

New Zealand Child &
Youth Clinical Networks

Annual Report

2023-24



The Paediatric Society of New Zealand
Te Kāhui Mātai Arotamariki o Aotearoa



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Poipoia te
kākano kia puawai

Nurture the seed
and it will blossom



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Message from the Chair

Kia ora tatou,

This year, 2023/2024, has been both rewarding and challenging in the NZCYCN space.

Starting with the rewards: We have a great team working in and supporting the Clinical Networks. Everyone's contributions and mahi are appreciated, especially amid our challenging work environments, particularly through the busy winter months. Each network has a Project Coordinator, and some oversee two networks. They are crucial to the success of the networks and support our clinical leaders in advancing their work plans. I encourage you to read the detailed reports of the ten current networks.

This year, with Jontel Kiwi Kiwi's support, we refined the Critical Treaty Analysis Tool. Its implementation has helped to identify priority areas and align new initiatives with the PSNZ strategy. Wane Wharerau, our Māori Director, collaborated with Child Protection Network lead Dr Russell Wills to conduct another successful satellite day in Rotorua before the Annual Meeting. This collaboration and co-design ensured a very productive day, demonstrating how the PSNZ strategy has enhanced our mahi and developed our focus on equity.

Another success is the establishment of the Lived Experience Navigators (LENs) Rōpū, which held three hui since January 2024, with a face-to-face meeting held in August. Thanks to Megan Bryant, Chair of the LENs Rōpū, the two main aims are to support the whānau voice in the networks and provide connections for lived experience navigators, establishing tools and frameworks and acknowledging them as content and context experts.

The palliative care network has been actively involved in developing a national model of care for children's palliative care. This significant collaboration exemplifies the networks as a vital source of clinical expertise. We expect such collaborations to become a regular occurrence.

The Governance Group (members listed on [Page](#)

[39](#)) has diversified to be more strategic and now includes broader representation from Starship. The Governance Group, which covers secondary care and specialist services, has a good geographical spread across the motu and is looking to fill the gap in the central-lower North Island. If you are interested in becoming more involved, please don't hesitate to contact one of the team members.

The Networks are supported by the New Zealand Child and Youth Epidemiology Service (NZCYES) at the University of Otago, a multidisciplinary research team backed by the PSNZ and Health NZ Te Whatu Ora. The NZCYES, which analyses data by ethnicity and social deprivation quintiles, helps identify needs among our tamariki and rangatahi. They reinstated their steering group this year with input from PSNZ, focusing on finding their niche to continue as a valuable resource for networks and clinicians.

In August 2023, we held a successful hui to define a future direction for our network and PSNZ mahi. The straw person document was well-received, and decisions were made to strengthen the network.

We also began enhancement work within the networks, demonstrating our commitment and place in the health system. Our ten networks continue to work towards improving health outcomes for those with the highest needs, encompassing Māori, Pacific, and disabled tamariki.

We have recognised the need to establish a General Paediatric Network, a concept previously proposed. Regional leaders agree that establishing models of care will improve consistency across the motu, especially as clinic waiting lists grow alongside those for developmental paediatrics. The recent disestablishment of regional child health groups has created a void that this network aims to fill, benefiting all tamariki.

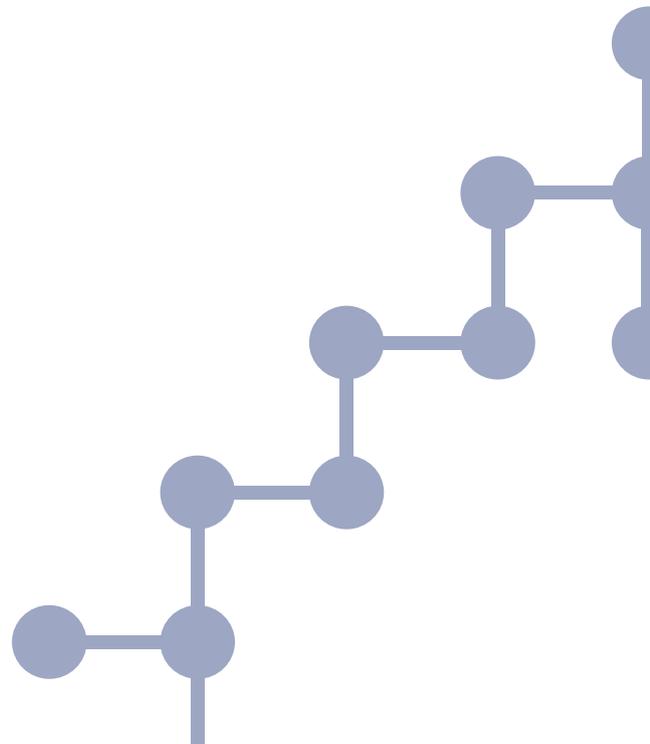
We had hoped that by 2024, a Child Health Network would be incorporated into the Health NZ Te Whatu Ora National Clinical Networks, but this has been delayed until at least 2025.

With our funding extending through June 2025, we are collaborating with relevant Te Whatu Ora and Manatū Hauora representatives to advocate for the continuation of the NZCYCN Networks, aligning with the priorities set by the National Networks to help reduce waiting lists and address equity, including lived experience and whānau voice.

Once again, sincere thanks to all who contribute to the networks and PSNZ activities. Your efforts are truly appreciated.



Nicola Austin
Chair of the Clinical Networks



About New Zealand Child and Youth Clinical Networks (NZCYCN)

Clinical Networks are made up of experienced child health professionals and consumer representatives from across the health sector who work collaboratively to provide leadership, resources and best practice recommendations for child health in Aotearoa.

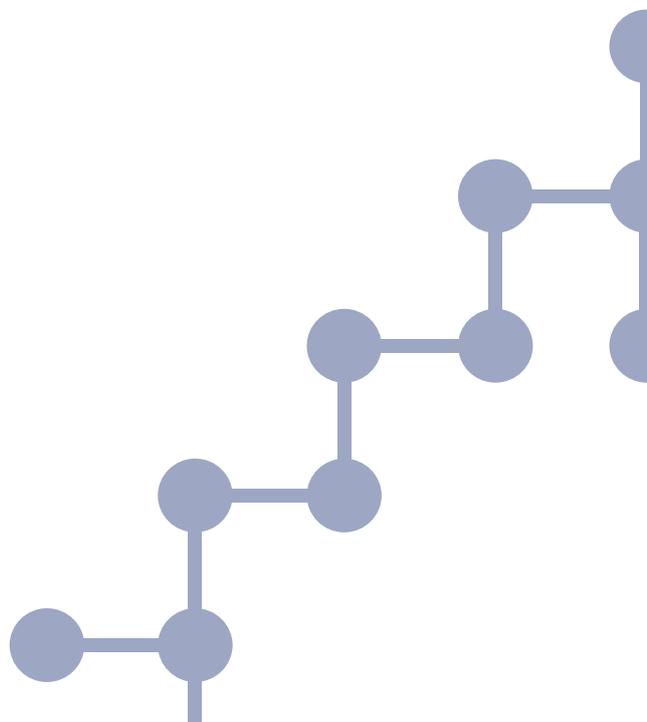
The NZCYCN programme prioritises activities towards achieving equitable access to healthcare and health outcomes for all tamariki and rangatahi.

Clinical networks are guided by the Child and Youth Clinical Network (NZCYCN) Governance Group and PSNZ Executive. Networks align with the 2021-2026 PSNZ Strategy with its main principles of equity, partnerships and connectedness, people/ngā tangata, and improving practice.

Broadly, all networks aim to provide health professionals with the resources to improve practice and to promote the delivery of equitable child and youth health services that improve health outcomes for all tamariki and rangatahi.

Clinical networks work closely with the KidsHealth team and others to develop tools and resources empowering whānau to partner with their healthcare teams in decision-making for their tamariki and rangatahi.

Clinical Networks also provide a national voice to promote service improvements where child health issues and gaps are recognised in health service provision. This can be done through submissions and consultations with the government and other healthcare providers.



Achieving Equity

This year has ushered in many exciting developments in the clinical network space of te Tiriti o Waitangi and equity. Our range of tools to support equity-focused work has grown, as has our maturity and trust in discussing and applying te Tiriti o Waitangi to our work.

Ngā Rauemi Tiriti – Te Tiriti Toolkit

Based on the work of Came, O’Sullivan, Kidd, and McCreanor (2023), the first tāonga in this kete is the Critical Treaty Analysis (CTA) tool, a purpose-built framework that defines and contextualises each article of te Tiriti o Waitangi. The aim of the tool is to create confidence in applying te Tiriti to all areas of work, building a fluency of language and thinking when applying te Tiriti to projects, work programmes, documents, and policies. It is intended to be used in kōrero rather than as a task to complete, and it illuminates areas for further development, specifically in relationships between tangata whenua and tangata tiriti and mindset shifts required in moving towards Māori health equity.

Project Planning Tool

To support clinical networks in developing Tiriti-based projects, we have created a tool that takes the articles of te Tiriti as laid out in the CTA and embeds them within a project planning charter. This has been designed as a roadmap to support project planning from a ground-up approach, being accessible to those who may have little or no prior project experience. The layout of the document guides the team in identifying and prioritising the fundamental components of a

project that aligns with te Tiriti and the Kāhui Mātai Arotamariki o Aotearoa PSNZ strategic plan. Again, this tool welcomes open kōrero and offers opportunities to flip the script on current practice by placing the values of tangata whenua at the core of our work.

The project planning tool has been presented to the project coordinators, and discussions have been held across many of the clinical networks. Early adopters of the tool have provided feedback that has resulted in immediate improvements to the tool, being a living document, and an overwhelming sense that this will drive improvement in Māori health outcomes.

