

Child and Youth Health Strategy

Implementation Plan

Adopted by the Board March 2007

Introduction

This Implementation Plan is based on the Northland Child and Youth Health Strategy written in 2006. It will be overseen and monitored by the Child and Youth Health Advisory Group, working with the staff of the NDHB Service Development and Funding team. Specific action plans will be prepared for the actions listed by each objective, to identify funding and responsibility. The Plan will be reviewed and updated after 12 months of operation.

The categories used in the last column are:

- timeframe: phase 1 or 2 (phase 1 being immediate start; note that some phase 1 activities are already underway)
- resourcing: existing, increased or new.

An overarching goal of the plan is to gather information for planning and monitoring; and wherever possible to support the ‘key actions’

with relevant and up-to-date evidence. In preparing the action plan to deliver each of the actions listed in the table below, the data collection and sharing requirements will have to be identified and included in the plan. Fundamental to achieving the goal will be the NDHB’s involvement in the national Perinatal Mortality and Child and Youth Mortality committees and support for a Northland Child and Youth Mortality Committee. The Health Status report will also need to be commissioned on a regular basis from the Paediatric Society.

All measures are to be collected, where possible, by ethnicity (Maori, Pacific, other). Ideally, to measure the effect the Strategy is having on reducing inequalities, all data should also be collected by deprivation decile, though little data is routinely collected in this manner at present.

Objectives	Key actions	Key stakeholders	Milestones/ progress measures	Resourcing/ timeframe
Goal 1 Encourage and support a healthy population				
1.1 Create supportive social, physical and cultural environments for health.	1.1.1 Work with district and regional councils through their LTCCPs and other opportunities that present, to improve and protect the health of communities and reduce inequalities.	NDHB MAPOs TAs Housing NZ PHOs NGOs	Submissions on LTCCPs with a focus on reducing inequalities. Changes to councils' annual plans which reflect a health focus. Joint initiatives discussed and established.	Existing; ongoing
	1.1.2 Continue to support the Healthy Housing initiative.		Initiative extended to rural housing and assessments completed throughout Northland. Number of households with resolved issues.	Increased; phase 1
1.2 Support and promote programmes for healthy lifestyles.	1.2.1 Participate in planning and monitoring to ensure that the implementation plan for Healthy Eating Healthy Action in Northland benefits children and youth, with a particular focus on Maori.	NDHB MAPOs NGOs Schools MSD MoE Sport Northland PHOs TAs	District HEHA Plan developed by June 2007 has content specific to children and youth.	Phase 1; existing.
	1.2.2 Work with all low decile, high Maori population schools to involve them in the whole school approach to nutrition, exercise, smokefree and sunsmart.		100% of decile 1 schools signed up for programmes (Health Promoting Schools; Fruit in Schools and/or Food in Schools) by June 2008.	Phase 1 by Dec 2007; existing.
1.3 Provide appropriate support and monitoring for all pregnant women.	1.3.1 Encourage expectant mothers to register with an LMC before 16 weeks.	NDHB MAPOs LMCs PHOs NGOs	Reduction in late bookings, particularly for young Maori mothers. Maori community networks involved in supporting Maori whanau, eg running kaupapa Maori antenatal groups.	Existing; phase 1.

Objectives	Key actions	Key stakeholders	Milestones/ progress measures	Resourcing/ timeframe
	1.3.2 Support expectant mothers to stop smoking.		Reduction in smoking rates among expectant mothers, especially Maori.	Existing; phase 1.
1.4 Promote and support breastfeeding to at least 6 months of age.	1.4.1 Continue to support the baby-friendly initiative.	NDHB MAPOs LMCs Well child providers	All NDHB facilities meet Baby Friendly Hospital Initiative standards. Baby friendly initiatives developed in the community.	Existing; phase 1
	1.4.2 Increase the number of community lactation consultants.	PHOs NGOs	Maori breastfeeding rates reach at least the national 2005 targets of 74% (exclusive/fully) at 6 weeks; 57% at 3 months and 21% at 6 months, by 2008.	Increased; phase 2
1.5 Encourage schools to take a whole school approach to wellness.	1.5.1 Continue to support the Health Promoting Schools and Fruit in Schools programmes.	NDHB MAPOs Schools	(Refer 1.1.2 above)	Existing; phase 1
	1.5.2 Enhance promotion of healthy sexuality within a whanau ora approach and support existing programmes on sexually transmitted infections such as the current chlamydia projects.	MoE NGOs PHOs PTEs Kura Kaupapa Tertiary institutions Heart Foundation	Programmes delivered with a whanau ora approach. A more accurate picture of the prevalence of STIs. Discussions held and recommendations made on ways of improving data collection and reporting by providers.	Existing; phase 1
	1.5.3 Research evidence-based options for smoking cessation services for youth in education settings and provide services.		Research completed by June 2007 and subsequent pilots run in 3 low decile high schools/ Kura Kaupapa Maori and an AE facility.	New; phase 1
	1.5.4 Increase awareness of the detrimental effects of bullying on children and youth.		Increase in the number of schools taking a whole-of-school approach through Health Promoting Schools (see also 1.1.2).	Existing; phase 1
1.6 Increase preventive, wellness and	1.6.1 Review coverage and capacity of well child services.	NDHB MAPOs	Carry out review and make recommendations.	

