NZCYCN
New Zealand Child & Youth Clinical Network

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

ANNUAL REPORT 2024/25

New Zealand Child & Youth Clinical Networks

Contents

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

Message from the Chair

Kia ora tatou,

The governance focus of this last year has been to secure ongoing funding for the NZCYCN programme, which was thankfully successful. Notification was delayed, but we were able to keep our contracted staff fully informed through this uncertainty, and all contract renewals were made by August.

At the same time, we have been working to gain recognition for the Child Health Network programme of 10 networks to be promoted in the National Clinical Networks. This has also been successful. I have been attending the monthly clinical leads meetings over the year, which have kept our networks in the loop. We have a network manager, Juanita Ross and programme manager Barb Bradnock, who has handed over to Ron Craft. I have connected with members of 7 of the networks with a child or youth association and monitored the work programmes of the other 13 networks.

To start, the current governance group will transfer to the steering group of the network. We will begin to adjust our terms of reference and work plan as we engage with the improved national position.

There have been two face-to-face meetings this year. The first was with PSNZ members of the Network Governance Group and the Council where our values were developed. These resonate for all our mahi and are:

- Te Tiaki Tamariki | Child-Centred Care
- Whakawhanaungatanga | Relationships
- Manaakitanga | Respectfulness
- Māia | Courage
- Mana Taurite | Equity

The second meeting was in May 2025 where the Governance Group, Network chairs and coordinators met. This gave us a chance to celebrate progress and guide our future direction. The themes explored were 1) skills and leadership, 2) to deliver nationally aligned child health service, 3) advocacy and communication, 4) future-focused, 5) data to support practice. Both have been very valuable.

Our newest network, the General Paediatric Network, is gaining momentum. They are co-led by David Graham and Emily Sorby, with Julie Cullen as their coordinator. An important connection has been with the Neurodevelopment Network and Jin Russell, the Child Health Advisor in Manatū Hauora, over the waiting list for FSA and follow-ups. This aligns with the minister's priorities, but the issue for children has been largely hidden.

Workplans of our 10 networks and quarterly reports are very important when we engage with Health New Zealand. The one-pager summaries are well-received and circulated to the teams in Kahu Taurima, Starting Well in Planning Funding and Outcomes. This improved communication strategy has been aided by increased communication manager hours for Ruth Dryfhout. Projects supported have been the development of Transition of Care for Youth Principles by Rosalie Hornung. The LENs Rōpū has progressed a range of documents to support new Lived Experience Navigators onto the reference groups of our networks. The Gastroenterology Network has held 3 focus group hui for the Biliary Atresia project. The Newborn Network has begun a review of the important Consensus of Care at Periviable Gestations.

Thank you to our networks, their reference groups and their Project Coordinators, as well as the support team in the programme, especially Kat Kirchmann, Karyn Sanson, Jontel Kiwi Kiwi and Pam Henry.

Ngā mihi
Nicola Austin

Nicola Austin
Chair of the Clinical Networks

Achieving Equity

Te Tiriti Tools and Partnership in Action

Throughout the last two years, we have developed a suite of Te Tiriti o Waitangi tools based on Critical Treaty Analysis (Came, et al. 2023) and socialised them with the Clinical Networks (CNs). Feedback from CN Project Coordinators and Chairs has supported the adaptation of these tools, so they are more responsive and tailored to the needs of the CNs while retaining their integrity and drive toward Te Tiriti partnership and Māori health equity for taitamariki.

An example of these tools in action can be seen through the mahi of the Gastroenterology CN. As early adopters, this network has helped shape the processes we now have to develop projects founded in Te Tiriti o Waitangi, giving us a glimpse of what is possible when collaboration and partnership with primary and community providers and whānau overcome siloed approaches to health. The first phase of the early identification of neonatal liver disease (Biliary Atresia) project brought together over 95 whānau/community members and health system partners in Tauranga, South Auckland and Kaitaia—areas where whānau have been affected by Biliary Atresia. Feedback from these wānanga has informed the development of new early detection screening tools and messaging that is more precise and relatable, making symptoms easier to identify at home and in the community, which can lead to life-saving specialist intervention.

One of the many benefits of partnership demonstrated through co-design is shared ownership of issues and solutions. Because of these wānanga, these communities are driven to tautoko the development and implementation of new screening tools. This marks a significant step towards placing taitamariki and whānau at the centre of our mahi.

Lived Experience Navigators (LENs) Rōpū

A key factor in ensuring child-centred care and outcomes through CN mahi is partnership between subject matter experts: clinicians, kaimahi and the voice of lived experience. The LENs Rōpū brings the voice of community and whānau to CN Reference Groups to provide guidance and feedback in developing workplans and projects that align with the aspirations of taitamariki and their whānau.

The LENs Rōpū came together last year with Megan Bryant as Chair, and since then, has made steady progress defining their values, vision, role, processes and relationships. With the second annual face-to-face meeting scheduled for October, we will see a soft launch and further recruitment into the rōpū, with the aim of at least one LEN in each reference group in the initial stages.

It is our hope that increased uptake of Te Tiriti o Waitangi tools, combined with LENs rōpū and CN partnership, will provide tangible pathways to enact health equity for taitamariki Māori and all underserved children and youth in Aotearoa New Zealand.

Jontel Kiwi Kiwi

(Ngāpuhi, Ngātiwai, Waikato Tainui)

Programme Manager
Te Tiriti o Waitangi and Equity, PSNZ

Te Wero o Tāwhirimātea - Addressing Challenges

As Māori Director for PSNZ, I write from a perspective informed by our commitment to Te Tiriti o Waitangi and the reality that these recent health sector changes profoundly affect tamariki rangatahi Māori and their whānau. My fellow executive and council members and I remain committed to the society's deed objectives.

Hauora Māori Advisory Committee Confirmed

In August 2024, the Hauora Māori Advisory Committee (HMAC), chaired by Parekawhia McLean, was appointed. They provide independent advice to the Minister of Health and will be influential in ministerial decisions while strengthening the Te Tiriti-based relationships between the Crown and iwi-Māori within the national health structure.

Iwi Māori Partnership Boards Role Diminished

Fifteen Iwi Māori Partnership Boards (IMPBs) were established pursuant to sections 29-31 of the Pae Ora (Healthy Futures) Act 2022, originally to participate fully in the planning and delivery of health strategies. However, the Crown has decided to diminish the roles of these IMPBs from one of partnering in the commissioning process to merely engaging with their communities. The authority of the IMPB entities within the Whānau Ora commissioning process is to be removed.

Te Aka Whai Ora Disestablished

The Government also disestablished Te Aka Whai Ora (Māori Health Authority) in June 2024, merging its functions into Te Whatu Ora (Health NZ) and the Ministry of Health. This decision was made despite significant opposition from Māori health advocates and represents a departure from the partnership model that Te Tiriti promised.

These legislative changes and restructuring come with considerable political and social disruption, particularly for Māori communities. These communities have historically experienced poorer health outcomes and continue to face systemic barriers to healthcare access. For an organisation like PSNZ, which is committed to health equity for all tamariki, these changes present both challenges and opportunities.

With these changes in mind, we will continue to strengthen ties with the Hauora Māori Advisory Committee to keep tamariki Māori health issues at the forefront of the Minister's decision-making. It also remains important to maintain contact with IMPB entities, as they continue to represent crucial community voices and relationships.

PSNZ Values Development

In times when progress feels uncertain or when we face setbacks, strengthening our core values provides both a compass and an anchor for the mahi ahead. I thoroughly enjoyed contributing to PSNZ's new organisational values, particularly incorporating visual icons that connect our strategic principles to te ao Māori. This work went beyond branding; it ensured our values authentically reflect the partnership approach that Te Tiriti requires.

As we navigate these changes and opportunities, we are reminded of the whakatauki:

HE MOANA PUKEPUKE E EKENGIA E TE WAKA; WITH INGENUITY, COURAGE AND INTEGRITY, WE EMERGE FROM THE STORM SAFELY.

Wane Wharerau

(Ngāpuhi)

Māori Director, PSNZ

PSNZ Core Values
Ngā Mātāpono

The Paediatric Society of New Zealand has introduced a set of core values that will define our culture, interactions, and how we engage with the communities we serve

Earlier in the year, PSNZ Council, Executive, Admin Team and Governance Group members came together for a facilitated workshop to explore what truly matters to our people, our mahi and the tamariki at the heart of it all.

The result is a values framework that will guide how we work, relate and lead as an organisation. These values reflect the depth of our kaupapa and the care with which our members approach their roles across the child health sector.

They are not aspirational; they are already woven into the fabric of what we do. Now, they will serve as a compass for decision-making, collaboration and advocacy as we continue to champion the wellbeing of tamariki and whānau across Aotearoa.

Te Tiaki Tamariki
Child-Centred Care

Whakawhanaungatanga
Relationships

Manaakitanga
Respectfulness

Māia
Courage

Mana Taurite
Equity

Speaking Up for Tamariki

Over the past year, with support from the NZCYCN, PSNZ has undertaken substantial work to advance child health policy across Aotearoa. This work reflects our commitment to evidence-based policy development and our role as a voice for the health and wellbeing of tamariki and rangatahi.

Policy Submissions

Throughout the year, PSNZ prepared and submitted comprehensive policy submissions to diverse agencies, including parliamentary select committees, PHARMAC, Health NZ, the Ministry of Health, and Whaikaha.

These submissions addressed critical issues affecting child health across the full spectrum of care, from preventive health and mental health support, to youth justice reform, diabetes management, disability rights, palliative care, and digital safety.