One shining example of this is the *Biliary Atresia* project being conducted by the Gastroenterology Clinical Network. Their partnership with whānau, community leaders, community health providers, and tangata whenua highlights the importance of collaboration on the path to collective impact. This project bridges the expanse felt by whānau and clinicians between hospital specialist services and primary care and will ultimately save the lives of affected Māori pēpi. We encourage you to read the details of their mahi in this report and be inspired.

Learnings

As with any process that hopes to drive change, there have been and will continue to be welcome challenges that ask us to look again from another perspective. We are learning the boundaries of these tools with projects that have no equity component, yet their clinical application does. We are learning to ask different questions and invite partnerships and relationships with those outside our familiar circles. We are learning to prioritise the values of those we serve. It is an absolute privilege to be engaged in innovative mahi with Tiriti partners and champions, and we look forward to the next year of supporting the clinical networks to improve equity for tamariki Māori.

Values

“Hutia te rito o te harakeke; kei hea te korimako e kō?” If you pluck the young shoot of the flax bush, where will the bellbird sing?

Metaphorically, indifferent health treatment of the young in any community has a harmful future impact on that society. As paediatric clinicians, health workers, and associates, the society has acceded to a collective responsibility to protect children’s health generally, but specifically that of tamariki Māori.

Equal treatment is not equitable treatment. Were the statistics for Māori equivalent to mainstream health outcomes, these conversations would be unnecessary. The New Zealand Police use an agreed set of values as performance indicators for all employees. Māori confidence in the police increased once these values were adopted. As an organisation, improving the behaviour and performance of members should not be imposed on practitioners but rather aimed at being a personal goal. Values should be meaningful, have a purpose, and be accepted by society. Furthermore, values are useful as a base in guiding policy, relationships, and standards.

Te Roopu Māori

The PSNZ Roopu Māori meets monthly online. The purpose of this forum is to provide support for individuals or groups within the paediatric community to improve health outcomes for tamariki Māori. For example, Paediatric Doctors Owen Sinclair and Teuila Percival have been in discussions with a trust looking to establish a scholarship for Māori and Pasifika resident doctors. We are recruiting to broaden our thinking and encourage members of PSNZ to join Te Roopu Māori by contacting admin for details.

✉ admin@paediatrics.org.nz

From a governance perspective, we have confidence in the leaders of the society in championing this Māori strategy with courageous foresight. We endeavour to work respectfully with our colleagues to find better health outcomes for our tamariki.

The often-quoted whakatauki above ends with the phrase:

“He aha te mea nui o te ao? He tangata, he tangata, he tangata!” What is the most precious thing in the world? It is people, people, people!”



Wane Wharerau

Ngāpuhi

Māori Director Te Tiriti o Waitangi and Equity



Jontel Kiwi Kiwi

Ngātiwai, Ngā Puhi, Ngāti Hine, Waikato-Tainui

Programme Manager Te Tiriti o Waitangi and Equity



Our Networks

Paediatric Allergy Clinical Network

Clinical Network for Child Protection

Clinical Network for Children and Young People with Diabetes

Child and Youth Eczema Clinical Network - Te Rōpū Kiripai Hapori

Child and Youth Clinical Network for Gastroenterology Services

Paediatric Neurology Clinical Network

Paediatric Neurodevelopment Network

Newborn Clinical Network

Paediatric Sleep Medicine and Respiratory Network

Paediatric Palliative Care Clinical Network

Our Vision

Tamariki in Aotearoa flourish in health and wellness.

Our Impact

- **National reach** to deliver consistent, equitable child health services and outcomes for tamariki and rangatahi
- **KidsHealth information** empowers whānau to support tamariki and rangatahi to flourish in health and wellness
- **Well-engaged and informed child health workforce** across the spectrum of child health service delivery

Our Strategic Priorities

Equity

Improve access to healthcare and outcomes for all tamariki and rangatahi, including Māori, Pasifika, disabled and other populations impacted by structural barriers

Partnerships and Connectiveness

Work with networks across the sector that impact tamariki health and wellness

People; Ngā Tāngata

Promote health workforce development and ensure whānau voice

Improving Practice

Enable national quality improvement in child health

How we achieve change

- **Promote** change to address equity and improve child health outcomes
- **Identify gaps** in service provision and make recommendations nationally
- **Produce and socialise** clinical guidelines nationally
- **Influence** decision-makers to prioritise the health and well-being of tamariki and rangatahi
- **Provide** whānau information for tamariki and rangatahi health and wellness
- **Partner** with organisations and related sectors to improve child health outcomes
- **Monitor data** to inform planning, management and measurement of outcomes

Clinical Network for Child Protection

Russell Wills, Chairs • Stacey Greaney, Project Coordinator

Overview

The Paediatric Society of New Zealand's Child Protection Clinical Network is a multidisciplinary group composed of nurses, social workers, allied health professionals, doctors, managers, and funders, all committed to leading child protection and domestic violence initiatives within Te Whatu Ora. Our network is focused on safeguarding the health and wellbeing of tamariki and rangatahi throughout Aotearoa.

Achievements

This year, the Child Protection Clinical Network was instrumental in supporting Ministries to advance the recommendations made in Dame Karen Poutasi's review following the death of Malakai Subecz. Our workstreams concentrated on key areas, including whether Health should be involved in the Child Protection Protocol, the Gateway Review and its recommendations, the creation of the Te Whatu Ora Child Protection Policy, and the National Care Strategy focused on children in care. We recognise and empathise with our colleagues in the Ministries who have been affected by the shifts in government direction, including changes in roles and job losses. These changes have understandably slowed progress on some of the workstreams. However, our relationships with colleagues at Oranga Tamariki, Manatū Hauora/Ministry of Health, and Te Whatu Ora remain strong and collegial. We are committed to continuing our work together and are optimistic about the progress we can make moving forward.

Members of PSNZ and our network, including Owen Sinclair, Wane Wharerau, and Russell Wills, presented to the Select Committee on the repeal of Section 7AA of the Oranga Tamariki Act, emphasising the benefits of this section for tamariki Māori. While we acknowledged Minister Chhour's concerns regarding reverse uplifts and unsafe whānau placements, we asserted that these issues relate more to practice than to the legislation itself. We also underlined the importance of collaboration between Oranga Tamariki and Te Whatu Ora to achieve better outcomes for children at risk of abuse and neglect.

In November 2023, we held a satellite day in Rotorua, showcasing exemplary practices in working with Māori and Pasifika whānau. The event featured four presentations from Māori and Pasifika experts, followed by a lively panel discussion chaired by Wane Wharerau, Māori Director of the Paediatric Society of New Zealand. The feedback from participants was overwhelmingly positive.

Looking ahead, the 2024 satellite day in Dunedin will be a joint meeting with the Gastroenterology Network, with a focus on *Partnership, Active Protection, Equity, and Options* (WAI 2575) in practice.

Our members also continue to deliver child protection training nationwide, both in-person and online. We are particularly pleased with the ongoing success of the *Power to Protect* programme (shaken baby prevention) in partnership with Māori and Pasifika organisations. Additionally, the *Violence Intervention Programme* online training has received positive evaluations and continues to grow.

Network priorities

For the 2024/25 period, the network will focus on delivering a successful satellite day in Dunedin on 12 November and planning for 2025.

We will continue supporting Ministry colleagues in progressing key child protection workstreams, including the Te Whatu Ora Child Protection Policy, the Gateway Programme Review recommendations, and determining Health's involvement in the Child Protection Protocol (CPP) and the model of care for children in care.

Our network will maintain oversight on behalf of the Paediatric Society of New Zealand for the *Child Protection Health Information Sharing System* (formerly known as the Child Protection Alert System) and the *Violence Intervention Programme*. Additionally, we anticipate the roll-out of the new *Power to Protect* programme, along with the evaluation of pilot programmes for the *Violence Intervention Programme* online training.



Clinical Network for Children and Young People with Diabetes

Jo McClintock, Chair • Kati Wilson, Project Coordinator

Overview

Approximately 2,000 tamariki and their whānau in Aotearoa live with the ongoing burden of diabetes care. Worryingly, the rates of type 2 diabetes are rising among taitamariki, which is a significant concern. Disparities in diabetes outcomes are heavily influenced by ethnicity and socioeconomic status, with Māori, Pasifika, and those in deprived communities at the highest risk of developing both short- and long-term complications. Regional variations in workforce availability, outcomes, and access to gold-standard therapies further exacerbate these disparities.

In Aotearoa, access to new therapies often lags behind other Western health systems. When such therapies do become available, Māori and Pasifika tend not to access them equitably. The New Zealand Clinical Network for Children and Young People with Diabetes is focused on improving health outcomes for these groups, providing clinical leadership and oversight to ensure consistent and planned diabetes services for tamariki across Aotearoa. Our goal is to improve the care of tamariki with diabetes and support their whānau by building clinical networks and developing valuable resources.

Achievements

Over the past year, the Clinical Network has made several significant advancements, particularly in resource development and advocacy:

- Created new KidsHealth documents, including *Financial Help When Your Child Has Diabetes* and *Type 2 Diabetes in Children: An Overview*.
- Developed a letter for whānau to provide to schools to support the use of cellphones as medical devices.
- Produced a “pump failure” document to guide whānau when an insulin pump stops working.
- Created a printable logbook for tracking glucose levels alongside general diabetes advice.
- **Developed the 2024 Diabetes in Schools action and management plans for whānau.**
- **Developed 2024 school camp care plans and checklists for whānau.**
- Worked on resources for Young Adult Services as part of the Consensus Statement of Transition.
- Contributed to a media release for the *Ka Ora, Ka Ako | Healthy School Lunches Programme*.
- Established a research endorsement process.
- Contributed to the Ministry of Health National Diabetes Action Plan.
- Participated in the PHARMAC Reference Group on insulin pumps and Continuous Glucose Monitors (CGM).
- Responded to the PHARMAC CGM and Insulin Pump Consultation document.
- Finalised the peri-procedure guideline using a co-design and whānau-informed approach.

