govt.nz/publication/well-child-tamariki-ora-programme-practitioner-handbook-2013

8.1 Additional Contacts

Additional Contacts are provided to tamariki/children and their whānau/families where there is an assessed need for intensive additional support where this need can be met by the Service Provider. If the need cannot be met by the Service Provider, a referral for appropriate support must be made. The assessed need may be short term, or long term.

There are four types of Additional Contacts:

1. Early Additional Contacts (EAC) antenatally and up to the end of the third month of age (ie, 122 days of age).
2. Standard Additional Contacts (SAC) after the end of the third month of age (ie, over 122 days of age)
3. Joint Additional Contacts (JAC)
4. Joint Care Planning and Coordination (JCPC).

See Appendix Four for Guidelines on mode of delivery.

8.1.1 Early Additional Contacts

Early Additional Contacts (EAC) are for the most at risk, first time parents and other High Needs whānau/families where there is an assessed need for intensive additional support antenatally and up to the end of the third month (122 days) of age of the Child.

These contacts may be delivered to families by a number of means including:

1. face-to-face (in person) individual contacts
2. telephone contacts
3. virtual contact (eg, video call/conference/zoom contacts)
4. community group contacts.

Early Additional Contacts in the antenatal period

The EAC provided in the antenatal period will result from the LMC or District Primary Maternity Team identifying that the expectant woman will benefit from intensive additional support prior to the birth of her baby.

The Service Provider will work closely with the LMC or District Primary Maternity Team who is caring for the woman to ensure early engagement with, and transition to, the Well Child Tamariki Ora Service Provider.

Early Additional Contacts in the postnatal period before four-six weeks of age

If the LMC or District Primary Maternity Care team identifies the need for intensive additional support in the early postnatal period, then EACs may be provided by the Service Provider before the transfer of care/handover and Needs Assessment at the first Core Contact.

8.1.2 Standard Additional Contacts

Standard Additional Contacts (SAC) are for tamariki/children and their whānau/families where there is an assessed need for intensive additional support after the end of the third month (122 days) of age of the Child.

The SACs may be delivered to whānau/families by a number of means including:

- a. face-to-face (in person) individual contacts
- b. telephone contacts
- c. virtual contact (eg, video call/conference/zoom contacts)
- d. community group contacts.

8.1.3 Joint Additional Contacts

Joint Additional Contacts (JAC) is an inter-professional contact delivered face-to-face by the Service Provider's nurse **and** another service provider (eg, LMC, GPT, FS, Children's Teams) for tamariki/children and their whānau/families where there is an assessed need for intensive additional support. The JACs may be delivered anytime during the period the Child and their whānau/family are enrolled with the Service.

8.1.4 Joint Care Planning and Coordination

Joint Care Planning and Coordination (JCPC) is an inter-professional joint activity where the Service Provider may be involved in or facilitate joint planning, coordination and case management with another service provider (eg, LMC, GPT, FS, Children's Teams). The activity may be for tamariki/children and their whānau/families where there is an assessed need for intensive additional support. The JCPCs may be delivered anytime during the period the Child and their whānau/family are enrolled with the Service.

This may include the following activities:

- case management activities (including the follow up of High Need client transitions)
- report writing and documentation to be provided to another agency for the purposes of care and protection
- attendance at multi agency meetings
- requests for information from statutory agencies, family group conferences, Differential Response meeting
- Gateway assessments.

A JCPC may result in delivery of any, or all of the additional contacts, described above.

8.2 Service availability

The Service will be available according to the population requirements in the designated geographic area.

8.3 Settings

Where circumstances permit, the Services will primarily be provided in the home of the Service User. This may include provision of immunisation (for High Need families only) in line with the current immunisation standards and tier two Outreach Immunisation Services service specification. Service provision may change to clinic/mobile clinic setting if the whānau/family is able to make that transition. A primary consideration will be to always encourage and support the whānau/family's independence.