Fund lisdexamfetamine for ADHD and Remove Renewal Criteria for Stimulant Treatments
Supporting improved access to ADHD medications and removing administrative barriers to treatment continuation

Smokefree Environments and Regulated Products Amendment Bill
Calling for strengthened tobacco control measures to protect young people from vaping and nicotine addiction

Oranga Tamariki (Responding to Serious Youth Offending) Amendment Bill
Providing evidence-based perspectives to military-style boot camps and punitive approaches to youth justice, defended through an oral submission to parliament

Changes to the National Metabolic Service
Advocating for the preservation of critical newborn screening services

Proposal to Change Regulatory and Funding Restrictions for Stimulant Treatments for ADHD
Further supporting accessible ADHD treatment through reduced regulatory barriers

Pae Ora (Healthy Futures) (3 Day Postnatal Stay) Amendment Bill
Analysing implementation challenges and resource requirements for mandated postnatal stays, supported through an oral submission to parliament

Reintroducing Funding for Preventative RSV Immunotherapy for At-Risk Infants
Supporting palivizumab funding while highlighting access barriers and equity concerns

Advocacy for Funding Nirsevimab to Prevent RSV in Infants
Championing universal RSV prevention through long-acting immunisation for all infants

Proposal to fund Ryzodeg for Diabetes Management
Supporting expanded insulin options to improve treatment flexibility for children and young people with diabetes

Revitalised FASD Plan
Contributing clinical expertise through the Neurodevelopment Network to enhance support for children affected by fetal alcohol spectrum disorder

Upholding Equity and Partnership in Paediatric Palliative Care
Championing culturally for culturally safe, family-centred approaches to end-of-life care for tamariki

National Paediatric Palliative Care Model of Care
Providing clinical input to strengthen nationwide palliative care standards

Protecting Tamariki Online: A Paediatric Perspective on Harm
Addressing digital safety concerns and online risks to child wellbeing

Proposed Changes to Special Authority Renewal Requirements
Seeking the removal of unnecessary administrative barriers to continuous glucose monitor access for children with diabetes

PHARMAC Proposal for Additional ADHD Medication Option
Supporting expanded medication choices to better meet diverse clinical needs

Draft New Zealand Disability Strategy 2026-2030
Contributing comprehensive clinical perspectives on disability policy, emphasising child-specific approaches and implementation accountability

Multi-Agency Collaboration

In August 2025, PSNZ led a multi-agency collaboration with the Royal Australasian College of Physicians. This resulted in a joint statement on adult patients in paediatric wards. This statement addressed the widespread practice of placing adults in paediatric wards across Aotearoa, raising serious concerns about child safety, clinical appropriateness, and workforce wellbeing.

Engaging with Decision-Makers in Person

Many of these submissions were supported in person through oral presentations to parliamentary select committees, allowing our clinical experts to directly engage with policymakers and answer questions about the evidence underpinning our positions.

Media Engagement

Our work extended beyond formal submissions into public discourse. Based on our submission opposing military-style boot camps for youth offenders, Dr Russell Wills (Chair of the PSNZ Child Protection Clinical Network and former Children's Commissioner) had an exclusive op-ed published in the New Zealand Herald, bringing child health perspectives to a wider audience.

Members of the Society, particularly President Dr Owen Sinclair, were frequently quoted in media coverage on child health topics, ensuring that clinical expertise informed public discussion of policy issues affecting tamariki and rangatahi.

Collaborative Approach

These submissions reflected genuine collaboration across our multidisciplinary membership, drawing on expertise from paediatricians, nurses, dietitians, physiotherapists, and other allied health professionals.

Most of these submissions were prepared in partnership with our Clinical Networks, including the Newborn Network, Respiratory and Sleep Network, General Paediatric Network, Child Protection Network, Neurodevelopment Clinical Network, and the Clinical Network for Children and Young People with Diabetes.

This body of work demonstrates PSNZ's commitment to being an active and constructive participant in policy development and advocacy for our young people, always grounded in clinical evidence and focused on improving outcomes for all children in Aotearoa.

Read all our submissions here:
www.paediatrics.org.nz/knowledge-hub/statements-submissions

Lived Experience Navigators (LENs) Rōpū: Amplifying Whānau Voice in Child Health

The formation of the Lived Experience Navigators (LENs) Rōpū represents a key moment in how PSNZ and the New Zealand Child and Youth Clinical Networks (NZCYCN) aim to centre whānau voices within child health services. This dedicated group of health professionals was established to ensure that lived experiences are not just heard but genuinely influence the work across all our clinical networks.

Te Tiriti Partnership at the Heart

The LENs Rōpū was founded with Te Tiriti o Waitangi as its cornerstone, recognising that meaningful partnership empowers Māori communities to actively participate in policy decision-making that affects their whānau. This commitment requires PSNZ to work alongside Māori colleagues and organisations whose mahi focuses on improving outcomes for tamariki and rangatahi.

"Having a Te Tiriti partnership has been fundamental to us right from the beginning of our mahi. Our focus is coming together to ensure the best outcomes for our whānau, tamariki and rangatahi. It is only by working together that we will be able to achieve fair and equitable outcomes for all in our child health system."

- Megan Bryant, Chair

Guided by Kaupapa Values

Through collaborative hui, genuine kōrero and partnership, the rōpū established five core values that guide their mahi. These values emerged from thoughtful personal discussions about what matters most to members and the communities they represent:

- **Kaupapa Whānau:** Whānau are the reason for our mahi
- **Kotahitanga:** Working as one for a common goal
- **Whanaungatanga:** Valuing our connections
- **Synergy:** Partnering to amplify change
- **Respect**: We operate with, and advocate for respect across experiences

"The journey to create the Rōpū has been exciting to watch develop, from an initial conversation on how to include more people with Lived Experience to what has become a completely new Rōpū under the NZCYCN Governance Group, and now to putting our plans into action. Our first year has been spent developing foundational documents that give the Rōpū a clear base from which to work and help steer us well into the future."

- Megan Bryant, Chair

Diverse Voices, Shared Purpose

The rōpū initially brings together twelve members from across Aotearoa New Zealand, representing health consumer advisory groups, community health service providers, and PSNZ members. Spanning the motu, members include patient advocates, service managers, researchers, and community leaders who bridge the gap between clinical expertise and lived experience. The group recognises that it does not yet reflect the full diversity of communities across Aotearoa New Zealand, with future recruitment focusing on this goal, particularly to recruit Pacific and rangatahi voices.

"Looking ahead, we are hoping to expand the diversity of the Rōpū as we start adding Lived Experience Navigators to the Clinical Network Groups. Success for the Rōpū will be seeing these new Lived Experience Navigators become integral partners within the networks, sharing their experiences and insights along with those of their wider communities."

- Megan Bryant, Chair

Functions and Accountability

The LENs Rōpū operates with clear accountability to the NZCYCN Governance Group while maintaining independence in its advocacy role. Their primary functions focus on supporting collegial partnerships between lived experience navigators and healthcare professionals, ensuring LENs have sufficient representation and support within clinical networks, and advising on strategic issues affecting the communities they serve.

Looking Forward: Te Hikoi Continues

The 2025 snapshot shows a rōpū that has moved from establishment to action. Having developed foundation documents, established values, and held their first face-to-face hui, the group is now focused on developing co-chair roles and expanding their influence across clinical networks.

The formation of the LENs Rōpū reflects PSNZ's commitment to the Health Quality and Safety Commission's Code of Expectations for Health Entities' Engagement with Consumers and Whānau. But it's so much more than compliance; it represents a fundamental shift toward recognising that those with lived experience hold vital insights for improving our health system.

"Personally, watching the LENs Rōpū develop has had quite an impact on me. Seeing the NZCYCN and PSNZ embrace the concept of the Rōpū and support us with their help and resources has been fantastic. We have moved from Lived Experience Navigators attending meetings but not feeling able to contribute fully, to them becoming valued, equal members whose lived experience is recognised as crucial to shaping our child health system for the future."

- Megan Bryant, Chair

As we move into 2026, the LENs Rōpū is ready to navigate and connect the spaces between community and health system, ensuring that the voices of whānau and tamariki and rangatahi remain at the centre of everything we do. Their mahi continues to strengthen our collective commitment to health equity and meaningful partnership in child health across Aotearoa New Zealand.

The LENs Rōpū meets online every 6-8 weeks with an annual face-to-face hui. For more information, visit: www.paediatrics.org.nz/our-work/lived-experience-navigators

National Neonatal Medication Monographs

The National Neonatal Medication Monographs (NNMM) Working Group was established during the year and has made progress toward developing a comprehensive National Neonatal Formulary for Aotearoa New Zealand.

Currently, inconsistencies between best practice dosing in neonatal care and those available in the New Zealand Formulary for Children (NZFc) and other guidelines create potential for medication errors in the newborn setting.

The NNMM Working Group, comprising neonatologists, pharmacists and nurses from across the motu, has been addressing this critical gap through systematic review and development of standardised medication monographs specifically designed for neonatal use.

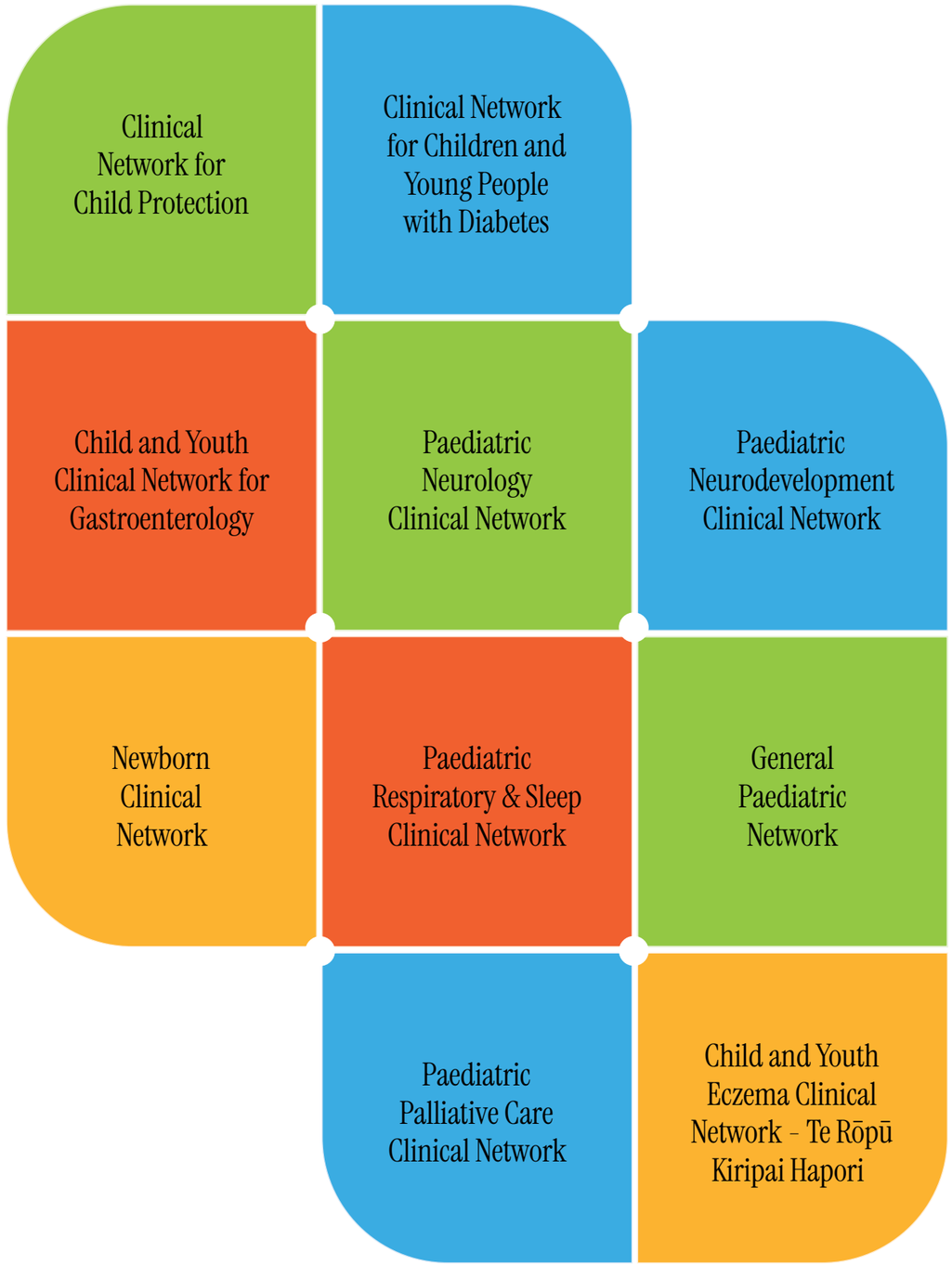
Key achievements during this phase include:

- Development of a Consensus NZ Neonatal Monograph Template, adapted from the Australian Neonatal Medicines Formulary (ANMF)
- Drafting of initial medication monographs for amoxicillin, paracetamol and doxapram
- Establishment of collaborative partnerships with NZF and ANMF to ensure sustainable development and hosting of monographs
- Exploration of standardised concentrations for continuous IV infusions across all Level 3 NICUs, with consensus support for implementation

The Working Group has developed clear recommendations for a sustainable model for drafting, reviewing, publishing and maintaining monographs, with ongoing support from the Newborn Clinical Network.

This foundational work positions Aotearoa to deliver safer, more consistent medication practices for our most vulnerable patients requiring specialised pharmaceutical care.

Our Networks



Clinical Network for Child Protection

Russell Wills, Chair • Stacey Greaney, Project Coordinator

Overview

The Child Protection Clinical Network is a multidisciplinary group of clinical leaders in child protection spanning large, medium and small districts across Aotearoa. The Clinical Reference Group (CPCN) includes officials and clinical leaders from Manatū Hauora and Te Whatu Ora, alongside PSNZ Clinical Networks Operational Support Manager Karyn Sanson and PSNZ Māori Director Wane Wharerau, who participate as regular members.

Achievements

Annual Satellite Day

The CPCN's 14th annual study day was held in Dunedin in November 2024, with 96 attendees, including 4 speakers, 34 paediatricians, 58 nurses, social workers and other allied health staff. This was an increase from the 2023 satellite day in Rotorua. Our priority is to keep registration fees low for non-medical, non-management staff and additional virtual presentation costs, which was achieved.

Following the previous three years, the theme was partnership, active protection, equity and options (WAI 2575) in practice. Co-chaired by CRG chair Russell Wills and PSNZ Māori Director Wane Wharerau, it was a joint satellite day with the Gastroenterology Clinical Network, who were well represented. Following feedback from previous years, we programmed three longer sessions with networking time in between. The joint session with the gastroenterology CN focused on the increasing number of children presenting to gastroenterology services with complex psychosocial issues. A joint presentation from Manatū Hauora and Oranga Tamariki updated us on progress with Children's Action Plan workstreams.

Dr Te Aro Moxon presented on mana-enhancing kōrero with whānau when there are care and protection concerns. A panel discussion chaired by Wane and including Dr Claire Achmad, Chief Children's Commissioner, completed the day. Feedback was strongly positive, particularly for Te Aro's session.

For the 2025 satellite day, we're partnering with the Neurodevelopment Clinical Network in Counties Manukau, building on this successful format and feedback from members.

The CPCN also introduced a newsletter, updated Child Protection information on KidsHealth, delivered draft Violence Intervention Programme online modules, and continued training for paediatricians, clinicians, Oranga Tamariki social workers and NZ Police.

Workstreams

Annual plan deliverable: Support development of national policy on child protection - Health NZ | Te Whatu Ora Child Protection Clinical Governance Group

Multiple child protection work streams across Manatū Hauora and Health NZ | Te Whatu Ora (HNZ) lacked policy oversight. CRG chair Dr Russell Wills discussed this with officials, leading to the formation of a Child Protection Clinical Governance Group (CP CGG) in December, reporting to the Te Whatu Ora Clinical Governance Board. The CGG includes senior officials and clinical leaders from HNZ, Manatū Hauora and Oranga Tamariki, with strong Māori and Pacific representation.

Workstreams include a Child Protection Policy for HNZ, HNZ joining the Child Protection Protocol (expected finalisation in August), Information Sharing in Child Protection, and reviews of the Gateway Programme and Oranga Tamariki residence models of care. PSNZ CP CRG members provide ongoing feedback and engagement between officials and clinical leaders, which has been excellent, facilitating rapid progress in these very complex work streams.

Annual Plan deliverable: Define the role of the network in the ongoing management of the National Child Protection Alert System (NCPAS) nationally.

Violence Intervention Programme manager Miranda Ritchie and CP CRG member Dr Patrick Kelly updated the Privacy Impact Assessment for the National Child Protection Alert System (NCPAS), now renamed the National Child Protection Health Information Sharing System (NCPHISS), working with HNZ and the Office of the Privacy Commissioner. This was an enormous amount of work, and we are particularly grateful to Miranda, without whom the project could not have been completed. The PIA informs the ongoing refresh of the NCPHISS, ensuring its ethics, rigour and impact are maintained.

Network Priorities

Priorities for 2025/26 include:

- Joint Satellite Day with the Neurodevelopment Clinical Network, Tuesday 4th November 2025
- Progressing work streams: HNZ Child Protection Policy, HNZ joining the Child Protection Protocol, Gateway Programme review, information sharing in child protection, Oranga Tamariki residence model of care, and making child protection training available online for health, Oranga Tamariki and Police.

Additional Information

I am grateful to the many clinicians and officials who have worked together to progress these important workstreams, despite financial constraints and high workloads.

- Russell Wills (Chair)

Clinical Network for Children and Young People with Diabetes

Shelley Rose, Chair • Kati Wilson, Project Coordinator

Overview

The New Zealand Clinical Network for Children and Young People with Diabetes focuses on improving health outcomes for tamariki, rangatahi and their whānau living with diabetes. We provide clinical leadership and oversight to ensure consistent and equitable access to diabetes services for all young people across Aotearoa, supporting whānau through clinical networking and resource development.

Over 300,000 people in Aotearoa live with diabetes, with higher estimated age-standardised prevalence among Pacific, Indian and Māori populations. Of significant concern is the increasing incidence of type 2 diabetes (T2D) among tamariki and rangatahi, with disproportionately higher rates of youth-onset T2D in Māori and Pacific communities. Around 2,500 children and young people aged 0-19 years live with type 1 diabetes (T1D) in Aotearoa, approximately 10% of whom identify as Māori and 4% as Pacific, with numbers continuing to rise each year.

PHARMAC funding of continuous glucose monitoring (CGM) devices and insulin pumps from 1 October 2024 has significantly impacted equity in access to this life-changing technology, enabling increasing numbers of young people with T1D to benefit from automated insulin delivery.

For many, this technology enables greater independence with glucose management and is likely to result in fewer hospital admissions, improved long-term health outcomes, and strengthened whānau connections to paediatric diabetes services.

Achievements

Over the past 12 months, the Clinical Network has provided clinical leadership and supported whānau through several key initiatives:

Clinical Advocacy and Policy Development

- Participated in the PHARMAC Reference Group regarding universal funding of insulin pumps and CGM for whānau living with T1D
- Created resources to support clinicians and whānau with information on funded CGM and insulin pump devices and automated insulin delivery systems as part of the national rollout
  - Diabetes Technology
  - Glucose Monitoring
- Contributed to the Australia and Aotearoa New Zealand consensus guidelines on Screening, Assessment and Management of Type 2 Diabetes in Children and Adolescents (ANZSPED), due for publication in 2025

Resource Development and Clinical Tools

- Updated the Carer Support Letter for caregivers of children with T1D and developed a new *Carer Support Letter* for caregivers of children with T2D
  - Financial help when your child has diabetes
- Created editable Diabetes in Schools Action and Management Plan templates for paediatric teams and whānau to individualise diabetes management for children in school
- Updated the *Exam Letter and Exam Information* as part of continuing advocacy to create safe school environments for young people living with diabetes
  - Creating A Safe Environment For Children With Diabetes At School
  - Diabetes and Exams
  - Clinical Network for Children and Young People with Diabetes
- Updated KidsHealth resource Glucose Monitoring in Children with Diabetes
- Supported improvements in hospital diabetes management by creating *Subcutaneous Insulin Charts* specifically for use with children and young people
- Led development of a national Peri-procedure Clinical Guideline using co-design methodology and whānau-informed approach, to be published on the Starship website

Service Improvement and Research

- Created a database of all paediatric diabetes teams across the motu to improve timely access to care and communication between services
- Supervised two NZSSD – Diabetes NZ summer student research projects to scope the availability and provision of educational resource materials for youth-onset type 2 diabetes, with findings presented at the 2025 NZ Society for the Study of Diabetes Annual Scientific Meeting (NZSSD) and ANZSPED annual scientific meetings
- Facilitated a study day for paediatric clinicians prior to the 2025 NZSSD ASM in Kirikiriroa | Hamilton, including lived-experience presentations from local rangatahi

Additional Information

We continue to acknowledge Debbie Rawiri, Te Kaiwhakahaere Māori te Roopu mate huka, for gifting the Clinical Network the following kupu:

As kaitiaki (caregivers/guardians) of diabetes related services, it is a collective responsibility to establish an environment that facilitates a pathway for people with diabetes to navigate te ao mate huka - the world of diabetes.

Diabetes remains a key focus for healthcare delivery and reforms, undergoing significant change at national, regional, and local levels. The clinical network remains actively involved at all levels to reduce inequities and ensure positive outcomes for all tamariki with diabetes in Aotearoa, as diabetes is with them and their whānau for life.