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screening programmes and initiatives.	1.6.2 Facilitate a forum of well child providers and midwives.	NGOs Well child providers PHOs Schools LMCs	At least one forum takes places by end 2007.	
	1.6.3 Increase immunisation rates through multi-provider initiatives to improve timeliness and therefore reduce inequalities.		Improve timeliness of immunisations and achieve an incremental improvement in immunisation rates to achieve national target of 95% of 2 year olds fully immunised by 2011.	Increased; phase 1 ¹ .
	1.6.4 Increase awareness of ante-natal care services (refer 1.2)		Reduction in late registrations with LMCs.	Existing; phase 1
	1.6.5 Develop and trial a collaborative whanau ora approach for well child/ well woman checks.		Pilot carried out in 3 locations including both rural and urban. Resources required for combined services identified.	New; phase 2
	1.6.6 Ensure that advice is given ante- and post-natally on the risks of SIDS and Sudden and Unexpected Death of an Infant (SUDI) by LMCs and well-child providers.		Information and advice provided to new parents with a focus on Maori.	Increased; phase 2
	1.6.7 Investigate options for introducing in-school health screening of students in Year 10, with a focus on assessing the feasibility of running such a programme in low decile schools.		Investigation completed and recommendations made.	Existing; phase 2
1.7 Advocate for and promote parenting skills.	1.7.1 Support intersectoral and multi-provider collaborations to provide parenting programmes.	NDHB MAPOs NGOs PHOs MSD	Stocktake of providers and programmes carried out, followed by recommendations on realising the potential for enhancements, including recommendations on whanua ora programmes.	New; phase 2

¹. Information from the Immunisation Register on 2yr olds will not be available until June 2007

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	1.7.2 Support positive male role modelling programmes with an emphasis on Maori.	NIF	Review completed of existing programmes with recommendations.	New; phase 2
1.8 Gather information for planning and monitoring to support evidence based interventions.	1.8.1 Ensure involvement in national Perinatal Mortality and Child and Youth Mortality Committees and provide support for Northland Child and Youth Mortality Committee	NDHB MAPOs	Committees attended; meeting regularly. Information available for planning and monitoring	Existing; phase 1
1.9 Include the voice of youth in decisions about services that they access.	1.9.1 Investigate ways of including a youth voice, including Maori youth, in NDHB decision-making processes about youth-focussed services.	NDHB MAPOs	Youth representation on youth-focussed services.	Increased; phase 1
Goal 2 Reduce unintentional injury				
2.1 Improve collection, content and monitoring of injury data.	2.1.1 Carry out a pilot project to collect data on prevalence of trauma managed by NDHB Emergency Dept. to inform public health strategies and activities of other agencies; extend beyond Whangarei if value shown.	NDHB ACC	Systems in place to collect data, including ethnicity specific data, and present information to other agencies; extension if warranted.	Existing; phase 1
2.2 Promote safe attitudes, behaviours and environments.	2.2.1 Support injury prevention by working with other agencies on areas identified as high need (ref. 2.1.1).	NDHB MAPOs Fire Service ACC	Needs identified under 2.1.1 are communicated to other agencies, and discussions held on how these might be addressed.	Increased; phase 2
	2.2.2 Investigate the possibility of incorporating unintentional injury prevention into whole of school and whole of community programmes.	TAs NGOs Well child providers	Investigation completed and recommendations made.	Increased; phase 2
2.3 Develop Safe Communities.	2.3.1 Continue to support Northland councils and other agencies in working towards accreditation as	NDHB MAPOs TAs	At least 2 out of 3 district councils in Northland are accredited by 2008.	Existing; phase 1