8.4 Key Inputs

The Service will be provided by the following multidisciplinary team of people and competencies:

- A registered general and obstetric nurse, or a registered comprehensive nurse who has:
 - completed (or is in the process of completing) the Well Child/Tamariki Ora strand of Postgraduate Certificate in Primary Health Care Specialty Nursing approved by the Nursing Council, and

- been assessed as competent to deliver the health and development assessments, whānau/family care and support and health education components of the Schedule.
- Community health worker or social worker, if topics outlined in the Schedule have been included in their qualification and they are competent to deliver within a team that includes either of the two professionals outlined above
- Community karitane or kaiawhina if topics outlined in the Schedule have been included in their qualification and they are competent to deliver within a team that includes either of the two professionals outlined above.
- A medical practitioner who is:
 - registered with the vocational scope of practice for General Practice as gazetted by the Medical Council of New Zealand (MCNZ), or
 - a paediatrician registered with the vocational scope of Paediatrics by the MCNZ
 - working under supervision to deliver health and development assessments, the six-week examination, whānau/family care and support and health education components of the Schedule.

8.5 Education and Training within the Service

All health practitioners providing the Service will have access to continuing education to:

- support maintenance of professional registration
- enhancement of service delivery/clinical practice
- ensure their practice is safe and reflects knowledge of recent developments in service delivery
- ensure cultural competency.

All health practitioners providing the Service must have specific training in the following:

- using the prescribed needs assessment for their health practitioner discipline
- how to identify, support and refer victims of interpersonal violence, with a focus on child and partner abuse. The Service must have documented processes in place to support staff in this intervention.
- disability awareness to ensure disabled tamariki/children and disabled carers are given appropriate access to services and support.

Trainees will be identified and will provide services only under the supervision and direction of appropriately qualified staff.

9. Service Linkages

Service Providers will:

- maintain effective and efficient linkages with services that may refer whānau/families to them, and that the Service may refer, to ensure continuity and quality of care for the Child and their whānau/family.
- develop and maintain relationships with other primary and specialist health, education and social services that influence health outcomes for Māori tamariki and rangatahi. This integration is particularly important for at risk whānau if they are to develop the skills and access the support and resources they need for ongoing healthy whānau/family functioning.

Other Service Provider	Nature of Linkage	Accountabilities are to ensure:
Lead Maternity Carer (LMC)	Liaise and work with relevant LMC.	<ul style="list-style-type: none"> • seamless transfer of care for the Child and their whānau/family, including provision of information to inform the Needs Assessment.
National Immunisation Register (NIR) services	Local NIR Administrators work with Well Child/Tamariki Ora providers.	<ul style="list-style-type: none"> • access has been offered for appropriate immunisation services.
General Practice Team (GPT)	<p>New-born enrolment with general practice.</p> <p>Liaise and work with the relevant GPT whenever there are concerns or issues.</p> <p>Refer all tamariki/children for six-week clinical assessment and immunisation.</p>	<ul style="list-style-type: none"> • enrolment with general practice soon after birth for access to affordable and essential healthcare • continuity of care for the Child and their whānau/family. • the Child receives clinical assessment and first immunisation. • that the GPT is first point of referral, where appropriate, and is kept informed of Child's progress/discharge plan.
Family Start (FS)	Liaise and work with the relevant Family Start worker.	<ul style="list-style-type: none"> • continuity of care for the Child and their whānau/family.
Oranga Tamariki	<p>Liaise and work with Oranga Tamariki when there are growth or developmental concerns for a Child referred to, or under Oranga Tamariki supervision.</p> <p>Participate in Family Group Conference as required.</p>	<ul style="list-style-type: none"> • continuity and quality of care for the Child and their whānau/family. • that the Child's safety is paramount.