Network priorities

People: Nga Taāngata

We are focused on developing national tools and mechanisms to equip and support whānau in actively participating in their healthcare. By promoting health workforce development, we aim to empower professionals to deliver culturally safe, evidence-based care. Key initiatives include:

- Updating Diabetes KidsHealth documents.
- Reviewing and updating school action and management plans, including a new plan for type 2 diabetes.
- Contributing to a media release on the *Ka Ora, Ka Ako | Healthy School Lunches* programme.
- Developing a Diabetic Ketoacidosis (DKA) guideline based on co-design principles.
- Collaborating on the Australia New Zealand Society for Paediatric Endocrinology and Diabetes Type 2 Guideline.
- Responding to the PHARMAC consultation on CGMs and insulin pumps.

Partnerships and Connectedness

Our role as the expert advisory group for taitamariki diabetes in Aotearoa is strengthened through active partnerships and leadership across the health sector. Achievements include:

- Building and maintaining strong relationships with diabetes organisations.

- Collaborating with the Diabetes New Zealand Youth Forum.
- Providing quarterly updates to key stakeholders.
- Sharing network progress snapshots with relevant connections.
- Participating in the New Zealand Society for the Study of Diabetes Annual Scientific Meeting.

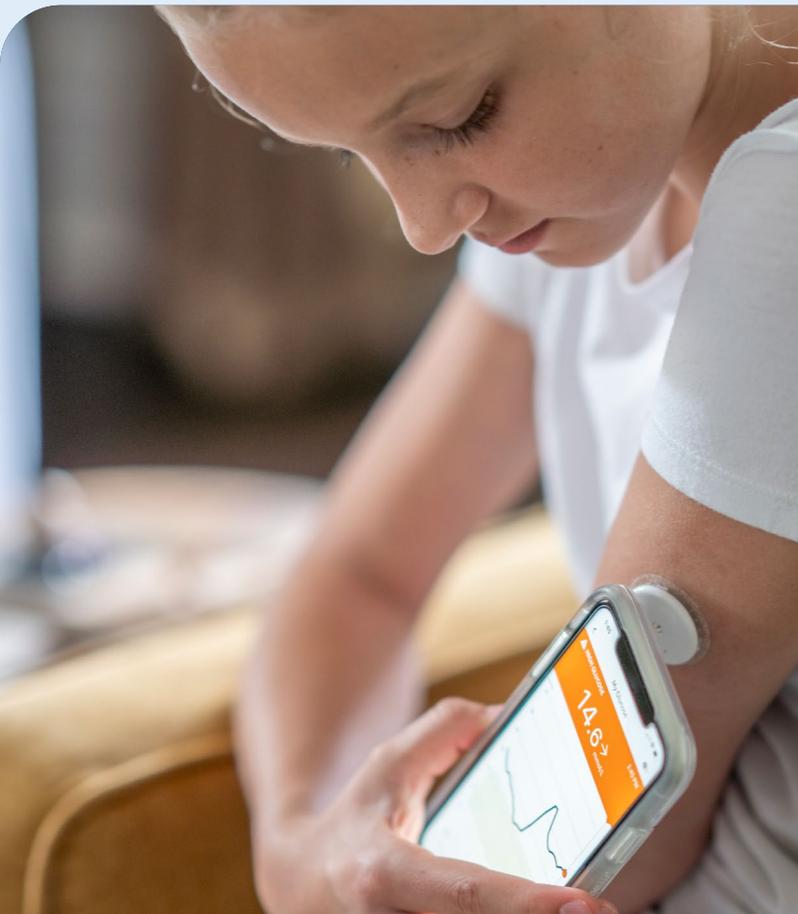
Improving Practice

Our efforts to enhance equity in healthcare for tamariki and rangatahi focus on quality improvement initiatives. We prioritise communities disproportionately affected by diabetes, including Māori, Pasifika, and disabled populations. Current projects include:

- Developing new resources tailored to Aotearoa for managing type 2 diabetes.
- Implementing quality improvement activities to ensure better healthcare access.

Sustainability

To ensure the long-term success of the clinical network, we are embedding sustainable practices and actively recruiting new members. Our recruitment efforts are focused on ensuring that the voices of Māori, Pasifika, and whānau are well-represented on the Reference Group, enabling us to maintain diverse perspectives in our work.



Additional information

The recent funding approval for Continuous Glucose Monitors (CGMs) by PHARMAC is a transformative moment for tamariki and whānau living with type 1 diabetes in Aotearoa. This long-awaited decision, effective from 1 October 2024, is expected to significantly improve diabetes management and quality of life for thousands. The availability of CGMs, combined with insulin pumps, offers a new level of care through automated insulin delivery systems, which can reduce the burden of managing diabetes manually and lower the risk of complications.

This achievement is the result of extensive advocacy from the diabetes community, including many of our network members, who worked tirelessly to ensure that equitable access to these life-changing technologies becomes a reality. Moving forward, our network will remain actively engaged to support the successful roll-out of these devices, ensuring that inequities in diabetes care are addressed and that all tamariki have access to the highest standard of care.

Child and Youth Eczema Clinical Network - Te Rōpū Kiripai Hapori

Angela Craig, Chair • Rosalie Hornung, Project Coordinator

Overview

Eczema affects approximately 15-25% of tamariki, depending on their age, across Aotearoa. Although it is a very common condition, it is poorly understood and managed by health professionals and whānau alike throughout the motu.

Te Rōpū Kiripai Hapori is the Child and Youth Clinical Network for Eczema. Our clinical reference group for this network is made up of a small number of passionate health professionals from primary care, community, secondary and tertiary paediatrics. We are keen to spread the word about managing and treating eczema effectively. There are lots of great resources on our network page, in particular.

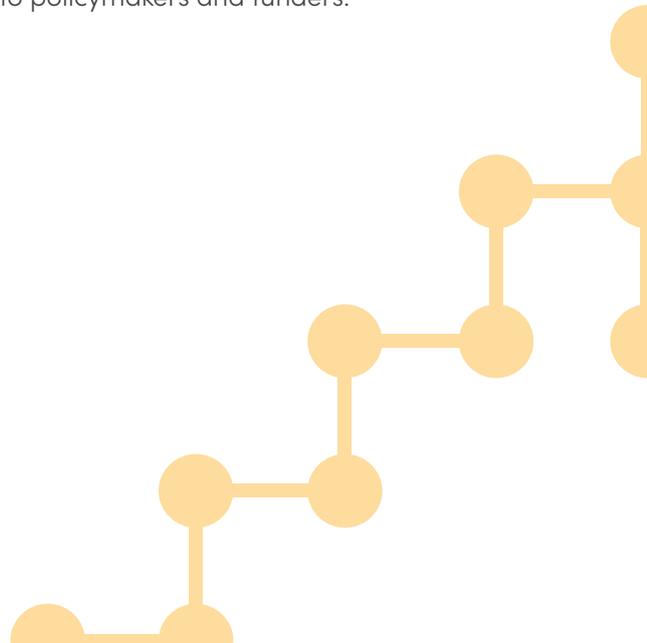
Achievements

The last twelve months have been particularly busy for our national network members, with numerous initiatives aimed at educating the broader eczema workforce.

Key highlights include translating our **eczema action plan** into Samoan - providing vital resources for Pasifika families. In addition, we published an article in *NZ Doctor*, offering tips and resources for GPs to streamline eczema consultations. Plunket and Tamariki Ora have also benefited from our contributions, with an 'Eczema 101' presentation now available on their learning platform and an updated whānau information page.

On a national advocacy level, network members participated in a roundtable discussion in Wellington, addressing ways to enhance eczema care for both adults and children. The discussion included politicians, PHARMAC, patient support groups, and clinicians.

Our research efforts include involvement in the AHEAD study, which explores the prevalence of childhood eczema in Aotearoa and its related hospitalisation rates. The outcomes of this study will significantly aid in demonstrating the considerable impact eczema has on the lives of tamariki and whānau across the country. While clinicians encounter these challenges daily, the scientific data will offer crucial evidence to present to policymakers and funders.



Network priorities

Education

Our network's biggest concern is the equity of access to knowledge, resources, and appropriate treatment for eczema. Despite being a chronic condition, most childhood eczema is mild and can be easily managed with simple education, prescribed creams, and whānau support. Unfortunately, this basic education and support is often lacking, leading to thousands of children and their families suffering unnecessarily from abnormal skin, poor quality of life, and significant sleep disturbance.

Primary Care Support

Primary care providers are some of the most time-pressed health professionals, often seeing children with eczema only during acute flares in short appointments without routine follow-up. On the other hand, we know that nurse-led clinics can successfully manage these children, resulting in more empowered whānau and better long-term outcomes. However, current funding models do not prioritise these services in primary care settings.

Reducing Health Disparities

Recent population research reveals high rates of eczema among our youngest and most vulnerable tamariki, particularly in Pasifika and low socioeconomic groups, which are the very communities that face the greatest barriers to accessing healthcare. Hospitalisation rates for eczema also highlight significant ethnic and socioeconomic disparities, with most admissions being almost entirely preventable with appropriate primary and secondary care. This further underscores the need to prioritise eczema care and how it is funded in our healthcare system.



Child and Youth Clinical Network for Gastroenterology Services

Cate Fraser-Irwin, Chair • Amy Andrews, Project Coordinator

Overview

The Gastroenterology Services Clinical Network operates with dedicated members from various disciplines across several regions in Aotearoa.