Objectives	Key actions	Key stakeholders	Milestones/ progress measures	Resourcing/ timeframe
	WHO Safe Communities.	Fire Service ACC Well child providers LTNZ PHOs Housing NZ		
Goal 3 Reduce physical, sexual and emotional abuse and neglect				
3.1 Promote changes in attitude and behaviour relating to family violence and child abuse and neglect.	3.1.1 Promote NDHB's child protection policy and guidelines to all staff.	NDHB PHOs MSD (CYF) Police NGOs MoH MAPOs Runanga	Policy and guidelines regularly reviewed. Education sessions held. Referrals made.	Existing; phase 1
	3.1.2 Provide education and support for all health workers in the assessment of family violence and child abuse risk, appropriate intervention and reporting.		Education sessions held. Increase in referrals made to targeted services.	Existing; phase 1
	3.1.3 Advocate for mandatory reporting across all health providers.		Advocacy to MoH carried out.	Existing; phase 1
	3.1.4 Work with other agencies to raise the profile of family violence and of child abuse and neglect throughout the community.		Evidence of activities undertaken. Referrals made.	Existing/ increased; phase 1
3.2 Lead the establishment of a multidisciplinary one-stop-shop for all agencies involved in child protection.	3.2.1 Investigate the possibility of co-locating agencies involved in child protection (along the lines of Te Puaruruhau, the one-stop-shop in Auckland).	NDHB MAPOs MSD (CYF) Police	Investigation completed and recommendations made.	Existing; phase 1

Objectives	Key actions	Key stakeholders	Milestones/ progress measures	Resourcing/ timeframe
Goal 4 Minimise the harmful effects of risky behaviour				
4.1 Advocate for community facilities and activities for youth that increase social participation and connectedness.	4.1.1 Develop initiatives in cooperation with district councils and youth for insertion into their LTCCPs.	NDHB MAPOs TAs MSD Police	Initiatives developed with an emphasis on Maori communities and included in plans.	Existing; ongoing
4.2 Improve youth access to appropriate health services.	4.2.1 Improve co-ordination of youth health services provided in education settings.	NDHB MAPOs PHOs NGOs Schools MoE PTEs NorthTec	Increase in use of services provided in educational settings.	Existing; phase 1
	4.2.2 Provide health services / improve service co-ordination in Alternative Education schools throughout Northland.		Increase in provision of services and use made of them in AE settings.	Increased; phase 1
4.3 Increase early identification of mental illness and alcohol and drug abuse.	4.3.1 Research and implement a pilot in the use in primary care of the adolescent health check – HEADSS – a psychosocial assessment tool.	NDHB MAPOs PHOs NGOs	Use of adolescent health checks in primary care settings.	New; phase 1
4.4 Increase community awareness of the health consequences of risky environments in which our youth are growing up.	4.4.1 Gather and share information (eg admissions) about the health service impacts of risky behaviours.	NDHB ACC TAs	See 2.2.	
Goal 5 Meet the health needs of children and youth with high health and disability support needs				
5.1 Provide comprehensive	5.1.1 Provide extended outreach services, including effective services for Maori.	NDHB MAPOs	Services provided.	Increased; phase 1

Objectives	Key actions	Key stakeholders	Milestones/ progress measures	Resourcing/ timeframe
support for families with children and youth with high health and disability support needs.	5.1.2 Provide, in collaboration with other providers, early, comprehensive needs assessment and effective coordination through case management of targeted service provision.	NGOs PHOs MoH	Services provided, including those that are effective for Maori.	Existing/ increased; phase 1
	5.1.3 Enhance social work and behavioural support, and ensure a whanau ora approach for Maori.		Increase in social work and behavioural support.	Existing/ increased; phase 1
	5.1.4 Provide quality respite facilities in Whangarei, the Mid and Far North, and ensure a whanau ora approach for Maori.		Facilities provided.	New; phase 2
	5.1.5 Improve resourcing for the provision of environmental support services (which improve disabled peoples' access to and interaction with their environment through equipment, housing modifications, hearing aids and so on).		Resources increased. Data gathered to establish a baseline for reducing inequalities.	Increased; phase 2
5.2 Provide integrated services across mental health and child health for children with neuro-developmental and disruptive behaviours.	5.2.1 Continue to improve communication between primary and secondary care and communications between secondary services.	NDHB MAPOs PHOs NGOs	Participation in continuing initiatives regarding information flows between and within the primary and secondary sectors.	Existing; phase 1
5.3 Provide services throughout Northland for children and youth with excess weight.	5.3.1 Explore options, including collaboration with other providers, for extending the delivery of the lifestyle clinic model, with support to services provided as required by the clinical	NDHB MAPOs PHOs NGOs	Culturally competent lifestyle clinic model extended throughout the district by June 2008. Whanau ora model developed and put in place.	Increased; phase 1