Network Priorities

People: Nga Tāngata

- Update KidsHealth documents related to type 1 and type 2 diabetes, and ensure diabetes information on the PSNZ website is current and relevant
- Develop age-appropriate and culturally relevant educational resources for children and young people living with type 2 diabetes
- Improve treatment of acute diabetes-related complications in hospital with national guidance on the management of diabetic ketoacidosis (DKA) in children and young people
- Continue developing national mechanisms and tools that support and equip whānau to be informed and engaged in their healthcare and the wider diabetes community
- Improve equity in access to care and health outcomes with an ongoing focus on Māori, Pacific and whānau engagement

Partnerships and Connectedness

- Promote the clinical network as the expert advisory group in taitamariki diabetes in Aotearoa
- Provide leadership and advocacy for young people with diabetes through partnerships across health and education sectors
- Maintain active engagement with national diabetes organisations, including the Diabetes NZ Youth Forum, Health New Zealand | Te Whatu Ora Mahitahi Matehuka – National Clinical Network for Diabetes, NZSSD and ANZSPED
- Provide quarterly updates to key stakeholders and disseminate clinical network progress via relevant professional networks

Improving Practice

- Support the development of national guidelines for diabetic ketoacidosis management across hospitals in Aotearoa
- Continue developing evidence-based guidance and resource materials for diabetes management to improve the lived experience of young people
- Support development and implementation of quality improvement activities to improve equity of access to healthcare for tamariki and rangatahi, with emphasis on Māori, Pacific, and disabled communities

Sustainability

- Demonstrate commitment to improving equity in healthcare services and health outcomes with an ongoing focus on achieving Māori, Pacific, and whānau representation on the Reference Group
- Ensure Reference Group membership reflects the multi-professional workforce involved in diabetes care provision across the motu

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 across Aotearoa, depending on their age. Despite its prevalence, the condition is often poorly understood by both health professionals and whānau, resulting in suboptimal management.

Te Rōpū Kiripai Hapori is the Child and Youth Eczema Clinical Network. Our clinical reference group comprises passionate health professionals from primary care, community, secondary and tertiary paediatrics. We are committed to raising awareness about effective eczema management and treatment, with valuable resources available on our network page.

Achievements

This year has seen a comprehensive revamp of our resources with improved layout and pictures to make them easier for health professionals and whānau to use and understand. These include our Acute Flare plans for three different age groups and our dilute bleach baths handout, available across multiple platforms to ensure easy access.

We have continued circulating newsletters several times a year to our eczema workforce across the motu, providing topical information on eczema and expert insights. One recent article included valuable information on scabies, which seems to be at epidemic rates presently and is another chronic itchy rash that occurs in tamariki.

Our members have been actively presenting on eczema topics to a range of health professionals, including primary care nurses, GPs, both regional and rural, and general paediatricians. This supports the wider dissemination of the knowledge and resources we have developed.

We continue working with other providers who support and provide information for whānau and tamariki. Plunket and KidsHealth have both revamped their online eczema information, widening access and ensuring consistent, accurate messages are delivered across the motu.

Network Priorities

Primary Care Support

Primary care providers are among the most time-pressed health professionals, often seeing children with eczema only during brief appointments or out of hours without routine follow-up. By contrast, nurse-led clinics have proven effective in managing these cases, resulting in better-educated, more empowered whānau and improved long-term outcomes. However, current funding models do not prioritise these valuable services within primary care. To better understand the needs of this workforce, we are planning a nursing audit in the coming year, which will help identify potential target groups or topics we can support through professional development.

Education

Our network's primary concern is ensuring equitable access to knowledge, resources, and appropriate treatment for eczema. Although it is a chronic condition, most cases of eczema are mild and can be effectively managed with basic education, prescribed creams, and whānau support. Without these supports, thousands of children and their families across the motu struggle with ongoing skin issues, poor quality of life, and significant sleep disruption.

Child and Youth Clinical Network for Gastroenterology

Cate Fraser, Chair • Amy Andrews, Project Coordinator

Overview

Paediatric gastroenterology services in Aotearoa remain vulnerable, with significant variation in access to care across the country. The New Zealand Child and Youth Clinical Network (NZCYCN) for Gastroenterology Services brings together dedicated professionals from multiple disciplines and regions, working collaboratively to address these challenges.

The network's overarching goal is to improve outcomes and reduce inequities for tamariki and their whānau affected by gastrointestinal conditions. A key focus is addressing postcode inequity, ensuring that where a child lives does not determine the quality or availability of their care. To achieve this, the network supports the development of a robust, regionally distributed workforce that can provide local subspecialist care closer to home.

Education and workforce development are central to this mission, as is the creation of whānau-centred clinical guidelines and care pathways developed in collaboration with cross-sector partners. The network also plays an advocacy role, raising awareness of the needs of tamariki at all levels of the health system and within government.

Achievements

The clinical network remains focused on advancing equity for tamariki and continues to challenge the boundaries of what is possible in paediatric care.

Early Detection of Liver Disease Project

Phase 1 targeted health professional and consumer engagement, particularly with Māori and Pacific communities disproportionately affected by Biliary Atresia. Approximately 80 tangata attended three wānanga held in Tauranga, South Auckland, and Kaitaia. Participants included whānau from diverse cultural backgrounds and various regions across Aotearoa, with representation spanning all four Te Whatu Ora regions. Health professionals included those working in community and tertiary midwifery, nursing, medicine, allied health, Well Child services, antenatal care, and primary healthcare. Feedback indicated strong support for using stool colour cards as an acceptable method for early detection of neonatal liver disease, with valuable insights provided for implementation in the next phase.

Inflammatory Bowel Disease Network Development

The 2nd Inflammatory Bowel Disease Network and Education Day was held in Te Wao Nui, Wellington, on Monday, 16th June 2025, with 33 attendees including a parent and child for the patient speaker lived experience session.

Multidisciplinary clinician attendees included Paediatric Gastroenterologists, Paediatricians, Nurses, Mental Health Nurse and Dietitians with all four NZ health regions represented.

Coeliac Disease Pathway Evaluation

Evaluation of the Northern Region Coeliac Disease Pathway and biopsy-free coeliac disease diagnosis pathway has been completed with consumer feedback allowing implementation of changes. Outcomes have been presented at international conferences and abstracts published in international journals.

Medication Access Advocacy

Network advocacy resulted in the first oral biologic medication becoming available to children with Inflammatory Bowel Disease in NZ, substantially reducing burden on whānau and the system compared with IM or IV administered biologics.

Collaborative Partnership Work

The Clinical Network partnered with the Child Protection Clinical Network and presented 'When two worlds collide' at the Satellite Day at the PSNZ Annual Conference in Dunedin in November 2024.

KidsHealth Content

Endoscopy information for families was also updated and published on the KidsHealth website.

Network Priorities

The clinical network has identified a set of core priorities to guide its work and ensure improved health outcomes for pēpi and tamariki across Aotearoa.

Earlier Identification and Management of Liver Disease

At the forefront is the earlier identification, treatment, and management of liver disease in children. This priority aims to reduce inequities and enhance outcomes for vulnerable populations through meaningful engagement, advocacy, co-design with communities, and implementation of targeted strategies.

National Clinical Pathways for Coeliac Disease

Development of nationally accepted clinical pathways for the diagnosis and management of Coeliac Disease, informed by clinical evidence and lived experience from consumers to ensure they are practical, accessible, and equitable.

Inflammatory Bowel Disease Care Enhancement

Improving care for tamariki with Inflammatory Bowel Disease (IBD) through ongoing advocacy and strengthening of the specialist workforce to support consistent, high-quality care throughout the country.

Educational Resource Development

In collaboration with stakeholders, developing tamariki and whānau-centred educational resources across innovative platforms. These resources will be shared equitably and developed in partnership with other clinical networks and relevant organisations, ensuring national consistency and accessibility.

Network Sustainability

Maintaining infrastructure and long-term sustainability through use of a dynamic work plan aligned with the Paediatric Society of New Zealand strategy to guide action and accountability.

Paediatric Neurology Clinical Network

Lynette Sadleir, Chair • Rebecca Berry, Project Coordinator

Overview

The New Zealand Paediatric Neurology Clinical Network (PNCN) is a national multidisciplinary network focused on improving diagnosis, management and outcomes of children with neurological disorders. The discipline of paediatric neurology encompasses childhood diseases and disorders of the brain, spinal cord, nerves, muscles and autonomic nervous system. The network's members include all clinicians involved in the care of infants, children and young people with neurological disorders. The Clinical Reference Group prioritises and enables activities for the network, aiming to facilitate the delivery of consistent, equitable and quality health care across New Zealand within NGO, primary, secondary and tertiary services, resulting in the best possible outcomes and quality of life for tamariki and their whānau.

Achievements

Neurology Network Prioritisation Survey

To identify priorities for the PNCN, the Clinical Reference Group developed and conducted two national surveys in Q3, one to paediatric neurologists and another to allied health clinicians and paediatricians. The survey asked participants to prioritise activities across clinical guidelines and health pathways, family educational materials, medicine related activities, equity of access to investigations, research and audit activities, and family support organisational collaborations. The survey also sought other activity ideas to be prioritised and which activities participants would be prepared to help with. The survey was completed by all 9 paediatric neurologists and 89 allied health and paediatricians from 16/25 regions.

Ensuring Consistency of Published Epilepsy Information

Working to ensure consistency between regional and national resources, the network completed comprehensive reviews across multiple platforms. Starship Local Seizure and National Epilepsy Guidelines were reviewed and updated. KidsHealth, Healthify, and Health Navigator document reviews were completed, and Health Pathways were reviewed and published.

Paediatric Epilepsy Training (PET) Courses

Three successful courses were held in Auckland and, for the first time, Christchurch, with excellent feedback from participants. The South Island course was particularly successful with strong South Island paediatrician participation.

Clinical Genetic Testing in Epilepsy Guideline

The final draft of the guideline has been completed and is awaiting review from the core working group.

National Recommendations for Newborn Screening in Spinal Muscular Dystrophy

Two documents (Guidelines and Technical Report) were reviewed on behalf of the Clinical Network and PSNZ. These guidelines have subsequently been published and endorsed by the PNCN.

Duchenne Muscular Dystrophy (DMD) Resources

Clinician guidelines were reviewed and republished on the Starship website to enable greater accessibility for clinicians. Whānau education resources for DMD previously published on the Neurology network webpage were reviewed, edited and republished on KidsHealth.