The network's primary goals are to:

- Improve health outcomes and reduce inequity for tamariki, rangatahi, and their whānau affected by gastrointestinal conditions.
- Address postcode-driven inequities in access to specialist multidisciplinary care.
- Strengthen and educate the health workforce to provide subspecialist care at the local level.
- Develop whānau-centred clinical guidelines, pathways, and resources in partnership with key cross-sector stakeholders.
- Advocate for the needs of tamariki, rangatahi, and their whānau within the healthcare system and across relevant government organisations.

Achievements

In the past year, the Clinical Network has made significant strides in its mission to reduce inequities and improve care for tamariki and rangatahi:

Pilot of Critical Treaty Analysis Tool and Neonatal Liver Disease Project

The network has piloted the NZCYCN Critical Treaty Analysis tool and secured funding for the *Early Identification of Neonatal Liver Disease project*. Phase 1 is underway, engaging with Māori communities disproportionately affected by biliary atresia.

The first wānanga, held at Huria Marae in Tauranga, gathered around 45 participants, including whānau affected by biliary atresia, local iwi, and health professionals. A consensus emerged to focus on early identification through the "Beware Pale" symptom, utilising two key strategies:

- Screening using a New Zealand-modified stool colour card to detect pale stools.
- Educating healthcare professionals at all levels about this critical symptom.

Paracetamol Toxicity Review

In partnership with the NZ Epidemiology Service, the network reviewed data on paracetamol toxicity, finding that Māori, Pacific tamariki, and children under five years are over-represented. In response, the network will collaborate with Safekids Aotearoa for their 2025 Poisons Campaign to raise awareness about correct paracetamol dosing.

Guideline for Metabolic Dysfunction -Associated Steatotic Liver Disease (MASLD)

A new guideline has been developed to help identify clinically significant MASLD and provide a framework for investigating alternative diagnoses in overweight or obese tamariki and rangatahi with abnormal liver transaminases.

Coeliac Disease Pathway Research

The network gathered consumer feedback from whānau of tamariki with coeliac disease to evaluate Starship Child Health's non-biopsy diagnostic approach and the Te Whatu Ora Northern Region Coeliac Disease Pathways. The feedback highlighted areas for improvement, and the network is committed to addressing these issues to enhance consumer confidence and experience. The network remains engaged with Coeliac New Zealand to advocate for a national rollout of Coeliac Disease pathways to reduce postcode inequities.

Additional information

As part of the *Early Identification of Neonatal Liver Disease* project, the first Wānanga, held at Huria Marae in Tauranga in partnership with Te Manu Toroa Trust, led to an offer and agreement from Māori iwi to embed and pilot the proposed strategies within their community.



Network priorities

Our network priorities align with our work plan and the Paediatric Society of New Zealand's strategy. We will continue to refine and incorporate Te Tiriti o Waitangi principles with expert guidance. The core priorities for the upcoming year include:

Early Identification and Management of Liver Disease

Improving outcomes for vulnerable pēpi and tamariki by engaging communities, co-designing strategies, and advocating for meaningful approaches to address inequity in liver disease care.

National Clinical Pathways for Coeliac Disease

Establishing nationally accepted pathways for diagnosing and managing coeliac disease, with input from consumers and consideration of their lived experiences.

Inflammatory Bowel Disease (IBD) Management

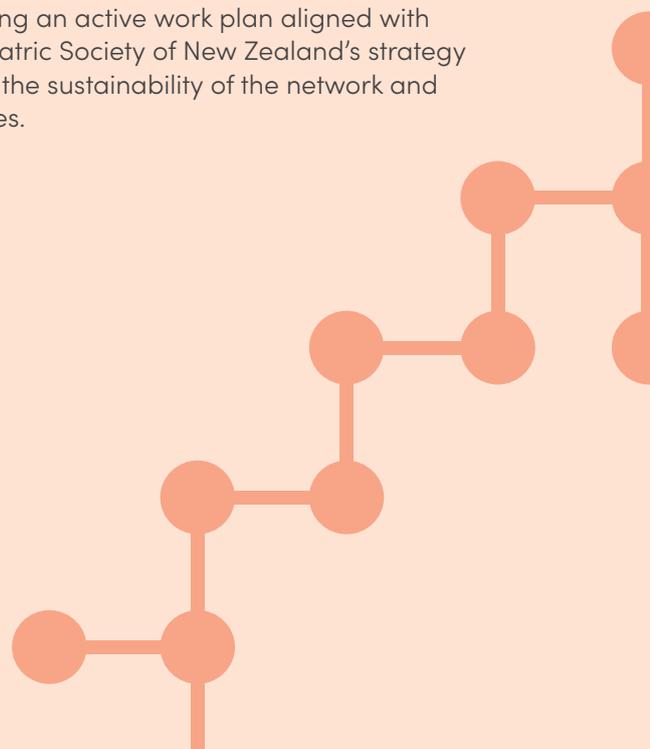
Enhancing the care of tamariki and rangatahi with IBD through advocacy and workforce development.

Whānau-Centred Education

Developing tamariki and whānau-centred educational materials on innovative platforms in collaboration with key stakeholders, including other clinical networks. The goal is to ensure equitable access to resources across Aotearoa.

Sustainability of the Clinical Network

Maintaining an active work plan aligned with the Paediatric Society of New Zealand's strategy to ensure the sustainability of the network and its activities.



Paediatric Neurology Clinical Network

Lynette Sadleir, Chair • Rebecca Berry, Project Coordinator

Overview

The New Zealand Paediatric Neurology Clinical Network is a national multidisciplinary network dedicated to improving the diagnosis, management, and outcomes of children with neurological disorders. These disorders encompass conditions affecting the brain, spinal cord, nerves, muscles, and the autonomic nervous system. The network includes clinicians involved in the care of infants, children, and young people with neurological conditions and aims to ensure consistent, equitable, and high-quality care across New Zealand's health services. Our goal is to achieve the best possible outcomes and quality of life for tamariki and their whānau.

Achievements

This year saw several important milestones:

Clinical Reference Group (CRG) Formation

A new Clinical Reference Group was established with six members and a new chair, Professor Lynette Sadleir. The CRG has agreed on an informal strategy document, and a Terms of Reference (ToR) has been published.

KidsHealth Resources

The network developed a new section on emergency seizure management, including printable flow charts and management plans for whānau. Eleven pages on seizures/epilepsy and two pages on headaches/migraines were updated, alongside an audit of all paediatric neurology content to identify priority areas for new information. Updates were also made to the Muscular Dystrophy section on Healthify.

Clinical Guidelines and Pathways

- Development of a guideline for clinical genetic testing for epilepsy is underway.
- The National Health Pathways for paediatric headaches have been completed.

- An audit identified epilepsy/seizure guidelines that need updating, with plans for edits and alignment next year.
- A paediatric neurology Health Pathways audit was conducted to identify gaps.
- The Starship Guidelines for Childhood Stroke, used nationally, were updated.
- Contributions were made to Recommendations for Newborn Screening in Spinal Muscular Atrophy across Australia and New Zealand.

Clinician Professional Development

- Delivered PET 1 (two courses), PET 2, and PET 3 in October 2023 and March 2024.
- Initiated efforts to secure funding for PET courses for Resident Medical Officers (RMOs) through employment contracts.
- The Australian and New Zealand Child Neurology Meeting, organised by the network, was held in Queenstown and was well-attended by New Zealand paediatricians.

Pharmaceutical

The New Zealand Child Formulary for antiseizure medications was revised to standardise laboratory testing for adverse events and therapeutic monitoring.

Research

Dr Ngaire Keenan completed a PhD on epilepsy in Māori tamariki, a project initiated by the network in 2017 due to identified needs. Inequities were revealed, and Dr Keenan presented the findings at multiple paediatric meetings this year.

Network priorities

Looking ahead, the Clinical Reference Group is developing a new work priority list. A nationwide survey will be disseminated to all clinicians involved in diagnosing and managing children with neurological disorders, including paediatric neurologists, paediatricians, nurses, neurophysiologists, allied health professionals, community health providers, and NGOs.

The survey aims to identify gaps, prioritise projects, and find individuals available to contribute to these initiatives. Once activities and projects are prioritised, each initiative will concentrate on identifying nationwide inequities in care and developing strategies to address and eliminate them.

One key focus is addressing gaps in national connectivity between health professional groups, which has resulted in inconsistency and inequity of care. The network is planning to improve links between health professionals nationwide, within specific disciplines (e.g., paediatric neurology nurses and paediatric neurologists) and among multidisciplinary teams working within particular disorders (e.g., neuromuscular, epilepsy). The ultimate goal is to ensure that children with neurological disorders receive consistent and equitable care, regardless of where they live.



Paediatric Neurodevelopment Clinical Network

Colette Muir & Denise Janes, Chairs • Kati Wilson, Project Coordinator

Overview

The Neurodevelopment Clinical Network aims to enhance outcomes for children and youth with various physical, sensory, intellectual, and neurodevelopmental divergences. This network is a merger of the Child Development and Cerebral Palsy Networks, allowing for a comprehensive work programme and annual plans that align with the Enabling Good Lives Principles and evidence-based practices.

The network serves as a collaborative platform for professionals passionate about neurodevelopmental issues, focusing on reducing structural barriers within the healthcare system to improve access for whānau with tamariki and rangatahi who have diverse physical, sensory, intellectual, and neurodevelopmental differences.

Current projects include:

- Lunch and Learn sessions
- Down Syndrome Guidelines
- Neonatal Allied Health Survey
- Early Diagnosis (Cerebral Palsy)
- Transition Workstream (Cerebral Palsy)

Achievements

Lunch and Learn

Monthly presentations and knowledge-sharing sessions are well-established, providing free, evidence-based learning opportunities. These sessions are highly popular, particularly among allied health professionals, with 350 people subscribed to the mailing list nationwide.