Objectives	Key actions	Key stakeholders	Milestones/ progress measures	Resourcing/ timeframe
	team at the Child Health Centre.		Increased number of Maori children access the service (at least at the rate at which they are represented by the obesity statistics for the district).	
Goal 6 Support children and youth who are at risk from mental ill-health and alcohol and other drug problems				
6.1 Tailor intensive supports individually in a way that supports clients in a whanau environment.	6.1.1 Extend packages of care pilot.	NDHB (TRK) MAPOs NGOs	Packages of care are delivered widely in Northland, including effective packages of care for Maori.	Increased; phase 1
6.2 Deliver intensive care and treatment (ICT) in the community to achieve earlier intervention and support care at home.	6.2.1 Carry out a feasibility study in to setting up child and youth ICT teams.	NDHB (TRK) MAPOs	Feasibility study completed; recommendations implemented, with a focus on reducing inequalities.	New; phase 1
6.3 Provide respite care.	6.3.1 Investigate how short term accommodation could be provided for youth with acute mental health or AOD needs, and ensure a whanau ora approach for Maori.	NDHB MAPOs	Investigation completed; recommendations implemented.	New; phase 2
6.4 Support early intervention.	6.4.1 Mental health and AOD service providers visit rural and Maori communities to build relationships and understanding of the services available.	NDHB (TRK) MAPOs NGOs MSD PHOs	Referral criteria and processes are made widely available. Increase in referrals.	Existing; phase 1
	6.4.2 Provide information to other agencies re mental health and AOD services that are available.		Information provided.	Existing; phase 1

Objectives	Key actions	Key stakeholders	Milestones/ progress measures	Resourcing/ timeframe
6.5 Improve rates of access to AOD and mental health services.	6.5.1 Mental health and AOD service providers visit rural and Maori communities to build relationships and understanding of the services available.	NDHB (TRK) MAPOs NGOs PHOs	Maori rates of presentation increase. Use of AOD services increases.	Existing; phase 1
6.6 Gather information for planning and monitoring services.	6.6.1 Improve data collection, including recording AOD information on mental health referral forms.	NDHB MAPOs	Ethnicity available in all information and AOD information available re mental health patients.	Existing; phase 1
6.7 Involve youth consumers in decisions about the services they access.	Refer goal 1, objective 1.9.			

Glossary

Terms *in italics* have their own entry

Term	Explanation
ACC	Accident Compensation Corporation.
acute	Used to describe an illness or injury, either mild or severe, which lasts for a short time. (See also <i>chronic</i>).
Baby Friendly Hospital Initiative	A World Health Organisation-sponsored programme which aims to actively promote breastfeeding through education of health care workers in maternity and neonatal services.
cardiovascular disease (CVD)	Related to the heart (cardio) and circulatory (vascular) system. The term includes both coronary heart disease and stroke.
chronic	Used to describe an illness, disease or disability of long duration, and which has developed slowly. Chronic conditions are usually permanent or incurable, so that management to minimise discomfort and cost of services is important. (See also <i>acute</i>).
CYF	Child Youth and Family, now part of MSD.
DC	District council.
deprivation, deprived	Describing those with high, often multiple, needs (often used loosely to mean 'poor', though income is only one of the factors considered). The most widely quoted source of data on deprivation is the NZ Deprivation (NZDep) scale which analyses 5-yearly Census data to describe deprived populations. Once 'deprivation index' scores are calculated across the whole of New Zealand, the data is divided into deciles, 10 population groups of equal number. (These deciles are calculated differently, and use a different scale to the school deciles used by the education system.)