Network Priorities

We will continue working on present workstreams until completed. Additionally, we have used the outcomes from the PNCN surveys to identify our top priorities and will be developing new workstreams to focus on these. The priorities include:

Ensuring Consistency Across Guidelines and Pathways

- Starship local guidelines are consistent with national guidelines and health pathways
- Enabling our Health Pathways to be visible in all regions
- Advocating and enabling equity of access to MRI brain and EEG nationwide

Strengthening External Partnerships

- Collaborating with NZCF to ensure provided information is consistent with Paediatric Neurologists' recommendations for Anti-Seizure Medications (ASMs)
- Collaborating with PHARMAC and Medsafe to enable longer dispensing of ASMs; better buccal midazolam formulations; consistency, transparency and equity for NPPA approvals; easier access to ASM special authorities; advocating for special authorities for epilepsy therapies

Developing Family Educational Resources

- Developmental delay
- Intellectual Disability
- Educational video on buccal midazolam administration

Additional Information

The network continues to strengthen national connectivity between health professional groups to address inconsistency and inequity of care. Supporting this work requires recognition that national clinical network activities are part of clinicians' core responsibilities rather than additional volunteer work. Regional health providers play a crucial role in enabling clinicians to participate in national network activities within their employment, ensuring this important work can be prioritised and adequately resourced to improve outcomes for tamariki across Aotearoa.

Paediatric Neurodevelopment Clinical Network

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

Overview

The Neurodevelopment Clinical Network aims to enhance outcomes for tamariki and rangatahi 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.

Achievements

Lunch and Learn

These monthly presentations and knowledge translation sessions remain a popular, evidence-based learning opportunity, particularly among allied health professionals. 400 people are subscribed to the mailing list nationwide.

Down Syndrome Guidance

Guidelines for working with tamariki and rangatahi are nearing completion. The aim of these documents is to give clear guidance for health professionals when working with young people with Down syndrome. These guidance documents will be located on the Starship website.

Advocacy and Submissions

The Neurodevelopment Clinical Network contributed to the National FASD strategy update, which led the network to develop a process guide for future contributions. The network has also contributed to the PHARMAC consultation regarding changes in ADHD medication prescribing and has representation in several Ministry of Health and Health NZ working groups and committees.

Neurodevelopment Breakfast Meeting

A breakfast meeting was held in conjunction with the Paediatric Society of New Zealand's Annual Meeting in Dunedin. The breakfast meeting was well attended and sparked robust discussion regarding network priorities.

Network Priorities

The network's priorities for the coming year include:

- Publishing the Down Syndrome Clinical Guidance for healthcare professionals in stages
- Continuing to provide the Lunch and Learn sessions and exploring ways to sustain them with minimal network support
- Ongoing collaboration with KidsHealth to review and develop a priority list of guidance for whānau
- Continuing to support neurodevelopmental work in the Northern region
- Contributing to the NZCYES Neurodevelopment project

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.

Newborn Clinical Network

Malcolm Battin, Chair • Claire Mueller, Project Coordinator

Overview

The Newborn Clinical Network is a national multidisciplinary group that supports clinicians working across primary, secondary and tertiary services to deliver high-quality, cost-effective and integrated newborn treatment programmes for babies and their whānau.

The NCN advocates for equitable high-quality newborn care in New Zealand, fostering a nationally coordinated newborn service providing continuum of care. We inform service planning for the Ministry of Health through up-to-date service specifications and initiate development of nationwide systems for monitoring and auditing services to inform continuous quality improvement. The network identifies and liaises with national and international bodies relevant to newborn care, encourages coordination of workforce education and development programmes, advocates for preventative programmes, and develops national practice guidelines for a variety of neonatal conditions.

Achievements

The Network has undertaken ongoing work reviewing and updating key practice recommendations and guidelines:

Practice Recommendations Updated

- Skin care of neonates at 28 weeks gestation Practice Recommendation
- Weight loss, dehydration and hypernatraemic dehydration in the neonate Practice Recommendation
- Oxygen saturation Practice Recommendation; a substantial piece of work where the working group developed and added further content and resources

Endorsement Documents Developed

- Family Integrated Care (FICare) Endorsement document developed and uploaded to website
- Transitional Care Endorsement document developed and uploaded to website

Clinical Guideline Development

- Te Tohu Waihonga - Aotearoa New Zealand Clinical Practice Guideline for Neonatal Hypoglycaemia developed with Newborn CRG representation

Information Dissemination

The NCN was involved in disseminating updates on resuscitation algorithms to all units in New Zealand. This update from newborn life support representatives was communicated to the NCN and continues as required.

Network Priorities

National Neonatal Medications Formulary

Since November 2024, a New Zealand Neonatal Formulary working group comprising neonatologists, pharmacists and nurses has been meeting to explore options for establishing a National Neonatal Medications Formulary for New Zealand. Eight hours per week have been allocated to a neonatal pharmacist, allowing good progress. New Zealand Formulary contribution is also included in the working group.

KidsHealth Content Development

Developing further content for the newborn area on the KidsHealth website to ensure up-to-date whānau information is available in formats that are easy to understand and follow.

Priority Practice Recommendations Review

The top three Practice Recommendations to review are: Bundle of neonatal care at 23-24 weeks gestation, New Zealand Consensus Statement on the care of mother and baby(ies) at periviable gestations, and 2-year follow-up of infants at high risk of developmental disability.

Additional Information

The NCN currently has representation involved with the upcoming rollout of Badgernet, which has already occurred in some neonatal units around New Zealand. Regular discussion occurs at CRG meetings to progress this further as required.

Paediatric Respiratory & Sleep Clinical Network

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

Overview

The Respiratory and Sleep Clinical Network is a newly formed network merging the previous Sleep Medicine Clinical Network and the Cystic Fibrosis Clinical Network. This multidisciplinary group includes clinicians and researchers, with Co-Chairs Dr David McNamara and Dr Cass Byrnes leading the network. The network's clinical focus is on data collection and advocacy for resourcing, diagnostic investigation and treatment of sleep and respiratory disorders in tamariki and rangatahi.

The network promotes improvements through collective participation and engagement. Innovative approaches and concerted efforts by all in the health system to address the multipliers of ethnicity, poverty and systemic racism have the potential to deliver substantial improvements in sleep and respiratory health conditions.

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, and behavioural sleep disorders such as sleep onset insomnia and sleep phase delay.

Achievements

The Network has undertaken ongoing work reviewing and updating key practice recommendations and guidelines:

The merger of the two networks occurred as a result of clinical advisement. Work has begun to identify ongoing projects from previous networks and provide support. The Terms of Reference and workplan priorities have been developed, along with the engagement of people to form working groups to undertake the work.

Data Collection and Service Assessment

A key focus of our work is data collection. To achieve this, we distributed a Respiratory and Sleep Stocktake Survey across the clinical network to assess the current status and staffing levels of sleep and respiratory services nationwide. This will support advocacy for resourcing.

Referral Pathways Development

Referral pathways are another area of focus, including the formation of a standardised national referral pathway with a hub and spoke model featuring regional tertiary centres and a single national quaternary centre.

Network Priorities

Addressing Respiratory Disease Burden

Tamariki in Aotearoa have higher rates and burden of respiratory disease than in similar countries. Within Aotearoa, there are inequities of outcome and care, with Māori and Pasifika children suffering disproportionately from asthma, bronchiolitis, pneumonia and bronchiectasis.

Resource Allocation for Respiratory Care

Despite high rates of disease and disparities in care, paediatric respiratory care is under-resourced in Aotearoa with insufficient numbers of specialists, nurses, physiotherapists and physiologists. Tamariki suffer from poor access to investigation and treatment, with specific deficiencies in accessing lung function testing and acute physiotherapy even during emergent hospital admissions.

Enhancing Sleep Medicine Services

Paediatric sleep medicine clinical services are also under-resourced in Aotearoa. We cannot keep pace with clinical demand, and wait lists for both assessment and diagnosis have become unacceptably long. Despite increasing technological improvements in CPAP and BiPAP treatments for sleep-disordered breathing, many paediatric and adolescent patients do not have access, especially outside major centres, with significant geographic and ethnic inequities.

Surgical Access Improvements

The network is also concerned about barriers to timely ENT surgery for children with OSA with adenoidal and/or tonsillar hypertrophy.

Service Development

Development is underway for a nationally connected hub and paediatric sleep medicine service in Aotearoa with three tertiary sites in Christchurch, Wellington and Auckland, and a single national centre in Auckland for patients on life-support long-term ventilation. Access to care and provision of training are priorities.

Additional Information

The reference group consists of seven members, two co-chairs and representation from the Paediatric Society. Reference group members span across rural, regional and tertiary services as well as professional groups including cultural advisors, physiotherapy, nursing, and general and specialist paediatricians.

Paediatric Palliative Care Network

Amanda Evans, Chair • Ranui Maxwell, Project Coordinator

Overview

The Paediatric Palliative Care Network continues to collaborate with key networks. A formal partnership with Palliative Care Australia is underway to update the NZ PPC Guidelines, with a PPCN representative on the working group. The network supported Hospice NZ's bid for the 2027 International Palliative Conference.

Development of a new Model of Care has progressed, with the draft under review by the Steering Group and expected to move through Health NZ's sign-off pathway. PPCN also contributed to paediatric organ donation guidelines alongside PICU and Organ Donation NZ.

Ongoing advocacy with media and politicians focuses on equitable, accessible PPC across New Zealand. A final report on PPC services is expected for consultation in early 2026.

Educational efforts remain strong. Monthly forums featured speakers including Ellyn Proffit, Kathryn Mannix, and the AYA Palliative Care Group, with consistently positive feedback. Work on the KidsHealth bereavement page, led by a psychologist in collaboration with Rei Kōtuku, is progressing and due for completion by Q1 2025.

Achievements

The Paediatric Palliative Care Network has made significant progress across clinical, strategic, and advocacy areas in 2025.

Partnership and Guideline Development

A major achievement is the formal partnership with Palliative Care Australia to update the New Zealand Paediatric Palliative Care Guidelines. A PPCN representative is actively contributing to the working group. Collaboration also continues with national networks, including AYA, MFM, and NCCN, with a focus on improving access and equity in care delivery.

Model of Care Development

The Model of Care development reached a key milestone, with monthly meetings concluded and a draft document completed. The Steering Group is finalising revisions before progressing it through the Health NZ clinical governance sign-off process. This document offers a comprehensive review of services and future recommendations.

Clinical Guidelines and Advocacy

PPCN supported the development of paediatric organ donation guidelines in partnership with PICU and Organ Donation NZ. The network is also contributing to the NCCN strategic plan to ensure that all children dying from cancer have access to specialist palliative care. The Network Chair led advocacy efforts through media and political engagement, calling for national resources to support equitable PPC services. A final report has been submitted and is expected to open for consultation in early 2025.