Other Service Provider	Nature of Linkage	Accountabilities are to ensure:
	Refer to Oranga Tamariki where a Child's safety is at risk from abuse or neglect.	
Interagency Co-ordination (Strengthening Families, Tamariki/children's Teams)	Attend or instigate Interagency Co-ordination meetings as appropriate.	<ul style="list-style-type: none"> continuity and quality of care for the Child.
Other Well Child/Tamariki Ora providers (Well Child Tamariki Ora Providers)	Liaise and work with the relevant Well Child Tamariki Ora Providers	<ul style="list-style-type: none"> seamless Well Child Tamariki Ora service care delivery for the Child and their whānau/family.
Hospital services Specialist/Medical Services	Refer to relevant Hospital service when a Child's health or development is of concern. Liaise and work with the relevant professionals.	<ul style="list-style-type: none"> timely intervention occurs and to provide continuity of care for the Child.
Community/General Paediatrician	Refer or liaise regarding individual tamariki/children as appropriate	<ul style="list-style-type: none"> timely intervention occurs and to provide continuity of care for the Child.
Vision and Hearing Investigation and Screening Services	Refer individual tamariki/children as appropriate.	<ul style="list-style-type: none"> timely intervention occurs and to provide continuity of care for the Child.
New Born Hearing and metabolic screening	Liaise with and receive referrals from Screening Unit	<ul style="list-style-type: none"> timely intervention occurs and to provide continuity of care for the Child.
B4 School Check	This service is part of the Well Child/Tamariki Ora National Schedule.	<ul style="list-style-type: none"> timely intervention occurs and to provide continuity of care for the Child.
Whakarongo Mai Ear Health Service	Refer individual tamariki/children with suspected otitis media with effusion for screening and ear care management	<ul style="list-style-type: none"> timely intervention occurs and to provide continuity of care for the Child.
Pre-school Dental Services	Refer or liaise regarding individual tamariki/children as appropriate	<ul style="list-style-type: none"> timely intervention occurs and to provide continuity of care for the Child.
Ministry of Social Development	Refer or liaise regarding individual tamariki/children as appropriate	<ul style="list-style-type: none"> timely intervention occurs and to provide continuity of care for the Child.

Other Service Provider	Nature of Linkage	Accountabilities are to ensure:
programs – HIPPY, SKIP, PAFT		
Community Agencies	Refer or liaise regarding individual tamariki/children as appropriate	<ul style="list-style-type: none"> timely intervention occurs and to provide continuity of care for the Child.
Early Childhood Education Centres, Special Education (general services, and Incredible Years)	Refer or liaise regarding individual tamariki/children as appropriate	<ul style="list-style-type: none"> timely intervention occurs and to provide continuity of care for the Child.

Family Start

Family Start (FS) may be involved with whānau/family during the mother's pregnancy until the Child starts school. The FS referral window is six months pre-birth to one-year post-birth. The Service Provider may receive referrals from FS or may refer a whānau/family to FS for ongoing support. When a whānau/family is involved with FS, the Service Provider will continue to provide the Well Child/Tamariki Ora Service such as the Core and any Additional Contacts required. Additional Contacts will be planned between the Service Provider and the FS worker in response to the needs assessment.

The Service Provider will work in collaboration with FS to ensure alignment of the support provided to the mother and baby and their whānau/family and that support is provided in the most appropriate way.

10. Exclusions

This Service Specification excludes the following:

- Services described in the Tier Two B4 School Check Service Specification.
- Health Promotion services provided through the Well Child Health Promotion Public Health Services contracts.
- Tympanometry, audiology or visual acuity assessment. The Service Provider is expected to refer tamariki/children, as appropriate, to services as recommended by the National Vision and Hearing Screening Protocols¹³.

¹³ www.health.govt.nz/publication/national-vision-and-hearing-screening-protocols

11. Quality Requirements

11.1 General

The Service Provider must comply with the Provider Quality Standards described in the Operational Policy Framework¹⁴ or, as applicable, Crown Funding Agreement variations, contracts or service level agreements.

11.2 Acceptability

The Service Provider must:

- a. have a written quality plan that is designed and implemented to improve outcomes for tamariki/children and their whānau/family. The plan will outline a clear quality strategy and will identify the organisational arrangements to implement it and ways to measure effectiveness. The plan will be of a size and scope appropriate to the service provided, and will align with the Ministry's Well Child/Tamariki Ora Quality Improvement Framework¹⁵
- b. comply with the:
 - Code of Health and Disability Services Consumer Rights¹⁶
 - Oranga Tamariki Act 1989 and Children's and Young People's Well-being Act 1989
 - current Immunisation Standards as set out in the Ministry's current Immunisation Handbook¹⁷
- c. seek informed consent for the clinical examination¹⁸ of tamariki/children from their parents/guardians, in compliance with the Health Act 1956
- d. ensure that parents/guardians are fully informed of the importance of collecting information and how their data will be used
- e. provide culturally competent services in a way that recognises the needs of identified priority groups, including Māori, Pacific people, tamariki/children from whānau/family with multiple social and economic disadvantage and tamariki/children with high health and disability support needs.
- f. recognise the cultural values and beliefs that influence the effectiveness of services for Māori and must consult and include Māori in service design and delivery. The Service must build on the current investment and innovation in Māori programmes and services and develop effective models of service delivery that are Māori responsive and contribute to whānau ora: Māori whānau are supported to achieve their maximum health and wellbeing and consistent with the directions set in key strategic documents:

¹⁴ nsfl.health.govt.nz/accountability/operational-policy-framework-0

¹⁵ www.health.govt.nz/publication/well-child-tamariki-ora-quality-improvement-framework

¹⁶ www.hdc.org.nz/the-act--code/the-code-of-rights

¹⁷ www.health.govt.nz/publication/immunisation-handbook-2020

¹⁸ www.health.govt.nz/our-work/regulation-health-and-disability-system/section-125-health-act-1956-medical-examination-children

He Korowai Oranga – the Māori Health Strategy and Whakamaua:¹⁹ the Māori Health Action Plan 2020-2025.

- g. take account of key strategic frameworks, principles including Ola Manuia: The Pacific Health and Wellbeing Action Plan 2020-2025 and be relevant to Pacific health needs and identified concerns. For regions that have significant Pacific populations, the Service must link service delivery to the improvement of Pacific health outcomes. The Service Provider must be responsive to Pacific people's needs and expectations, acceptable to a wider spectrum of individuals and families enable Pacific people to make healthy choices and facilitate access to other services including social services.
- h. measure the effectiveness of the Service across the organisation (structure, systems, management, staff, culture).

11.3 Effectiveness

The Service Provider must:

- provide written information about their Service to all agencies from which the Service receives referrals, to give to whānau/family
- have a collaborative approach to service provision for whānau/family in which both the Service Provider and other services are involved so that care is coordinated
- participate in intersectoral collaboration and co-ordination initiatives where tamariki/children and rangatahi/young people are receiving services from other agencies such as Ministry of Social Development (MSD) Family Start funded intensive home-based support service for whānau/family with high needs
- improve integration, coverage and co-ordination of the Services for Service Users
- develop and maintain formal, two-way referral processes, which includes documenting outcome of referral to referee
- develop and implement a formal process for the transfer/handover of Service Users when one service will no longer continue to be involved with a whānau/family.

12. Purchase Units

Purchase Unit (PU) codes are defined in Health New Zealand's Nationwide Service Framework Purchase Unit Data Dictionary. The following PU code applies to this Service.

PU Code	PU Description	PU Definition	PU code Unit of Measure
C01018	Well Child/Tamariki Ora Services	Well Child/Tamariki Ora screening, surveillance, education and support services for all NZ tamariki/children from birth to five years of age, and their whānau/family.	New Client

¹⁹ www.health.govt.nz/our-work/populations/maori-health/whakamaua-maori-health-action-plan-2020-2025

New Client	Number of clients at end of the reporting period (period is annual 1st July - 30th June) who were not included in the caseload for the previous reporting period (period is annual 1st July - 30th June).
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13. Reporting Requirements

13.1 Purpose of reporting and data collection

The purpose of reporting and data collection is to develop a set of National Health Index (NHI) unit level data for each Child.

The Ministry of Health (the Ministry) will use the data to monitor service coverage and quality across New Zealand and by District/Region.

13.2 Data Management Protocols

The data will be stored by the Ministry in an encrypted form, will be held securely, and will be used in compliance with the Health Information Privacy Code 2020²⁰.

Providers are expected to comply with their organisation and HNZ data management protocols to ensure data is confidential and secure.

13.3 Ethnicity Data Protocol

Ethnicity information is to be collected according to the HISO 10001:2017 *Ethnicity Data Protocols*²¹ at Level 2.

13.4 Reporting Types and Timing

The Service Provider will submit the following reports.

NHI level Reports six-monthly

By 10 February, when the 1 July - 31 December data is complete and by 10 August when the 1 January – 30 June data is complete.