Down Syndrome Guidance

Guidelines for working with tamariki and rangatahi with Down Syndrome in primary care were completed, including quick-reference cards for GPs and nurses. This guidance was published in *NZ Doctor* in November 2023.

Reference Group

The network established a reference group with broad representation from professionals across the country.

Neurodevelopment Breakfast Meeting

A breakfast meeting was held in conjunction with the annual Paediatric Society of New Zealand conference.

Cerebral Palsy Transition Guidance

The Cerebral Palsy workstream developed guidance for professionals assisting clients transitioning to adult services. **This guidance is now available on the Starship website.**

Additional information

The Neurodevelopment Clinical Network encompasses a wide range of diagnoses and conditions. Tamariki and rangatahi with neurodevelopmental challenges often require coordinated support and services from multiple government agencies, including education, health, and disability sectors.

While there are ongoing resourcing challenges, we acknowledge the significant efforts already made to support tamariki and their whānau. Continued collaboration and investment will further enhance service coordination, help upskill professionals across all sectors, and provide better resources for tamariki, whānau, and professionals throughout Aotearoa. These improvements will ensure that families receive the comprehensive and consistent support they need.

Network priorities

The network's priorities for the coming year include:

- Continuing to provide the Lunch and Learn sessions and exploring ways to sustain them with minimal network support.
- Completing and publishing the Down Syndrome Clinical Guidance for healthcare professionals in stages.
- Ongoing collaboration with KidsHealth to review and develop a priority list of guidance for whānau.
- Providing further guidance for healthcare professionals working with children at risk of or diagnosed with cerebral palsy.
- Establishing a working relationship with Whaikaha.
- Supporting neurodevelopmental work in the Northern region.



Newborn Clinical Network

Malcolm Battin, Chair • Claire Annan, Project Coordinator

Overview

The Newborn Clinical Network is a national multidisciplinary group that supports clinicians across primary, secondary, and tertiary services in delivering high-quality, cost-effective, and integrated newborn treatment programmes for babies and their whānau. The New Zealand Child & Youth Newborn Clinical Network aims to provide clinical leadership in developing and maintaining a sustainable nationwide clinical service for newborns, delivered as close to home as possible.

This is achieved through a multi-prong approach, including the appointment of a national, multidisciplinary Clinical Reference Group (CRG) supported by medical, nursing, and allied health professionals. The CRG fosters collaboration across neonatal units, disseminating information, discussing treatment advances, and implementing national guidelines.

Additionally, the CRG provides service and treatment advice to the Paediatric Society of New Zealand | Te Kāhu Mātai Arotamariki o Aotearoa (PSNZ), the NZCYCN Programme's Advisory Group, and the Ministry of Health.

Achievements

The CRG has been actively involved in creating new documents, reviewing existing ones, and contributing to external guidelines through participation in working groups, providing feedback, and offering advice on draft documents from external bodies.

Key highlights include:

Te Whakapuāwai Pēpi o Aotearoa

The development of newborn transitional care resources for health professionals, now available on the [Starship website](#).

Oxygen Therapy for Newborns

The Practice Recommendation for Oxygen Therapy for newborns in neonatal units has been reviewed and updated by an interdisciplinary working group.

Subgaleal Haemorrhage Practice

This recommendation has been updated to include changes from the Paediatric Massive Haemorrhage pathway.

Australasian Health Facility Guidelines

Newborn CRG members have been appointed to represent Health New Zealand | Te Whatu Ora on the working group reviewing guidelines that assist project teams in the planning and construction of neonatal care units in Australia and New Zealand.

Maternity National Clinical Network

A CRG member has been appointed to represent the interests of the newborn network in the newly formed Maternity National Clinical Network.

Education and Training

Ongoing activities include the coordination of evidence-based Practice for Improving Quality (EPIQ) courses, with workshops held in Auckland and Wellington last December.

Network priorities

The network's priorities for the coming year include:

Equity and Te Tiriti

Ensuring that the Newborn CRG's Terms of Reference follow the PSNZ equity plan, with Te Tiriti and equity as central pillars.

Whānau Information

Developing more content for the newborn section on the KidsHealth website to ensure up-to-date, easy-to-understand information is available for whānau.

Benchmarking Neonatal Units

Benchmarking neonatal units across New Zealand using ANZNN data.

Family-Integrated Care (FiCare)

Producing an endorsement document advocating for the implementation of FiCare in neonatal care nationwide.

National Cot Status Review

Preparing a framework paper for Health New Zealand | Te Whatu Ora, outlining key considerations for neonatal care, including transitional care requirements.

Practice Recommendations Review

Reviewing the top three practice recommendations: neonatal care at 23-24 weeks gestation, skin care of neonates less than 28 weeks gestation, and the New Zealand Consensus Statement on the care of mother and baby(ies) at periviable gestations. The latter will be informed by data from the National Mortality Review Committee and ANZNN.



Paediatric Respiratory & Sleep Clinical Network

Cass Byrnes & David McNamara, Chairs • Ranui Maxwell, Project Coordinator

Overview

The Respiratory and Sleep Clinical Network, newly formed through the merger of the Sleep Medicine Clinical Network and the Cystic Fibrosis Clinical Network, is a multidisciplinary team comprising clinicians and researchers. The network is co-chaired by Dr David McNamara and Dr Cass Brynes. Its clinical focus includes data collection and advocacy for better resource allocation, along with diagnostic investigation and treatment of sleep and respiratory disorders in tamariki and rangatahi. By promoting improvements through collective participation and engagement, the network aims to address health disparities influenced by ethnicity, poverty, and systemic racism, thereby improving conditions related to sleep and respiratory health.

Our research focuses on collecting data and documenting the prevalence of disorders in Aotearoa, including:

- Asthma
- Chronic cough
- Bronchiectasis
- Cystic fibrosis
- Childhood Interstitial Lung Disease
- Obstructive Sleep Apnoea (OSA)
- Hyperventilation requiring respiratory support
- Disorders of excess sleepiness, such as narcolepsy
- Behavioural sleep disorders, such as sleep onset insomnia and sleep phase delay

Achievements

The integration of the two networks followed clinical advisement and has initiated a consolidation of ongoing work from the predecessor networks. Terms of Reference (TOR) and work plan priorities have been established, and working groups formed to progress these initiatives. The network recognises ongoing challenges in the clinical services available for tamariki and rangatahi with sleep disorders and respiratory diseases. These challenges are highlighted by significant gaps in research data on the prevalence of these conditions. We are committed to addressing these issues through enhanced data collection and continuous improvement in our service delivery, aiming to bridge these gaps.

A key achievement this year has been the implementation of the Respiratory and Sleep Stocktake Survey across the network, aimed at assessing the current status and staffing levels of services nationwide to bolster advocacy efforts. Additionally, work has commenced on developing standardised national referral pathways, including a hub-and-spoke model integrating regional tertiary centres with a single national quaternary centre.

Network priorities

Addressing Respiratory Disease

Tamariki in Aotearoa experience higher rates and burdens of respiratory diseases compared to peers in similar countries, with marked inequities among Māori and Pasifika children who suffer disproportionately from conditions like asthma, bronchiolitis, pneumonia, and bronchiectasis.

Resource Allocation

Paediatric respiratory care is under-resourced in Aotearoa. There is a shortage of specialists, nurses, physiotherapists, and physiologists, leading to inadequate access to necessary investigations and treatments, such as lung function testing and acute physiotherapy, even during emergency hospital admissions.

Enhancing Sleep Medicine Services

Paediatric sleep medicine services are unable to meet clinical demands, resulting in lengthy wait lists for assessments and diagnoses. Despite advances in treatments like CPAP and BiPAP for sleep-disordered breathing, access remains limited, particularly outside major urban centres, exacerbating geographic and ethnic disparities.

Surgical Interventions

The network is also focused on reducing barriers to timely ENT surgery for children with obstructive sleep apnoea due to adenoidal and/or tonsillar hypertrophy.

Service Development

Efforts are underway to develop a nationally connected paediatric sleep medicine service with tertiary sites in Christchurch, Wellington, and Auckland and a national centre in Auckland for patients requiring long-term life-support ventilation. Enhancing access to care and providing training are among the top priorities.

Additional information

The reference group comprises seven members, including two chairs, and represents a wide range of services from rural, regional, and tertiary levels, as well as various professional groups, including cultural advisors, physiotherapists, nurses, general and specialist paediatricians from the Paediatric Society.



The Paediatric Palliative Care Network

Amanda Evans, Chair • Jo Truscott, Project Coordinator

Overview

The Paediatric Palliative Care (PPC) Network has a vision that all pēpi, tamariki, rangatahi and whānau in Aotearoa have access to palliative care that meets their needs.

Several members of the PPC Network have been actively involved in a joint project with Te Whatu Ora | Health New Zealand Model of Care for Paediatrics Working Group. This working group produced a comprehensive report with recommendations aimed at improving access to paediatric palliative care across Aotearoa.

The working group, co-chaired by Dr Amanda Evans (Chair of the PPC Clinical Network) and Dr Nicole Coupe from Kirikiriroa Family Services Trust, brought together a diverse group of professionals, including specialists and individuals with lived experience. Through broad stakeholder consultation and active feedback, the group identified existing gaps in care and provided essential recommendations for improvement.

Further updates on the outcome of the report will be shared later.