Education Forum

The Monthly Education Forum continues to be a key strength, featuring high-quality speakers including Ellyn Proffit, Kathryn Mannix, Janet Mikkelson, and the AYA Palliative Care Group. Over 200 healthcare professionals attended across four sessions, with consistently high satisfaction rates.

Resource Development

The KidsHealth bereavement page is under development in collaboration with Rei Kōtuku, led by a psychologist. Completion is expected by Q1 2025. An online reference group meeting is scheduled for Q4 to maintain stakeholder engagement.

These achievements reflect PPCN's commitment to advancing quality, equity, and access in paediatric palliative care across Aotearoa New Zealand.

Network Priorities

Model of Care Development & Engagement

- Feedback from the network on the Model of Care was submitted to Te Whatu Ora
- Ongoing focus on developing a localised, child- and whānau-centred model that includes regional and Māori voices
- Commitment to improved inclusivity and consensus-building

Strengthening Network Membership & Representation

- Updated Terms of Reference to reflect inclusive and multidisciplinary membership, including Māori and consumer representation
- Calls for Expressions of Interest for Play Specialists, Paediatricians, Māori, and Social Workers
- Emphasis on ensuring Starship Palliative Care is engaged and represented

Equity, Advocacy & Rights-Based Care

- Presentation from the Children's Commissioner reaffirmed paediatric palliative care as a child's right under Te Tiriti o Waitangi and the UN Convention on the Rights of the Child
- Strong advocacy is needed to address inequities, particularly for Māori and Pasifika children
- Ongoing efforts to amplify the voices of tamariki and whānau in care and policy design

Education & Communication

- Transition planning for the Education Forum coordinator role
- Improved data collection on webinar engagement
- Plans to reinstate the PPCN newsletter using NZCYCN templates

Website & Resource Development

- Enhancements to the website include regional mapping, links to bereavement and clinical resources
- Exploring partnerships with Australasia for broader reach and integration

Advanced Care Planning (ACP)

- Identified the need for a national approach to ACP for children
- Work underway on a transferable ACP document; co-design with health professionals and whānau included in the 2025-2026 workplan

General Paediatric Clinical Network

Emily Sorby & Dr Dave Graham, Co-Chairs • Julie Cullen, Project Coordinator

Overview

The General Paediatrics Clinical Network (GPCN) brings together clinicians, Māori partners, whānau voices, and sector leaders to strengthen paediatric care across Aotearoa. General Paediatrics is the cornerstone of child health, providing holistic, generalist care in secondary settings while linking closely with primary, community, and tertiary services. The GPCN exists to improve health outcomes for all mokopuna, with a clear commitment to equity, Te Tiriti o Waitangi, and Māori-led health advancement.

The network provides collective leadership, sharing expertise and lived experience to guide priorities, advocate for system transformation, and promote innovative, mokopuna-centric, whānau-focused, whānau-led models of care. It supports collaboration across regions, working towards consistent clinical guidance, and influences national child health strategy. Using the Critical Tiriti Analysis tool and working in alignment with the Paediatric Society of New Zealand strategy, the GPCN ensures that all of its work is transparent, responsive, and equity-driven. Through its partnerships and mahi, the GPCN seeks to build a cohesive, future-focused paediatric service that addresses inequities, strengthens workforce capacity, and delivers meaningful improvements for mokopuna and their whānau.

Achievements

The newly established General Paediatric Clinical Network has made strong early progress in building a nationally connected, whānau-centred approach to paediatric care.

Health Equity

The network is embedding a mokopuna-centred, whānau-led approach into its planning. Equity-focused mahi is underway, including a national survey on First Specialist Appointment (FSA) wait times and whānau experiences. Findings were shared with the Ministry of Health to inform future health target development and better integration of paediatric needs into system planning.

Partnership and Connectedness / Ngā Tāngata (People)

The Reference Group has been established and held its first face-to-face hui in July 2025. The hui supported whakawhanaungatanga, finalisation of the Terms of Reference, and the development of a prioritisation process for future workstreams. Connections have been made with the Neurodevelopment Network and disability sector leadership to explore shared priorities. A national clinical directors group has been formed to support timely feedback and coordination, and a wider communications database is being developed.

The network is committed to embedding Te Tiriti o Waitangi in its processes and will use the Critical Treaty Analysis Tool to guide future work.

Improving Practice

The network has endorsed the Australasian Bronchiolitis Guidelines and submitted feedback on the national FASD strategy. Mahi has also commenced to support equitable access to Nirsevimab, with a focus on collaboration with partners and other clinical networks. Potential workstreams have been identified, and steps to prioritise and plan for implementation are underway.

Network Priorities

Workstream Development and Prioritisation

Implement and progress identified workstreams, using agreed prioritisation processes to focus on achievable, high-impact initiatives that address paediatric health needs across Aotearoa.

Equity and Te Tiriti o Waitangi Integration

Embed Te Tiriti principles across all network activities, ensuring culturally safe, whānau-centred approaches in project planning, service delivery, and workforce engagement. Use tools such as the Critical Treaty Analysis to guide decisions and workstream design.

Strengthening Partnerships and Connectedness

Build and maintain relationships with sector stakeholders, including other clinical networks, disability services, Māori and Pasifika health leadership, and Te Whatu Ora teams, to enable coordinated, collaborative approaches to child health.

Workforce Development and Knowledge-Sharing

As a newly established network, we are exploring ways to support paediatric clinicians and wider teams through education, mentoring, and shared learning. Ideas are being considered for newsletters and other communication channels to share opportunities for clinical engagement with projects and promote knowledge exchange across the sector.

Service Improvement and Advocacy

Support equitable access to key interventions, advocate for and support opportunities to improve paediatric services, including equitable access to interventions.

Data, Research, and Monitoring

Continue to collect and use data to inform policy, planning, and quality improvement across the sector. As a new network, we are exploring ways to track and assess the potential impact of future activities on regional and national paediatric services.

Additional Information

The reference group consists of seven members, two co-chairs and representation from the Paediatric Society. Reference group members span across rural, regional and tertiary services as well as professional groups including cultural advisors, physiotherapy, nursing, and general and specialist paediatricians.

KidsHealth
HauoraTaitamariki

Introduction

KidsHealth is a Paediatric Society of New Zealand - Te Kāhui Mātai Arotamariki o Aotearoa initiative. Supported & funded by Health New Zealand - Te Whatu Ora.

KidsHealth has been collaborating with the NZ Child & Youth Networks to deliver high-quality, evidence-based content for just over 20 years. It is used widely by parents and whānau as well as health professionals and others involved in the care of tamariki.

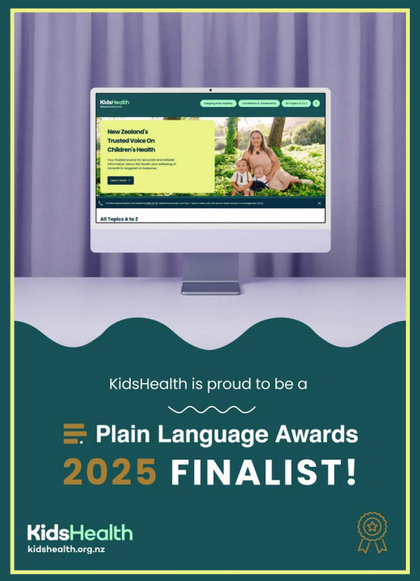
KidsHealth delivers content, illustrations & animations that resonate with a New Zealand audience.

KidsHealth has approximately 1.6 million views per year, including around 1 million in Aotearoa, New Zealand.

Achievements

KidsHealth has been named a finalist in the 2025 Plain Language Awards in the 'Best Plain Language Website — Private Sector' category.

Being named a finalist recognises KidsHealth's commitment to making healthcare information clear and accessible for all whānau across Aotearoa. This recognition is for the whānau we serve every day. Winners will be announced on 30 October at Parliament, Wellington.



KidsHealth has had a makeover!

The upgraded site reinforces KidsHealth's commitment to providing New Zealand parents and whānau with accurate and reliable information about the health and wellbeing of tamariki and rangatahi in Aotearoa.

We improved the site's navigation, accessibility, and content to better serve user needs.

New website features

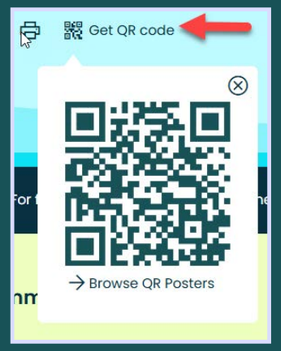
Zero data

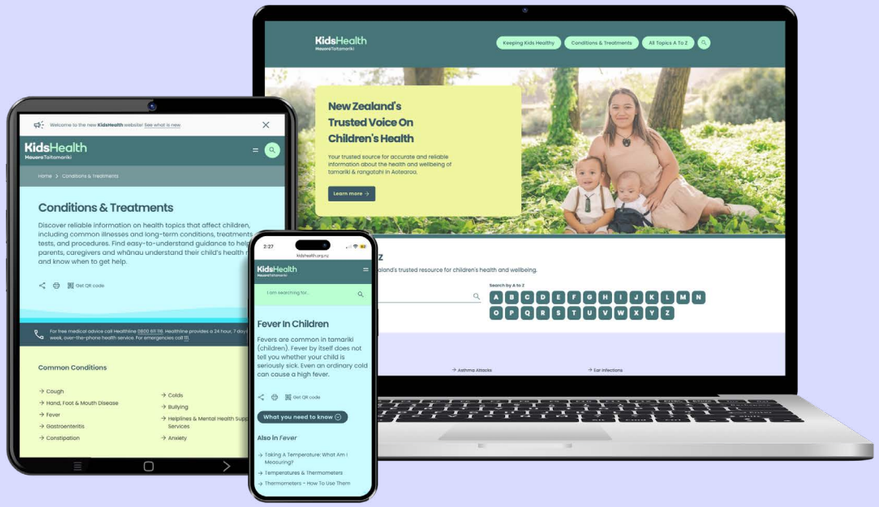
KidsHealth is now part of the Zero Data initiative allowing all New Zealanders to access essential information and digital services for free on their mobile devices.

QR code feature for sharing content

Users can share KidsHealth content with others using the 'Get QR code feature' at the top and bottom of every KidsHealth page. A helpful feature designed with clinicians in mind.
The 'Get QR Code' button now makes it simple to provide whānau with reliable, trusted information directly to their devices, without sending emails or explaining what to search for.