NHI level data is reported using the Reporting Template. See Appendix Two for a summary of the information required in the Reporting Template.

Aggregate Reports six-monthly

By 10 February when the 1 July - 31 December data is complete and by 10 August when the 1 January – 30 June data is complete.

Aggregate information required

²⁰ www.privacy.org.nz/assets/Codes-of-Practice-2020/Health-Information-Privacy-Code-2020-website-version.pdf

²¹ www.health.govt.nz/publication/hiso-100012017-ethnicity-data-protocols

	Total number of visits	Total number of families who declined to share information on PND or FV	Total number of women referred for postnatal depression (PND)	Total number of women referred for family violence (FV)
By ethnicity				
By deprivation ²²				
By District				
Total				

Interim quarterly aggregated reporting

Until the NHI data collection and analysis systems are in place and the complete NHI level data is available, interim quarterly aggregated reporting directly to District contract managers is still required from the Service Provider. See Appendix Three for the information required.

13.5 Reporting Process

The process for sending NHI Level data to the Ministry is as follows:

- use the Reporting Template provided by the Ministry
- use a separate Reporting Template for each contact
- save the Reporting Templates for the reporting period onto one file
- name the file using this format: yyyyymmddprovidername.xls. yyyy = the year; mm = the month; dd = the day. The yyyyymmdd is the last day of the six months the data captures, so will either be yyyy1231 (December 31) or yyyy0630 (June 30). For example, if the file is from ABC Wellchild for the six months to 31 Dec 2012 the files should be saved as: "20121231ABCWellchild.xls"
- send the file to the Ministry:
 - by saving onto the FTP (File Transfer Protocol) Server/EFT (Electronic File Transfer) directories (if your organisation has access) or
 - via your data management service provider (eg, Karo) or
 - save the register onto a disk and secure courier it to the designated person at the Ministry.

Aggregated reporting to Health New Zealand should be put on the Quarterly Reporting Database.

²² Breakdown of data by deprivation is encouraged but optional as not all providers have access to geospatial mapping tools necessary to do the breakdown.

14. Glossary

Term	Meaning
Care Plan	A documented plan that describes the agreed needs and appropriate care plan to be provided for the child and their whānau/family.
Child	Means any child living in New Zealand between the ages of 0-5 years who meets the eligibility criteria set out in The Eligibility Direction ²³ made by the Minister of Health under section 32 of the New Zealand Public Health and Disability Services Act 2000. The term tamariki/children has the corresponding meaning.
Child Health Strategy	Child Health Strategy. Ministry of Health, 1998 Wellington. (www.health.govt.nz/publication/child-health-strategy)
Children's Teams	Key community professionals from across sectors, supported by new risk assessment tools. The teams will ensure that tamariki/children at risk of maltreatment are identified early, have their needs and strengths assessed, and receive services to achieve outcomes. (www.orangatamariki.govt.nz/working-with-tamariki/children/tamariki/childrens-teams/)
Community group contacts	Community group contacts are defined as group parenting sessions delivered by a community health worker/Karitane/Kaiawhina to follow up on assessed need for parenting support.
Contacts	Means Core Contacts and Additional Contacts.
Core Contacts	The universal contacts available to a Child as set out in the Schedule.
Early Additional Contact	Early Additional Contacts (EAC) are for the most at risk, first time parents and other High Needs whānau/families where there is an assessed need for intensive additional support antenatally and up to the end of the third month (122 days) of age of the Child.
Face-to-face (in person) individual contacts	A contact that is delivered in person in the community.
Formal Transfer of Care/Handover	The formal, documented process that is undertaken by the Service Provider and other service providers when transferring the care of a Child and their parents/guardians/caregivers and whānau/family between service providers.
Family Start (FS)	An intensive home-based support service for whānau/families with high needs funded by the Ministry of Social Development.