Achievements

The Paediatric Palliative Care Clinical Network has accomplished several key achievements this year:

Partnership with My Health Hub

In collaboration with My Health Hub, an online platform, we have ensured accessible education for healthcare professionals across New Zealand. This partnership has enhanced our ability to reach a broad audience, particularly through regular online education sessions. These sessions provide easy access to both national and international knowledge, benefiting those interested in paediatric palliative care. **[Check out the PPC Network's My Health Hub.](#)**

Trans-Tasman Collaboration with Palliative Care Australia

We have partnered with Palliative Care Australia to gain access to and update Paediatric Palliative Care Guidelines. This collaboration ensures the guidelines are reviewed according to the latest evidence, with greater access to international peer review.

A member of our network now represents New Zealand on their Guideline Working Group, and other members will contribute to ongoing peer reviews.

These collaborations are pivotal in supporting the professional development of healthcare providers and maintaining updated, evidence-based practices in paediatric palliative care.

Network priorities

Our partnerships with Te Whatu Ora, My Health Hub, and Palliative Care Australia have played a crucial role in helping us meet our network priorities. Over the coming year, we will continue to focus on the following priorities:

Equity of Access

Ensuring that paediatric palliative care is accessible to all children in need, regardless of where they live. We will continue to support the implementation of recommendations to ensure diverse populations receive the care they deserve.

Equity for Māori

Addressing the disparities faced by Māori tamariki with palliative care needs is a core focus. This includes researching gaps in care, collaborating with Māori communities to find solutions, increasing the Māori workforce in health services, and working closely with Hauora Māori Services to better meet the needs of Māori tamariki.

Raising Awareness

Increasing knowledge and understanding of paediatric palliative care remains a key priority. This will be achieved through ongoing education, newsletters, and networking opportunities for professionals in the field, helping to build a more informed and connected community around paediatric palliative care.

Elevating the Voice of the Child

This workstream ensures that children's perspectives are central to the development and delivery of care. It involves creating a youth advisory group to give tamariki a platform to share their experiences and contribute to shaping the future of paediatric palliative care.



Paediatric Allergy Clinical Network

Vacant, Chair • Rosalie Hornung, Project Coordinator

Overview

The Allergy Clinical Network has concentrated on enhancing information-sharing at the primary care level throughout 2023/2024. In collaboration with Plunket, the network hosted a series of educational sessions broadcast on Facebook Live. These sessions, aimed at Plunket and Tamariki Ora providers, were well-received and continue to be available online for ongoing access and broader dissemination.

Further, these educational resources are also accessible on the KidsHealth and Starship websites, providing sustained support to healthcare professionals and whānau.

A thorough review of existing online allergy resources was completed, setting a robust foundation for future initiatives.

Currently, the Allergy Clinical Network is navigating a period of transition following the resignation of the Co-Chairs. Following discussions with the Allergy Special Interest Group, it has been decided to temporarily pause the activities of the Network. However, members of the Special Interest Group remain active, continuing to support one another and lead educational forums for a national multidisciplinary audience.

Plans to reactivate the Allergy Clinical Network will be reconsidered at a later time to decide the most effective approach moving forward. In the interim, we wish to recognise and thank the Co-Chairs and network members for their substantial contributions, which have established a critical groundwork for future advancements.



Collaboration with the New Zealand Child and Youth Epidemiology Service

Te Kāhui Mātai Arotamariki o Aotearoa | The Paediatric Society of New Zealand (PSNZ) has continued its close partnership with the New Zealand Child and Youth Epidemiology Service (NZCYES), ensuring that comprehensive and timely data informs child health policy and service planning across Aotearoa.

Key highlights of collaboration in 2023/2024 include:

Support for Clinical Networks

NZCYES has actively supported the PSNZ Clinical Networks by providing critical data and analysis. Notable collaborations include studies on diabetic ketoacidosis, respiratory illness, and palliative care, which have informed future health planning and service design across these fields. This vital information strengthens PSNZ's ability to advocate for improved child health outcomes nationally.

Strategic Adaptation

A key focus this year has been on ensuring NZCYES data and reporting remain responsive to the needs of Te Whatu Ora health planners. This included the formation of two working groups (comprising members of PSNZ, NZCYES and clinical advisors to Te Whatu Ora) to explore deeper data insights and broader social determinants of health. In response to regional feedback, there has been a growing emphasis on the need for further focus on maternal and perinatal health through the "Starting Well" initiative. values of tangata whenua at the core of our work.

Equity Lens

NZCYES remains focused on reporting child health disparities, emphasising equitable health outcomes for tamariki and rangatahi. Their annual national report, with data on oral health, mental health, rheumatological disorders, and intentional and unintentional injury, highlights areas requiring attention to address inequities. This data supports PSNZ's advocacy for improving services and more inclusive health policies.

PSNZ values the ongoing contributions of NZCYES and the commitment to delivering evidence-based insights that shape the future of child and youth health in New Zealand.

KidsHealth

KidsHealth is a joint initiative between The Paediatric Society of New Zealand - Te Kāhui Mātai Arotamariki o Aotearoa and Starship Foundation.

Supported & funded by Te Whatu Ora - Health New Zealand.

KidsHealth continues to provide high-quality, evidence-based, accessible, multi-format content about the health of tamariki and rangatahi for parents and whānau. KidsHealth has approximately 2.2 million views per year, including around 1 million in Aotearoa, New Zealand.

KidsHealth uses multiformat content and clear language to communicate messaging, reduce health literacy demands faced by parents and whānau, and enhance user engagement.

Clinical governance

KidsHealth has very well-established relationships with child health experts throughout Aotearoa who support the KidsHealth content development and review process. This ensures the content is accurate, reliable and current.

Collaborations

KidsHealth collaborates with other national online health information providers to provide consistent content and messaging for parents and whānau about child health in Aotearoa.

National Health Content Hub

Since 2021, three founding partners (KidsHealth, Health Navigator Charitable Trust, Healthinfo Waitaha/Canterbury) have collaborated to share New Zealand-focused, consistent, safe, high-quality health and hauora content.

Via the National Health Content Hub, KidsHealth content is currently shared with Healthify and HealthInfo.

Health Information and Services website (info.health.nz), Te Whatu Ora

The Te Whatu Ora website (info.health.nz) provides consumer-facing content about public health. Their content strategy is to link to KidsHealth for detailed child health content rather than creating this themselves. A link to KidsHealth has been added to the [Childhood Illnesses Section of info.health.nz](#)

The screenshot shows the top navigation bar of the Health New Zealand website. It includes the logo for Health New Zealand (Te Whatu Ora) and Health Information and Services. There are links for Languages, a search bar, and a button to Log in to My Health Record. Below the navigation bar is a menu with categories: Conditions & treatments, Immunisations, Keeping well, Pregnancy & children, Mental health, Locations, and Services. The main content area is titled 'Childhood illnesses' and includes a sub-header 'Home / Pregnancy and children / Childhood illnesses'. The text below the sub-header reads: 'There are some common illnesses that affect tamariki (children). Find out about symptoms, self care, when to get help, and when your tamaiti (child) should stay at home.'

New topics and resources

KidsHealth develops high-quality, multi-format new content and continuously reviews and enhances existing content.

Respiratory animations in English, te reo Māori, Samoan and Tongan

KidsHealth is developing a series of 8 short respiratory animations that focus on recognising a condition and knowing when to seek help. The animations will be available with voiceovers, transcripts and captions in English, te reo Māori, Samoan and Tongan.



Bronchiolitis

 Te reo Māori  Samoan  Tongan



Croup

 Te reo Māori  Samoan  Tongan



Pneumonia

 Te reo Māori  Samoan  Tongan



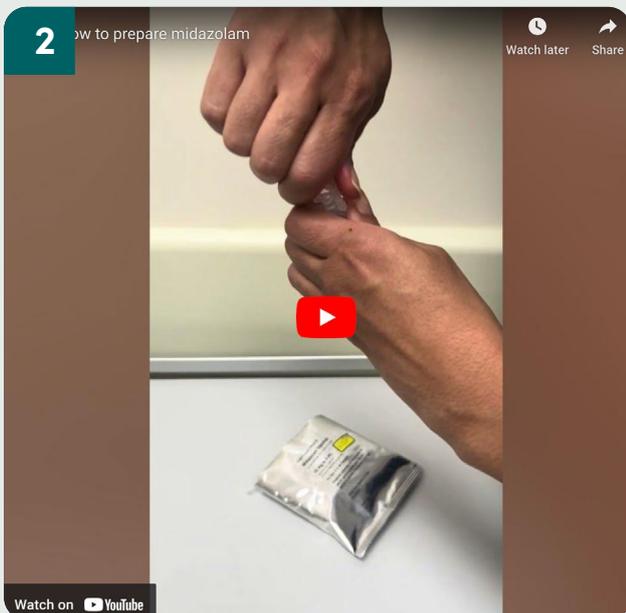
Colds

Emergency epileptic seizure medicine content

KidsHealth in collaboration with the Neurology Clinical Network developed new multiformat resources to support whānau in giving emergency epileptic seizure medicine to tamariki. These pages incorporate text, illustrations and videos.

New Pages

- [Emergency Epileptic Seizure Medicine](#)
- [Emergency Plan For Seizure First Aid](#)
- [Midazolam - Emergency Epileptic Seizure Medicine](#)
- [Diazepam - Emergency Epileptic Seizure Medicine](#)



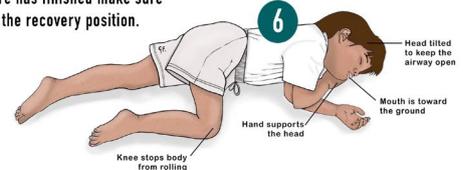
New Seizure Plan Resources

(available as flow charts and as text instructions)

- [Emergency Plan For Giving Buccal Midazolam](#)
- [Emergency Plan For Giving Intranasal](#)
- [Emergency Plan For Giving Rectal](#)

3 WHAT TO DO IF YOUR CHILD IS HAVING A SEIZURE

- 1 Stay calm and reassure your child.
- 2 Make sure your child is in a safe place. If not, lay them down on the floor, or move furniture or sharp objects.
- 3 Start timing the seizure. Video the seizure if you can.
- 4 Stay with your child during the seizure. Tell them quietly you are right beside them.
- 5 If the seizure lasts more than 5 minutes call an ambulance.
- 6 When the seizure has finished make sure your child is in the recovery position.
- 7 Let your child rest and recover in a calm and quiet space until back to normal.
- 8 Document seizure in seizure diary. If instructed, let your medical team know about the seizure.