The QR code has led to approximately 25,000 visits to more than 850 KidsHealth pages since the introduction of the QR code feature from early December 2024 to mid September 2025.





New content

KidsHealth continues to provide high-quality, evidence-based, accessible, content about the health of tamariki and rangatahi for parents and whānau. KidsHealth uses multiformat content and clear language to communicate messaging, reduce health literacy demands faced by parents and whānau, and enhance user engagement. KidsHealth also continuously reviews and enhances existing content.

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

Users can now watch translated versions of the animations and read the corresponding transcript in one place.
KidsHealth has been adding to our collection of 14 animations.

Explore the full collection of KidsHealth animations, including those translated into te reo Māori, Samoan, and Tongan.

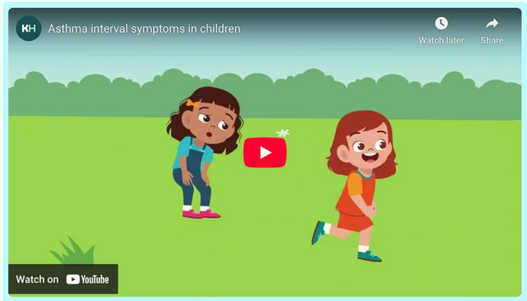
Animations By KidsHealth

Check the latest animations delivered in late 2024/2025.

Asthma Attacks

An animation about asthma attacks, including symptoms and when you might need to see a health professional.
Source: KidsHealth

Asthma Interval Symptoms

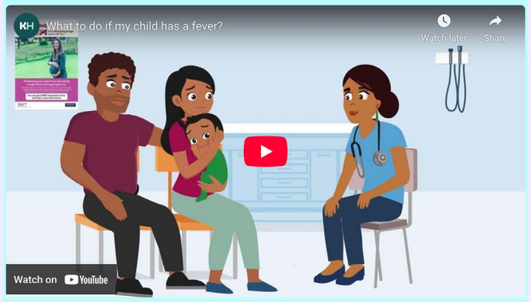


Find out what asthma interval symptoms are and how to manage them.
Source: KidsHealth

Conjunctivitis

An animation about conjunctivitis, including symptoms and when you might need to see a health professional.
Source: KidsHealth

Fever



An animation about fever in children, including what to do and when you might need to see a health professional.
Source: KidsHealth

Constipation

An animation about constipation, including symptoms and when you might need to see a health professional.
Source: KidsHealth

Gastroenteritis

An animation about gastroenteritis, including symptoms and when you might need to see a health professional.
Source: KidsHealth

Cough

An animation about cough in children, including what to do and when you might need to see a health professional.
Source: KidsHealth

New pages

Miscellaneous topics

- Commercial Baby Food Pouches
- Strawberry Naevus (Infantile Haemangioma)
- Mesenteric Adenitis In Children
- Scarlet Fever In Children
- Slapped Cheek Disease (Fifth Disease)
- Glandular Fever In Children & Young People
- Outer Ear Infections In Children (Swimmer's Ear)
- Toddler's Diarrhoea
- Laryngomalacia

Orthopaedic & musculoskeletal content

In collaboration with a Paediatric Rheumatologist/Paediatrician and an Orthopaedic Surgeon with a specialised interest in paediatrics.

- Developmental Hip Dysplasia
- Perthes Disease In Children
- Slipped Upper Femoral Epiphysis (SUFE)
- Limping In Children
- Scoliosis In Children

Starship Respiratory Service collaboration

Content on respiratory topics to support whānau understanding. Nationally relevant content created by redeveloping local resources, in collaboration with the Starship Respiratory Team.

- Congenital Breathing Problems
- Pneumothorax In Children & Young People
- Bronchiolitis Obliterans In Children
- Lung Transplant In Children
- Lung Biopsy In Children
- Interstitial Lung Disease In Children

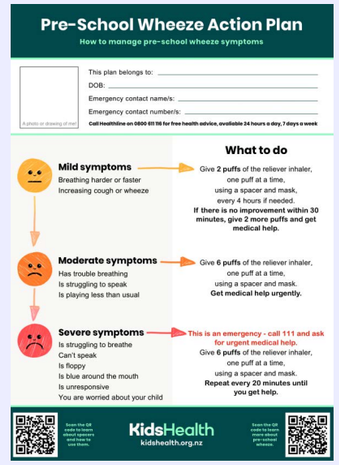
Paediatric Neurology Clinical Network

- Duchenne Muscular Dystrophy In Children
- Creatine Monohydrate For Children With Duchenne Muscular Dystrophy
- Steroid Management Plan For Children With Duchenne Muscular Dystrophy

New resources

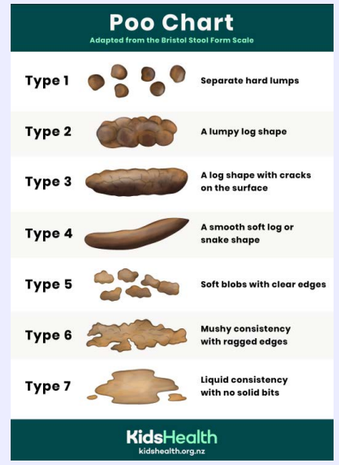
Resources Developed by KidsHealth

Pre-School Wheeze KidsHealth Action Plan



Poo Chart

(Adapted from the Bristol stool chart. After receiving user feedback, the KidsHealth team adapted this chart to avoid any references to food, to make it more culturally sensitive.)

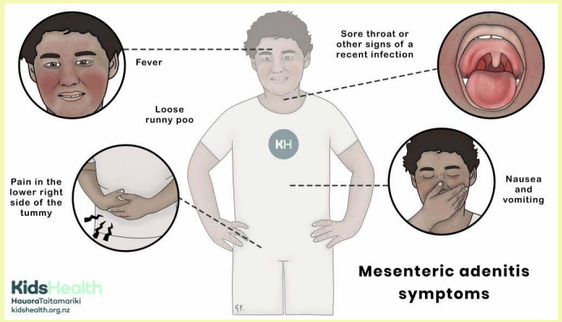


New resourcesdeveloped by the Diabetes Clinical Network

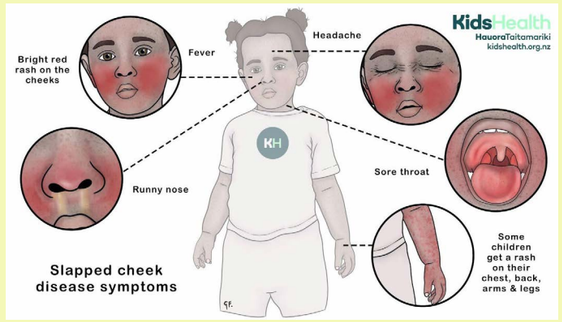
- Type 1 Diabetes Carer Support Subsidy Letter
- Type 2 Diabetes CGM Carer Support Subsidy Letter
- Diabetes & Exams 2025
- CGM Comparison Table (July 2025) - on the page Diabetes Technology

A selection of new illustrations

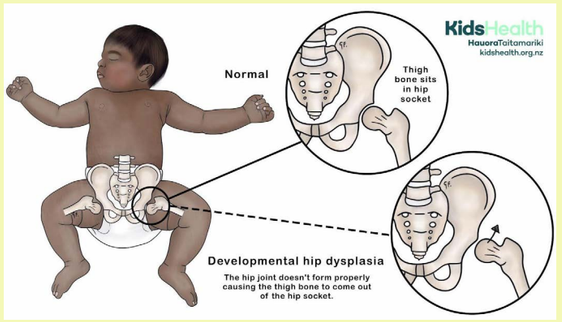
Mesenteric Adenitis In Children



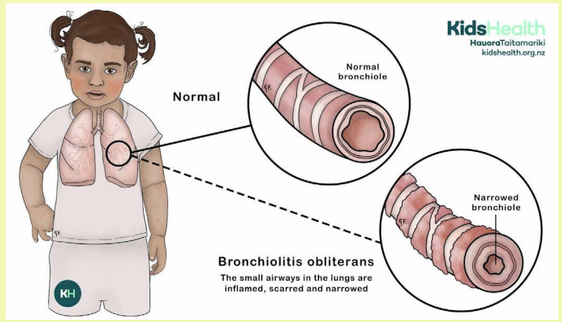
Slapped Cheek Disease (Fifth Disease)