Term	Explanation
DHB	District Health Board.
diabetes	A complex condition in which the body is unable to control the amount of glucose (sugar) in the blood, either because there is not enough of the hormone insulin or it does not work effectively. Uncontrolled diabetes can lead to metabolic disturbances that increase the risk of long term complications and affect a number of the body's systems. 90% of diabetes is type 2, acquired as a consequence of unhealthy lifestyle, and is usually related to excess weight gain; onset is gradual. About 10% of diabetes is type 1, a result of the pancreas malfunctioning whose cause lies in viral infection and a breakdown in the body's autoimmune systems (not lifestyle); onset is usually rapid and can be life-threatening.
District Annual Plan (DAP)	Northland DHB's statement of its intentions for the coming year. (See also <i>District Strategic Plan</i> .)
District Strategic Plan (DSP)	Northland DHB's statement of its intentions, based on the needs identified in the Health Needs Analysis, over the coming 5 or 10 years. Prepared once every 3 years. (See also <i>District Annual Plan</i> .)
ethnicity	A measure of cultural affiliation defined by Statistics New Zealand as a social group whose members share a common origin, claim a common sense of distinctive history and destiny, possess one or more dimensions of collective individuality and feel a sense of unique collective solidarity.
Food in Schools	Often-used term for the National Heart Foundation's School Food Programme.
Fruit in Schools	A Ministry of Health-driven programme to promote health and wellbeing in high need primary schools. It involves a <i>Health Promoting Schools</i> / whole-school-community approach to promoting 4 priority areas

Term	Explanation
	(healthy eating, physical activity, sun protection and smokefree), as well as the provision of fresh fruit for children in eligible primary schools in high-need areas.
Health Promoting Schools (HPS)	A Ministry of Health-driven programme in which schools sign up for a whole-of-school approach to promoting health and wellbeing (that is, it links all aspects of school life into a health promoting framework). They are assisted in this process by HPS advisors in the local DHB.
Healthy Eating, Healthy Action (HEHA)	A Ministry of Health-driven strategy which aims to identify, promote, and coordinate programmes for healthy nutrition and appropriate physical activity at national, regional, community and iwi levels.
He Korowai Oranga (HKO)	The national Maori health strategy published by the Ministry of Health.
Hospitalisation	The process of attending hospital as a patient. It includes 3 main types: <ul style="list-style-type: none"> inpatient, a patient who stays at least one night in hospital outpatient, a person who is seen in a non-inpatient setting, or 'clinic', by a specialist after referral from a GP daypatient, a patient who undergoes an operation or other procedure in hospital and able to return home without staying overnight.
	The term 'hospitalisation' is often used loosely to mean one or any combination of the 3 types.
incidence	The number of new instances of a disease or illness in a defined group of people over a particular period of time (compare with <i>prevalence</i>).
intersectoral	Used to describe relationships between health and other sectors, often other government organisations,

Term	Explanation
	TAs.
Lifestyle Clinic	A programme run by NDHB's Child Health Centre for children who are obese. As well as slowing down the child's weight gain, the whole family is encouraged to make changes and become more physically active.
LMC	Lead maternity carer.
LTCCP	Long Term Council Community Plan. District Councils are now required by legislation to prepare what is in effect a strategic plan based around 'community outcomes', and health is part of these.
LTNZ	Land Transport New Zealand.
MoE	Ministry of Education.
MoH	Ministry of Health.
MSD	Ministry of Social Development.
NDHB	Northland District Health Board, which has 2 parts: <ul style="list-style-type: none"> NDHB Funder: that part of NDHB that has been legislated to carry out the funding function for health services in Northland. The funder assesses needs, sets priorities for services, allocates funds, lets contracts to providers, and monitors performance. NDHB Provider: that part of NDHB that provides health services (as distinct from the <i>NDHB Funder</i>). The majority of the Provider Service's funding goes on <i>Secondary care services</i>.
	In the strategy documents, 'NDHB' refers to the whole organisation with involvement as relevant in each case from the funder or from the provider arm.
NGO	Non-government organisation, any organisation which is not part of the public sector. In the health sector it usually refers to health service providers, though it