When to dial 111 for an ambulance:

- your child's seizure lasts longer than 5 minutes
- your child has 2 or more seizures in a row
- your child has had a head injury or injured themselves during the seizure

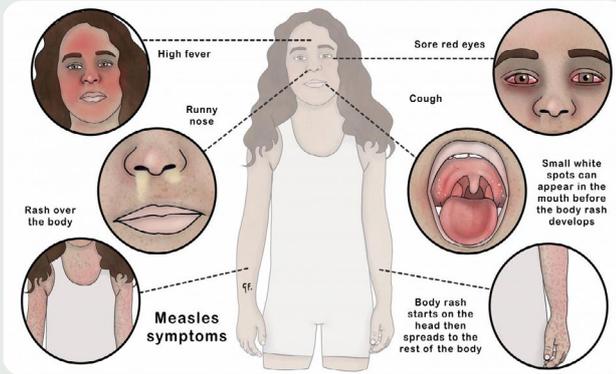


For more detailed information see Seizure First Aid on KidsHealth by scanning the QR code or visiting www.kidshealth.org.nz/seizure-first-aid

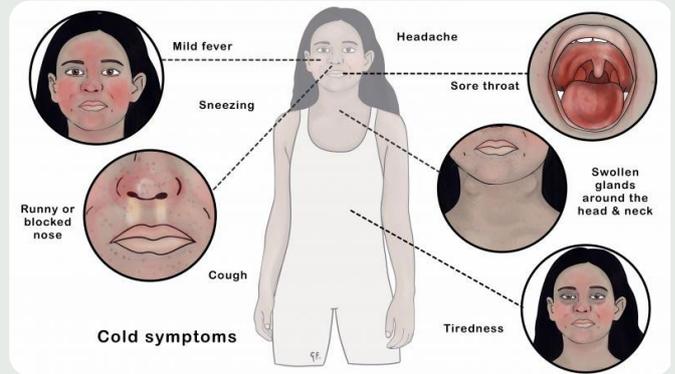
KidsHealth
kidshealth.org.nz

1. Example of new illustrations
2. Example of new video
3. Example of new seizure plan

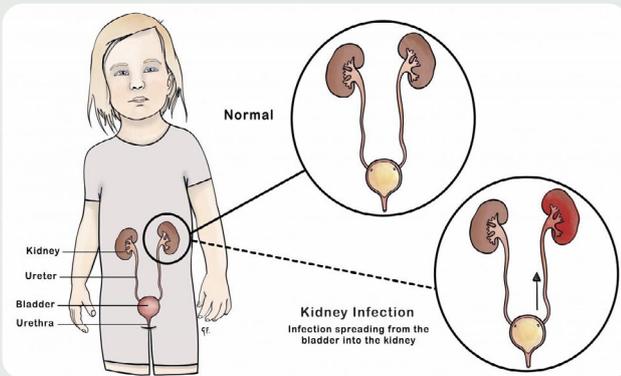
More examples of new and enhanced content



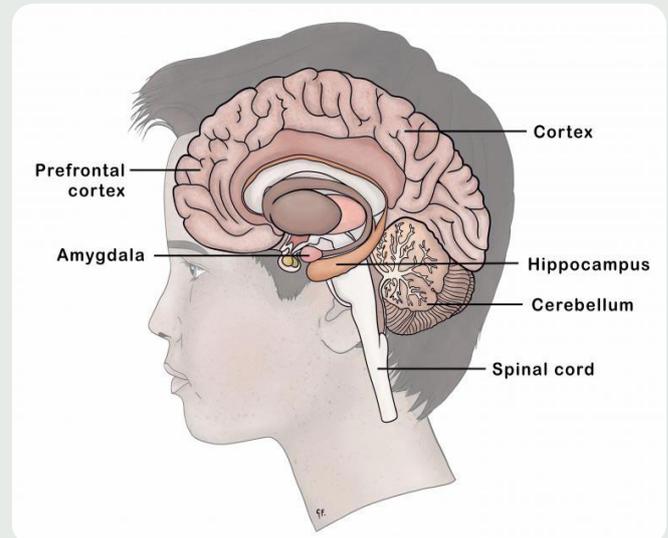
Measles



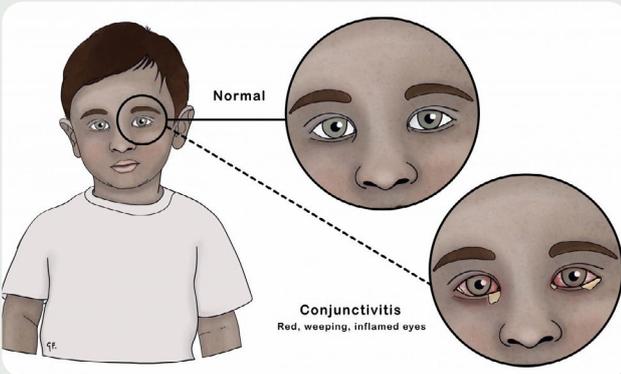
Colds



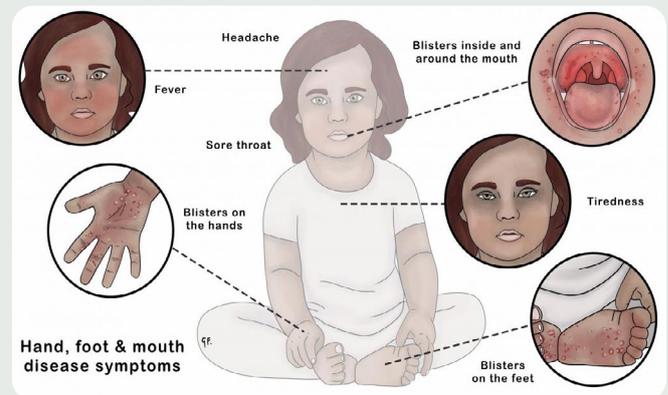
Kidney Infections



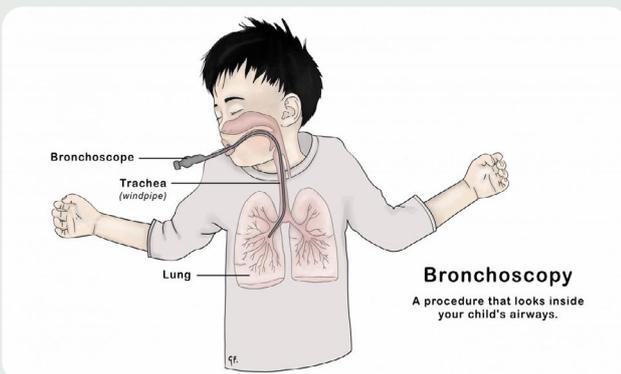
Adolescent Brain Development



Conjunctivitis



Hand, Foot & Mouth Disease



Flexible Bronchoscopy

New Content Collections

Screen time

A collection of 10 new pages on the impact of screen time on tamariki and rangatahi. Developed in collaboration with a community and developmental paediatrician and a paediatric ophthalmologist.

- [Screen Time - The Basics](#)
- [General Impact Of Screen Time On The Health Of Children & Young People](#)
- [Screen Time - Tips To Support Your Child To Have A Healthy Balance](#)
- [Screen Time - Making A Family Technology Plan](#)
- [Screen Time - Keeping Children Safe Online](#)
- [Positive Aspects Of Screen Time for Children & Young People](#)
- [Screen Time & Brain Development In Children & Young People](#)
- [Screen Time & Sleep](#)
- [Screen Time & Eye Health In Children](#)
- [Sharenting](#)

Bones, muscles & joints

A collection of 4 new pages on common musculoskeletal conditions affecting tamariki and rangatahi. Developed in collaboration with a paediatric rheumatologist/paediatrician.

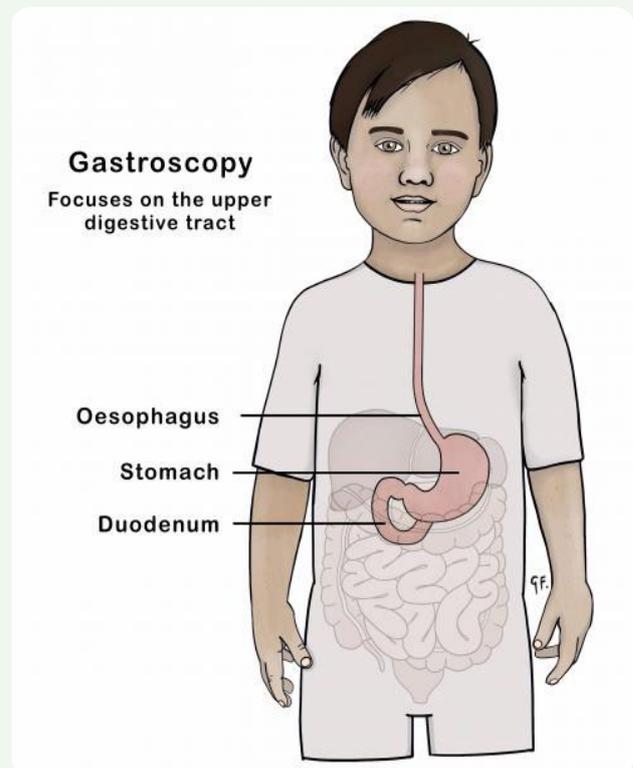


- [Growing Pains](#)
- [Knee Pain In Children](#)
- [Chondromalacia Patella \(Runner's Knee\)](#)
- [Osgood-Schlatter Disease](#)

Gastroenterology procedures

A collection of 4 new pages to support whānau in understanding what's involved in a range of gastroenterology procedures. Developed in collaboration with the Gastroenterology Clinical Network, PSNZ and the Starship Gastroenterology Team.