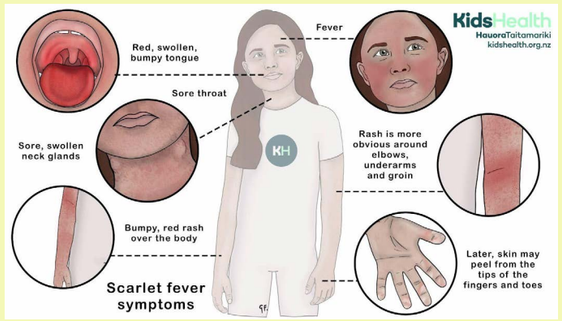
Developmental Hip Dysplasia



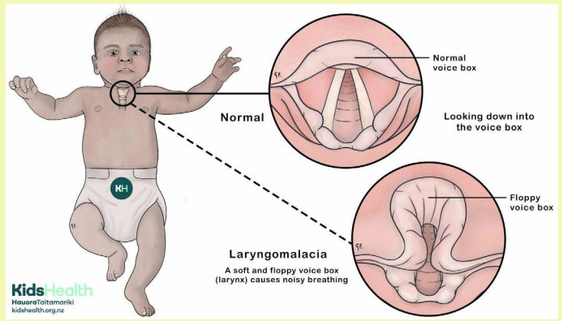
Bronchiolitis Obliterans In Children



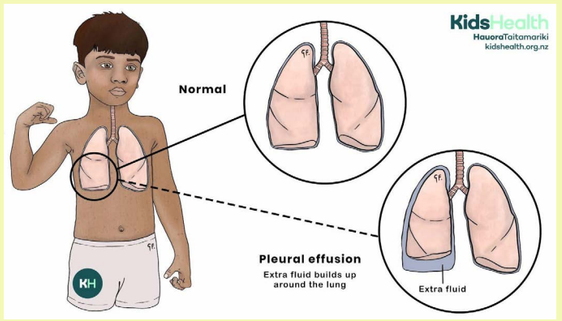
Scarlet Fever In Children

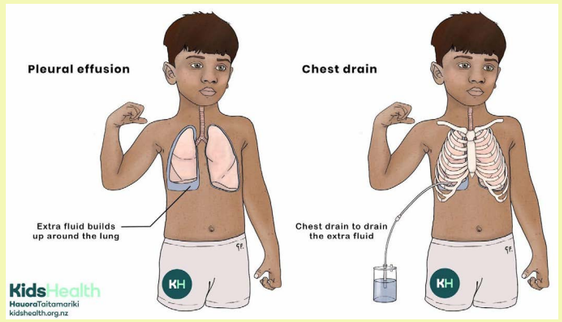


Laryngomalacia

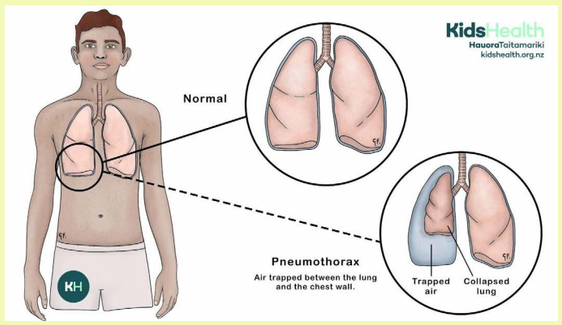


Pleural Effusion & Empyema In Children

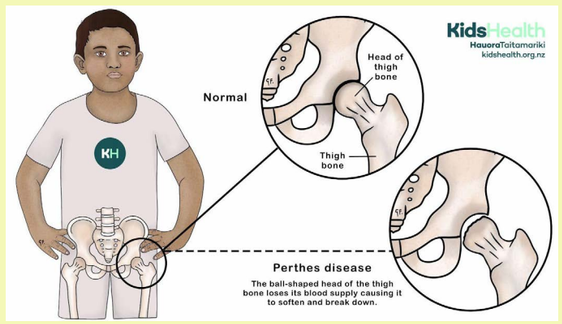




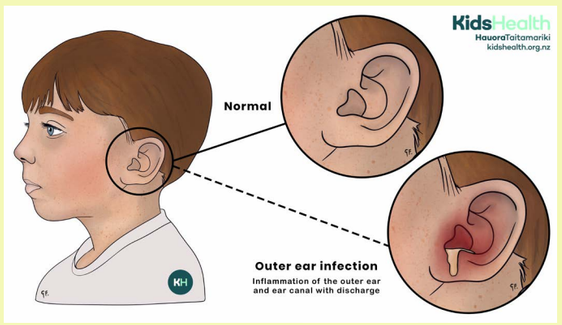
Pneumothorax In Children & Young People



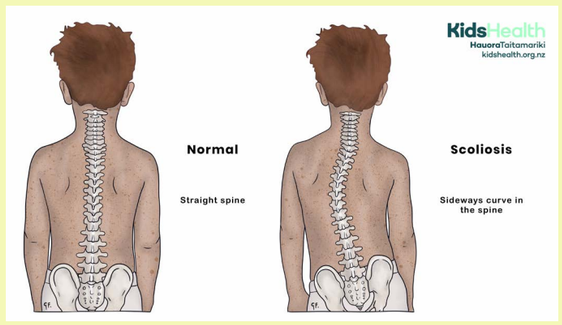
Perthes Disease In Children



Outer Ear Infections In Children (Swimmer's Ear)



Scoliosis In Children



Collaboration

KidsHealth collaborates with others, including national online health information providers.

- KidsHealth content is now fully integrated into the Health New Zealand | Te Whatu Ora national consumer-facing website **info.health.nz**. When users search info.health.nz for a child health topic, the search results list KidsHealth pages, clearly indicated with a KidsHealth branded link.
- KidsHealth content is currently shared with the Healthify website **healthify.nz**.
- Health TV, a TV network of screens playing in public waiting areas in Health Centres and Hospitals around Aotearoa, has screened KidsHealth animations.
- Hato Hone St John NZ are using KidsHealth animations in their first aid public training.

"We have been sharing your KidsHealth videos with our tutors in preparation for the launch of our child first aid course at the end of the year, and they all love the animations, how they depict New Zealand and the simple language used."

- Hato Hone St John NZ

Feedback received by KidsHealth

"The KidsHealth pages were great when my son was experiencing constipation. We were able to look at the pages together and the images helped him understand what was happening in his body. The language and terminology used in the article, helped him understand better and be less embarrassed when we later saw the GP for the same issue."

- Parent and GP, New Zealand

Partnership with the New Zealand Child and Youth Epidemiology Service in 2025

The New Zealand Child and Youth Epidemiology Service (NZCYES) has continued to provide clinicians and policymakers across the motu with rigorous and independent information on the health and wellbeing of our tamariki and rangatahi.

National Reports

The NZCYES work programme for 2024/2025 was developed in consultation with expert working groups and with clinical advisors and managers from the Starting Well programme of Te Whatu Ora. Two main areas of in-depth reporting were commissioned: (1) Neurodevelopmental Conditions and (2) Maternal Mental Health, with publication of both reports expected by the end of 2025.

Neurodevelopmental Conditions

This report is the first of its kind in New Zealand, providing comprehensive data on the prevalence of a range of neurodevelopmental conditions, including Autism, ADHD, FASD, intellectual disability and other motor and language disorders, along with evidence for their management. NZCYES used the Integrated Data Infrastructure (IDI), which includes non-health data, to identify children with these conditions, adding to comprehensiveness.

Maternal Mental Health

This report compares mental health service use among women in the pre- and post-natal periods to identify critical times during transition to parenthood that represent opportunities for improved mental health screening and support.

Annual State of Child Report

NZCYES is responsible for data analysis and reporting for this report, commissioned by Cure Kids in consultation with external content experts—expected first quarter of 2026.

Support to Clinical Networks

NZCYES has provided support to several of the PSNZ clinical networks in 2025:

Respiratory and Sleep Network

In March, NZCYES presented national bronchiolitis data at the RSV Symposium held as part of the NZ Paediatric Forum.

The purpose of the symposium was to review the current epidemiology and evidence for preventative therapies and to prepare a formal submission to PHARMAC to consider funding of Nirsevimab, a monoclonal antibody given to infants at high risk of severe RSV disease.

Palliative Care Network

In conjunction with Dr Amanda Evans, NZCYES prepared a report on children with life-limiting or life-threatening conditions throughout New Zealand as part of a submission to the government on the need for improved specialist palliative care services for children.

Diabetes Network

NZCYES worked with members of the Diabetes network to report on the impact of COVID-19 on admissions to hospital for children with diabetic ketoacidosis (currently in press).

Child Protection Network

NZCYES prepared an updated report on the epidemiology of Abusive Head Trauma among infants and children.

NZCYES Director (Fiona Turnbull) also attended the New Zealand Child and Youth Clinical Network face-to-face hui held in Auckland in May. The meeting was an important opportunity for NZCYES to hear firsthand how it can continue to best serve the needs of the clinical networks.

Interactive Dashboard

Alongside reporting obligations, NZCYES has developed an interactive tool or dashboard to help those working in child health interrogate our data and produce customised reports. A beta version of the dashboard will be demonstrated at the upcoming PSNZ annual meeting in November.

Governance and Staffing

Steering Committee

The committee, chaired by Prof. Nicola Austin, meets quarterly and plays a key role in feedback and the strategic direction of NZCYES. After many years of valued contribution to the Steering Committee, Dr Tim Jelleyman retired as Chief Clinical Advisor for Child and Youth at the Ministry of Health. We are grateful to Dr Jin Russell, who joined the Committee after appointment as Chief Clinical Advisor. Dr Simone Watkins and Dr Christine McIntosh joined this year as Pacific and Primary Health Care representatives.

Staff and Students

We have been pleased to welcome Dr Glenda Oben as an honorary fellow and Dr Emma Heydon as a clinical advisor to NZCYES, who each bring a range of skills and expertise. NZCYES plans to appoint an Equity Advisor in the coming months. NZCYES has partnered with Dr Nick Bowden, who leads the IDI Laboratory at the University of Otago. As a result, two staff members are now formally accredited in the use of the IDI. Two MBChB students, funded by University of Otago summer scholarships, will complete short research projects in December-January 2025/26.

Funding

NZCYES activities are funded by contracts with the PSNZ, Te Whatu Ora and Cure Kids. Where possible, we seek to secure additional peer-reviewed funding.

PSNZ Annual Meeting

NZCYES will host a Special Interest Group meeting at the upcoming PSNZ annual meeting in November. This will include a special showcase of NZCYES activities over the last 20 years, as well as a planning meeting with regional clinical advisors and others involved in commissioning. NZCYES has had five abstracts selected for presentation at PSNZ this year.

NZCYES is very grateful to the Paediatric Society of New Zealand for its ongoing support.

NZCYCN Governance Group

Role	Name	Professional role(s)/area of expertise	Location
Member	**Bridget Farrant**	Senior Lecturer / Adolescent Physician	Tāmaki Makaurau
Member	**Cameron Grant**	Paediatrician	Tāmaki Makaurau
Member	**Christine McIntosh**	GP Liaison	Tāmaki Makaurau
Member	**Dan Gotz**	Hāuora Māori Service Development Kahu Taurima Group Manager	Whangārei
Member	**Hera (Sarah) Watkinson**	Starship Nurse Co-Director – Tāngata Whenua	Tāmaki Makaurau
Member	**John Beca**	Starship Representative	Tāmaki Makaurau
Member	**Karen Magrath**	Nurse / Principal Clinical Advisor	Te Whanganui-a-Tara
Member	**Lise Bakker**	Allied Health Paediatric Speech-Language Therapist	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**	Consumer Representative	Kaiapoi
NZCYCN Chair	**Nicola Austin**	NZCYCN Chair	Ōtautahi
PSNZ President	**Owen Sinclair**	PSNZ President	Tāmaki Makaurau
PSNZ Programme Director	**Pam Henry**	PSNZ Programme Director	Tāmaki Makaurau
Member	**Peter McIlroy**	Paediatrician South Island	Whakatū
Member	**Sonja Farthing**	Paediatrician North Island	Tāmaki Makaurau
Co-opted Member	**Jin Russell**	Manatū Hauora Clinical Advisor	Tāmaki Makaurau
Member	**Toriana Hunt**	Kaimahi Hauora Māori	Ōtautahi

2024 Annual Meeting


EHARA TAKU TOA
I TE TOA TAKITAKI,
HE TOA TAKITINI
My strength is not
as an individual but
as a collective
NZCYCN
New Zealand Child & Youth
Clinical Network
The Paediatric Society of New Zealand
Te Kāhui Mātai Arotamariki o Aotearoa