²³ www.health.govt.nz/new-zealand-health-system/eligibility-publicly-funded-health-services/eligibility-direction

Term	Meaning
	(www.orangatamariki.govt.nz/support-for-families/support-programmes/family-start/)
High Need Category	Those tamariki/children who live in areas that are classified as NZ Dep Index areas 8-10.
High Need whānau/families	Whānau/families who are identified and assessed as having high needs, who require additional support.
Group Contact	A contact delivered in a community group setting as a group parenting session delivered by a Community Health Worker/Karitane/Kaiawhina to follow up on assessed need for parenting support.
GPT	General Practice Team
Joint Additional Contact (JAC)	A Joint Additional Contact (JAC) is an inter-professional contact delivered face-to-face (in person) by the Service Provider nurse and another service provider (eg, LMC, GPT, FS, Children's Teams) for tamariki/children and their whānau/families where there is an assessed need for intensive additional support. JACs may be delivered antenatally and up to five years of age.
Joint Care Planning and Coordination (JCPC)	Joint Care Planning and Coordination (JCPC) is an inter professional joint activity where the Service Provider may be involved in or facilitate joint planning, coordination and case management with another service provider (eg, LMC, GPT, FS, Children's teams). The activity may be for tamariki/children and their whānau/families where there is an assessed need for intensive additional support. JCPC may be delivered antenatally and up to five years of age.
LMC	Lead Maternity Carer
Long Term High Need	Health needs resulting from multiple health, social and economic determinants that are not readily modifiable and which are likely to impact on the long-term health and wellbeing of the Child. Is most likely to include involvement of multiple resources and/or agencies (eg, parents with alcohol or drug problems, family violence, little family support, mental illness).
Māori Health Gain Objectives	As described in the refreshed He Korowai Oranga accessed on: www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga
NZDep	The New Zealand Deprivation Index, which provides a measure of socioeconomic deprivation within geographic areas across New Zealand.
Needs Assessment	The needs assessment and care planning process used to assess need and plan care for a Child. Needs assessment and care planning will be carried out in accordance with the Ministry of Health national model and process for needs assessment and care planning, when the model is developed.

Term	Meaning
New Client	A new client can be either a new baby client (a Child that is under 12 months when first enrolled by the provider) or New Child client (a Child that 12 months or over and under 5 years of age when first enrolled by the Service Provider).
Register	A repository of information specified at which is collected and maintained by the Service Provider about every Child who is enrolled in the Well Child/Tamariki Ora Service.
Schedules	The Well Child/Tamariki Ora National Schedule (www.nsfl.health.govt.nz/dhb-planning-package/well-child-tamariki-ora-quality-improvement-framework)
Services	The Services as specified in this Tier Two Well Child/Tamariki Ora Service Specification.
Service Provider	A Service Provider who holds a contract to provide Well Child Tamariki Ora Services as specified in this Tier Two Well Child Tamariki Ora Service Specification.
Short Term High Need	Health needs resulting from health, social or economic determinates that have potential to impact on child health and wellbeing but that can be modified with intensive short-term support, such as first-time parenthood, breastfeeding, mild post-natal depression.
Standard Additional Contact	Standard Additional Contacts (SAC) are for tamariki/children and their whānau/families where there is an assessed need for intensive additional support after the end of the third month (122 days) of age of the Child.
Strengthening Families	The Ministry of Social Development-led initiative that brings together all the services and agencies that are providing services and support whānau/families to thrive. (www.strengtheningfamilies.govt.nz).
Telephone Contact	Telephone contacts are contacts to provide follow-up and/or support that do not need to be delivered in person face-to-face, and that can be delivered between Core Contacts. The need for follow-up and/or support should be identified at a Core Contact. These contacts do not include telephone calls or texts to make appointments or provide reminders. Outcomes of telephone contacts will be documented on the Child's record of care.
Virtual Contact (eg, video/conference/zoom)	Virtual Contact is a mode of delivery whereby the contact is delivered by a visual electronic means (eg, video/conference call/zoom). These contacts provide follow-up and/or support that does not need to be delivered in person/face-to-face and can be delivered between Core Contacts. The need for follow-up and/or support should be identified at a Core Contact. Outcomes of Virtual Contacts will be documented on the Child's record of care and must meet the expected quality requirements. Refer to Appendix Four for the types of contact that can be delivered and reported as Virtual Contacts. The contacts reported as Virtual Contacts do not include video

Term	Meaning
	calls/conferences/zoom to make appointments or provide reminders.
Well Child/Tamariki Ora Framework	The policy setting for the delivery of assessment, whānau/family care and support, and health education activities offered to all New Zealand tamariki/children and their whānau/family, from birth to five years. The Framework ²⁴ includes the Schedule, and the Tier Two Well Child/Tamariki Ora Service Specification.
Well Child Tamariki Ora Nurse	A registered general and obstetric nurse, or a registered comprehensive nurse who has completed (or is in the process of completing) the Well Child/Tamariki Ora component of Postgraduate Certificate in Primary Health Care Specialty Nursing.