- [Colonoscopy In Children](#)
- [Gastroscopy In Children](#)
- [Capsule Endoscopy In Children](#)
- [Liver Biopsy In Children](#)



Where content is being shared and distributed

KidsHealth continues to utilise various channels to promote and share KidsHealth content – for example, via the KidsHealth New Zealand LinkedIn profile, HealthTV and other social media channels.

HealthTV

KidsHealth animations are playing in the public domain via Health TV – a network of screens playing in public waiting areas in health centres and hospitals around Aotearoa. Health TV shares short form health literacy content (updated monthly) to entertain and educate patients while they wait for their health appointments.

“These videos are extremely well-produced and will be well received in clinic waiting areas, especially as they promote important health messages at opportune moments . . . We find this type of animated content to be an ideal way to engage with patients in the waiting area to improve health literacy.”

IT and Operations Manager – Health TV (referring to KidsHealth’s animations)

The KidsHealth whooping cough animation was promoted in Health TV’s August clinic content email. This email was distributed to approximately 1,000 health professionals in NZ and achieved a 40% read rate. The aim is to help ensure health professionals know where these important resources are available when needed.

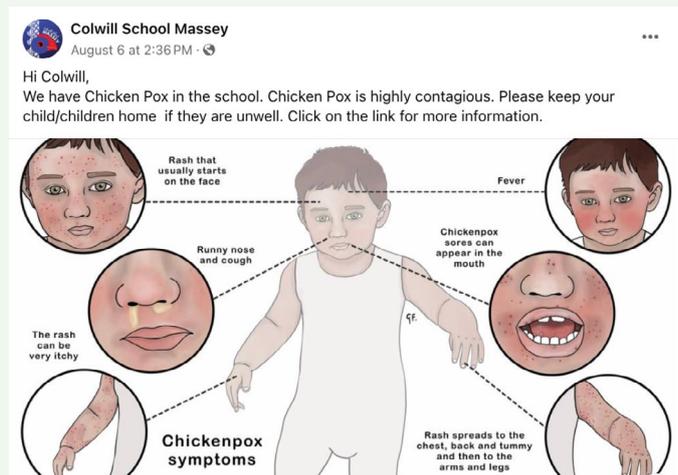
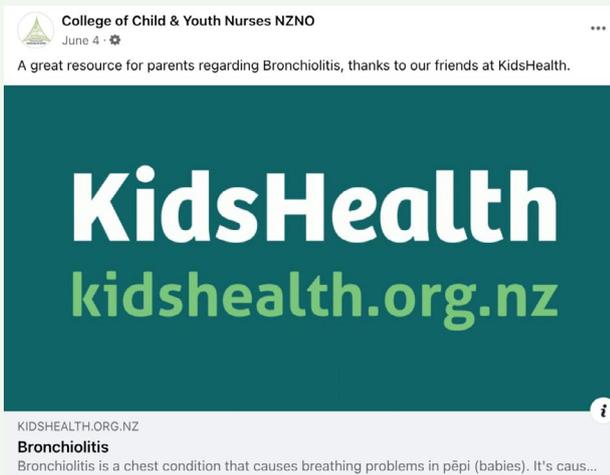
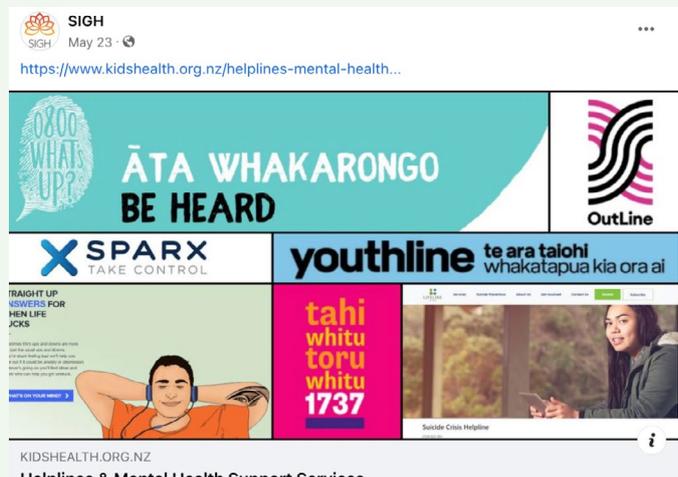
KidsHealth Content Newsletter

The Paediatric Society communications manager is working with KidsHealth on a [monthly newsletter](#) which highlights and promotes KidsHealth content to health-related social media teams. This allows them to easily share KidsHealth content with their audiences. Each edition will cover key health topics, with a seasonal focus.

Social shares

KidsHealth content is regularly shared on social media by health organisations, schools, early childhood education centres and others.

Samples below.



Feedback received by KidsHealth

“Just wanted to pay a compliment - this website regarding the B4 School check was informative, but not overwhelming, and the videos of the families involved were great. I am definitely not feeling as overwhelmed by this upcoming check for my son as I was before seeing this website and videos.”

Parent, New Zealand - [Regarding KidsHealth content on B4 School Checks]

“I was just printing out a patient info for a parent . . . Kids health NZ. About plagiocephaly . . . so awesome. I use kidshealth a lot . . .”

GP, New Zealand

“This website is a fantastic resource which I share with whānau regularly . . .”

Autism Coordinator, Te Whatu Ora - New Zealand

“I am really impressed by the resources available on kidshealth! . . .”

Medical Professional, Te Whatu Ora - New Zealand

“The page looks really great with all the information and seizure plans . . .”

Health Professional - New Zealand

“... one of them [the team] said he was already using them and they were great!”

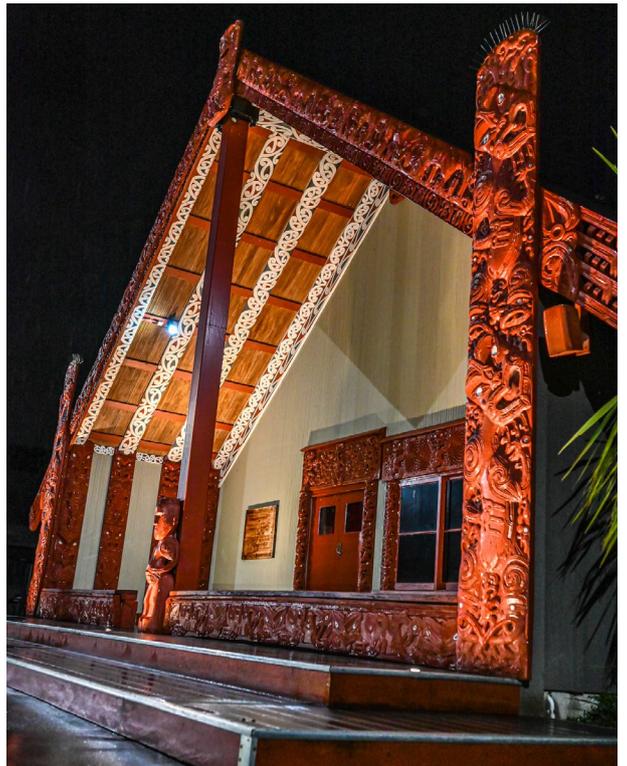
Medical Specialist- New Zealand - [Regarding seizure plans and related content]

Our People

NZCYCN Governance Group

Role	Name	Professional role(s)/area of expertise	Location
Member	Bridget Farrant	Senior Lecturer / Adolescent Physician	Tāmaki Makaurau
Member	Cameron Grant	Professor / Paediatrician	Tāmaki Makaurau
Member	Christine McIntosh	GP Liaison Child Health	Tāmaki Makaurau
Member	Dan Gotz	Hāuora Māori Service Development Kahu Taurima Group Manager	Te Tai Tokerau
Member	John Beca	Starship Representative	Tāmaki Makaurau
Member	Karen Magrath	Nurse / Principal Clinical Advisor - Plunket	Te Whanganui a Tara
Member	Lise Bakker	Allied Health Representative Paediatric Speech-Language Therapist	Te Papaioea
Member	Loren Mooney	Paediatric Nurse Practitioner / Public Health Nurse Practitioner	Whanganui
Member	Mary Roberts	CEO for Moana Connect, Registered Nurse	Tāmaki Makaurau
Member	Megan Bryant	Lived Experience Representative	Kaiapoi
Chair	Nicola Austin	Neonatologist	Ōtautahi
President PSNZ	Owen Sinclair	General Paediatrician / PSNZ President	Waitematā
In attendance PSNZ	Pam Henry	Programme Director - PSNZ	Tāmaki Makaurau
Member	Peter McIlroy	Paediatrician	Whakatū
Co-opted Member	Jennifer Lyons	Te Whatu Ora Advisor / Kahu Taurima Clinical Lead	Tāmaki Makaurau
Member	Sonja Farthing	Paediatrician	Tāmaki Makaurau
Co-opted Member	Tim Jelleman	Clinical Chief Advisor, Child and Youth Health	Waitematā
Member	Toriana Hunt	Kaimahi Hauora Māori	Ōtautahi

2023 Annual Meeting Photo Highlights







Ehara taku toa
I te toa takitaki,
He toa takitini

My strength is not
as an individual but
as a collective