Term	Explanation
	applies more widely than that. It encompasses the private and voluntary sectors, therefore including many organisations which are funded wholly or partly from the public purse but are not part of a formal government structure. Major NGOs include PHOs and Maori providers.
NIF	Northland Intersectoral Forum, which comprises representatives from councils and government organisations throughout Northland.
NZDep	See <i>deprivation</i> .
obese, overweight	Degrees of excess weight, as defined by the <i>Body Mass Index (BMI)</i> . Overweight = BMI 25-29 for Europeans, 26-31 for Maori and Pacific. Obese = BMI 30+ for Europeans, 32+ for Maori and Pacific. (Acceptable figures differ across ethnic groups because of variations in bodily composition and how this relates to risk of developing health problems such as heart disease and diabetes).
opportunistic screening	Taking advantage of opportunities as they arise, such as during a GP visit, to assess individuals for health problems (as distinct from a formal population-based programme of screening, such as the Cervical Screening Programme). People may not realise that they have signs or symptoms already developing, so this is an important way of catching problems (especially chronic diseases) early, when they are more likely to be preventable or are easier to treat.
outcome	The result of an action. As distinct from an output, which is a measure of an activity rather than the result it has. An operation to mend a broken leg is an output, while the return to full function of the leg is the outcome. In a bigger picture sense, a focus on outcomes aims to analyse how effectively health

Term	Explanation
	services are provided and how well they work together.
patient management system	A system for managing data about all the people to whom an organisation provides services.
primary health care	Health services provided in the community which people can access themselves. The most well known are those provided by general practitioners, though they also include pharmacy services, private physiotherapists and, increasingly, nurse practitioners. (See also <i>secondary services</i>).
Primary Health Organisation (PHO)	A group of providers of <i>primary health care</i> services whose responsibility is to look after the people who enrol with them (those who are 'on the register'). PHOs include GPs as well as a whole range of primary health care providers and practitioners (Maori and community health service providers, nurses, pharmacists, dietitians, community workers, and many others). As well as providing traditional primary health care services, PHOs must improve access to services for those with higher needs (such as Maori or those with chronic health conditions), have a focus on preventing ill health (rather than waiting till they are visited by sick people) and improve the way services work together.
prevalence	The total number of instances of a disease or illness in a defined group of people at any one time (compare with <i>incidence</i>).
PTE	Private training establishment.
reducing inequalities	Inequalities in the health status of populations exist by <i>socioeconomic status, ethnicity, gender, age and geographical areas</i> . The reducing inequalities approach is about recognising these and proactively planning, funding and delivering services to reduce

Term	Explanation
	these differentials.
risk factor	A factor, which may be biological (such as a genetic predisposition) or associated with behaviour (such as smoking), that increases the likelihood of a disease developing.
secondary services, secondary care	Hospital services which people can access only through a referral from a primary health care worker. (See also <i>primary health care</i>).
SIDS	Sudden Infant Death Syndrome, death of an apparently healthy infant before one year of age that is of unknown cause and occurs especially during sleep. See also <i>SUDI</i> .
socioeconomic status (SES)	Social position along a scale (which runs, in everyday terms, from 'rich to 'poor'), as measured by criteria such as income level, occupational class or educational attainment.
SPARC	Sport and Recreation NZ, a government-funded organisation which counts among its aims getting Kiwis active and carrying out surveys on physical activity. Sport Northland has close links with SPARC.
specialist	A physician or surgeon, usually based in a hospital, who has undertaken extra training on top of the normal medical degree to specialise in a particular type of service or disease. Also called a consultant.
SUDI	Sudden Unexplained Death of an Infant. Death of an infant for which, after all investigations have been

Term	Explanation
	made, its causes remain unexplained. See also <i>SIDS</i> .
TA	A territorial authority, which includes Northland Regional, Whangarei District, Kaipara District and Far North District Councils.
Te Roopu Kimiora (TRK)	Northland DHB's child and youth mental health service.
type 1 diabetes, type 2 diabetes	See <i>diabetes</i> .
well-child services	Primary care and community services provided by nurses and doctors that monitor and assess children to achieve their best possible health and detect any existing or potential health needs. They are provided according to a Ministry of Health schedule which describes, at various stages from birth to age 5, the services to be provided, topics to be addressed and support all children and their families are entitled to.
Whanau Ora	A Ministry of Health-driven process aimed at supporting healthy Maori families which emanates from He Korowai Oranga. It aims to identify and extend whanau strengths and build them into initiatives throughout the health sector.