15. Appendices

²⁴ www.health.govt.nz/publication/changes-well-child-tamariki-ora-framework

15.1 Appendix One – Minimum Register Requirements

To provide the required reporting, the Service Provider will establish and maintain a Register of:

- all tamariki/children enrolled in the Service, and
- all contacts with those tamariki/children, with a separate record/file for each contact the Child receives, and the assessments and interventions in each contact.

Enrolment information

Provider or Facility Code for the Service Provider ²⁵	Mandatory
Internal System ID for the contact/service	Optional
National Health Index (NHI) number of Child	Mandatory
Family Name of Child	Mandatory
First Name of Child	Mandatory
Ethnicity (see collection guidance note below)	Mandatory
Date of Birth of the Child	Mandatory
Date of Referral to the Service	Mandatory
Date of Exit from the Service	Mandatory if the child is no longer on the Service Provider's Register
Reason for Exit: <ul style="list-style-type: none"> - aged 5 years - other, please specify (eg, left country, transferred to another Well Child/Tamariki Ora service provider or is deceased). 	Mandatory if the child is no longer on the Service Provider's Register
First Time Parent?	Mandatory

Contact Information required for each contact

The following contact information must be linked to the enrolment information by the Facility ID and the Internal System ID and the Child's NHI.

Provider or Facility Code for the Service Provider	Mandatory
Internal System ID for the contact/service	Optional
National Health Index (NHI) number	Mandatory
Date of the contact	Mandatory
Is it a Core Contact?	Mandatory
If so, which Scheduled Core Contact is it? (as per National Schedule eg, Core Contact 1 through to 7)	Mandatory
Is it an Additional Contact?	Mandatory
If so, what type of Additional Contact?	Mandatory
If so, what mode of Additional Contact – face-to-face, telephone, virtual contacts (eg, video call/conference/zoom contacts) or group?	Mandatory
Assessed need	Mandatory

²⁵ www.health.govt.nz/nz-health-statistics/data-references/code-tables/common-code-tables/facility-code-table.

Assessment and intervention information

The following information must be included with the contact information.

Name of Screen/assessment /information provision activity	Was the activity undertaken?	Referred for treatment for an identified problem?	Referred to:	Is having, or has received treatment (optional in the interim) ²⁶
Congenital Hip Deformity				
Vision				
Hearing infection				
Hearing loss				
Undescended testes (Male)				
Family Violence – Abuse/Neglect		N/A	N/A	N/A
Maternal Post Natal Depression (PHQ3)		N/A	N/A	N/A
ABC Smoking Cessation Smoking Status (A) <ul style="list-style-type: none"> Is there a smoker in the house Has the Child been exposed to smoke over the past few days 		N/A	N/A	N/A
<ul style="list-style-type: none"> Was brief advice given (B) 	N/A			
<ul style="list-style-type: none"> Referred for Cessation (C) 	N/A			
Growth				
Parental Evaluation of Developmental Status (PEDS) (optional in the interim)				
PEDS Pathway (optional in the interim)	Pathway A			
	Pathway B			
	Pathway C			
	Pathway D			

²⁶ Where Service Providers have referred a Child to other services, they should be monitoring whether the Child and their whānau/families have taken up those referred services. There is an expectation that, in future, the Service Providers will collect and report to the Ministry on uptake from their referrals.

		Pathway E			
SUDI information provided			N/A	N/A	N/A
Information on injury or accident risk provided			N/A	N/A	N/A
Breastfeeding status	Exclusively breast fed				
	Fully breast fed				
	Partially breast fed				
	Artificially fed				
Oral health discussion/Lift the Lip (from 9 months)					
Parenting support					
Immunisation status current					

15.2 Appendix Two – Quarterly Aggregated Reporting

The Service Provider will provide an aggregate report to their District's contract manager of the following information. The reports are due on the 10th of the month following the end of each quarter.

Information required
Total number of enrolled tamariki/children at end of quarter
Number of new baby clients enrolled during quarter
Number of new Child clients enrolled during quarter
Number of clinical FTEs delivering the service
Number of non-clinical FTEs delivering the service
Number of core contacts delivered during quarter
Number of Early Additional Contacts (EACs) delivered during quarter <ul style="list-style-type: none"> • Number of antenatal contacts • Number of face-to-face (in-person) contacts • Number of telephone contacts • Number of virtual contacts (video call/conference/zoom contacts) • Number of contacts in a group setting
Number of Standard Additional contacts (SACs) delivered during quarter <ul style="list-style-type: none"> • Number of face-to-face (in-person) contacts • Number of telephone contacts • Number of virtual contacts (video call/conference/zoom contacts) • Number of contacts in a group setting
Number of Joint Additional Contacts (JACs) delivered during quarter
Number of Joint Care Planning and Coordination (JCPCs) sessions delivered during quarter

15.3 Appendix Three – Guidelines for Mode of Delivery of Contact Types

These guidelines specify the delivery requirements for different modes of contact and provide guidance to Districts about the proportion of contact types to be delivered.

Contact Type	Mode of delivery			Additional Guidance
Core	<ul style="list-style-type: none"> Face-to-face (in person) with individual . By a Well Child/ Tamariki Ora nurse.			Core contacts 1, 2 and 3 may be counted as core contacts if delivered at any time up to 15 weeks and 6 days of age.
Early Additional Contact: EAC (antenatal to 122 days)	<ul style="list-style-type: none"> Face-to face (in person) with individual Telephone Virtual Contacts (eg, video call/ conference/zoom) Group By Well Child/Tamariki Ora nurse, karitane, Health Worker or kaiawhina.			The Service Provider will deliver a minimum of 75% of EACs face-to-face, and aim to deliver more than 85% face to face.
				The Service Provider will deliver a minimum of 25% of EACs by Well Child Tamariki Ora nurses, and aim to deliver at least 35% by Well Child/Tamariki Ora nurses. A karitane, health worker or kaiawhina can deliver up to 75% of EACs.
Early Additional Contact: EAC (antenatal to 122 days)	<ul style="list-style-type: none"> Face-to face (in person) with individual By Well Child/Tamariki Ora nurse, karitane, health worker or kaiawhina.			The Service Provider will deliver a minimum of 25% of EACs by Well Child/Tamariki Ora nurses, and aim to deliver at least 35% by Well Child/Tamariki Ora nurses. A karitane, health worker or kaiawhina can deliver up to 75% of EACs.
Standard Additional Contact: SAC (122 days to five years)	<ul style="list-style-type: none"> Face-to face (in person) with individual Telephone Virtual Contacts (eg, video call/ conference/zoom) Group. By Well Child/Tamariki Ora nurse, karitane, health worker or kaiawhina.			The Service Provider will deliver a minimum of 70% SACs face to face, and aim to deliver more than 75% face to face.
				The Service Provider will deliver a minimum of 25% of SACs by Well Child Tamariki Ora nurses, and aim to deliver at least 35% by Well Child/Tamariki Ora nurses. A karitane, health worker or kaiawhina can deliver up to 75% of SACs.
Joint Additional Contact: JAC (during period	<ul style="list-style-type: none"> Face-to-face (in person) with individual 			All JACs will be delivered by a Well Child/Tamariki Ora Nurse (along with another agency's health practitioner or service provider).

enrolled with service)	By Well Child Tamariki Ora nurse and other provider.			
Joint Care Planning and Coordination: JCPC (during period enrolled with service)	By Well Child/Tamariki Ora nurse, karitane, health worker or kaiawhina and another provider.			The Service Provider will deliver a minimum of 70% of JCPC by Well Child/Tamariki Ora nurses, and aim to deliver more than 80% by Well Child/Tamariki Ora nurses. A karitane, health worker or kaiawhina can deliver up to 30% of EACs.