Introduction

Plunket is one of the Well Child/Tamariki Ora (WCTO) providers contracted by the Ministry of Health to provide Well Child services to newborn babies, and preschool children.

A number of contractual changes have occurred in Plunket’s provision of WCTO services over the years. Between 2002 and 2012, Plunket was contracted to deliver a minimum of seven core contacts at specified age bands (Table 1) along with additional services such as contact via telephone. In 2007, the 8th core contact was excluded from the Plunket contract and became the B4School Check subsequent to a review of the WCTO Framework. In October 2012, flexibility increased with respect to the age at which core contacts could occur. For example, the first three contacts could occur between the ages of 2 weeks – 15 weeks 6 days, and up to 5% of the Core 4–7 contacts could occur in the next age band (Table 1). In 2013, Plunket was contracted to deliver an average of six core contacts and an equivalent number of additional contacts. These additions can include joint face-to-face visits and joint care planning.

In addition to the WCTO visits, Plunket provides support to families through PlunketLine and Facebook Chats, as well as services such as parenting education, support groups, car seat schemes and safety schemes. Plunket also has a number of contracts with some of the DHB’s to provide services to clients.

Table 1. The age bands used by Plunket for the core Well Child/Tamariki Ora visits

<table>
<thead>
<tr>
<th>Contact</th>
<th>Well Child/ Tamariki Ora age</th>
<th>Plunket age band (pre 2012)</th>
<th>Plunket age band (post 2012)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core 1</td>
<td>4–6 weeks</td>
<td>2 weeks–5 weeks 6 days</td>
<td>3 contacts between ages:</td>
</tr>
<tr>
<td>Core 2</td>
<td>8–10 weeks</td>
<td>6 weeks–9 weeks 6 days</td>
<td>2 weeks–15 weeks 6 days</td>
</tr>
<tr>
<td>Core 3</td>
<td>3–4 months</td>
<td>10 weeks–15 weeks 6 days</td>
<td></td>
</tr>
<tr>
<td>Core 4</td>
<td>5–7 months</td>
<td>16 weeks–7 months 4 weeks</td>
<td>16 weeks–7 months 4 weeks</td>
</tr>
<tr>
<td>Core 5</td>
<td>9–12 months</td>
<td>7 months 4 weeks 1 day–13 months 4 weeks</td>
<td>7 months 4 weeks 1 day–13 months 4 weeks</td>
</tr>
<tr>
<td>Core 6</td>
<td>15–18 months</td>
<td>13 months 4 weeks 1 day–20 months 4 weeks</td>
<td>13 months 4 weeks 1 day–20 months 4 weeks</td>
</tr>
<tr>
<td>Core 7</td>
<td>2–3 years</td>
<td>20 months 4 weeks 1 day–47 months 4 weeks</td>
<td>20 months 4 weeks 1 day–47 months 4 weeks</td>
</tr>
<tr>
<td>Core 8</td>
<td>B4School check</td>
<td>36 months–60 months</td>
<td></td>
</tr>
</tbody>
</table>

The following section uses the Plunket data to assess the number of contacts Plunket has provided to children enrolled with Plunket before one year of age during July 2005–June 2013.

Data Sources and Methods

Indicator: Proportion of Plunket clients who received Well Child/Tamariki Ora contacts

Source: Plunket Database

Numerator: Number of Well Child contacts received by type of contact

Denominator: Number of new baby cases enrolled with Plunket at less than one year of age

Notes on Interpretation

Note 1: This data is based on new baby case information as extracted from the Plunket Database on 18 June 2014. Any new baby cases enrolled after one year of age is not included in these figures.

Note 2: Additional contacts are provided based on a needs assessment undertaken by the Plunket Nurse. The assessment determines the type of additional contact required, and who may undertake the contact, e.g. a health worker or another nurse.
New Zealand Distribution and Trends

In New Zealand during the period 1 July 2005–30 June 2013, around 56,000 new babies were enrolled with Plunket each year. The number of core contacts received by the new Plunket babies increased from 5.7 core contacts for the year ending June 2006 to 6.1 core contacts for the year ending June 2013. The number of additional contacts also increased. These were predominantly face-to-face contacts (Figure 1).

In the year ending June 2013 year, 54,958 new babies were enrolled with Plunket. They received 6.1 core contacts and 5.4 additional contacts (3.8 face-to-face, 0.2 group face-to-face, and 1.4 telephone).

Figure 1. Number of Plunket contacts for new babies enrolled, by contact type, New Zealand year ending June 2006–2013

![Graph showing number of contacts per new baby cases from 2006 to 2013.](source: Plunket)

Proportion Receiving Contacts by Ethnicity, and NZDep Index Decile

The number of core contacts and additional contacts for new babies enrolled with Plunket increased for all ethnic groups between the years ending June 2006 and 2013. Although Māori and Pacific babies had lower numbers of core contacts provided by Plunket compared with babies of other ethnicities, they received higher numbers of additional contacts (Figure 2).

In the year ending June 2013, Māori babies received 12.0 contacts provided by Plunket (5.8 core contacts and 6.2 additional contacts), while Pacific babies received 12.8 contacts, of which 6.0 were core contacts and 6.8 were additional contacts.

During 2006 to 2013 (years ending 30 June), new babies enrolled with Plunket who resided in the least deprived areas (NZDep deciles 1–2) received higher numbers of core contacts compared with babies residing in the most deprived areas (NZDep deciles 9–10), however, the babies residing in the most deprived areas received higher numbers of additional contacts (Figure 3).

In the year ending June 2013, the number of contacts for new babies who resided in the least deprived areas was 10.8 contacts (6.4 core contacts and 4.4 additional contacts) compared with those residing in the most deprived areas who had 13.1 contacts (5.9 core contacts and 7.2 additional contacts).
Figure 2. Number of Plunket contacts for new babies enrolled, by contact type and ethnicity, New Zealand years ending June 2006–2013

Source: Plunket

Figure 3. Number of Plunket contacts for new babies enrolled, by contact type and selected NZ Deprivation Index deciles, New Zealand years ending June 2006–2013

Source: Plunket
South Island DHBs Distribution and Trends

South Island DHBs Trends
In Nelson Marlborough, and in Canterbury during 2006–2013 (years ending 30 June), the number of core and additional contacts received by new babies enrolled with Plunket was higher in 2013 than in 2006. In the remaining South Island DHBs, the numbers were more variable (Figure 4).

Distribution by Ethnicity
In the South Island DHBs in the year ending June 2013, there were no marked ethnic differences in the number of core contacts received by new babies enrolled with Plunket, with the exception of South Canterbury (Figure 5).

Distribution by NZDep Index Decile
In the South Island DHBs in the year ending June 2013, there were no marked socioeconomic differences (as measured by NZDep Index decile) in the number of core contacts received by new babies enrolled with Plunket. However, in South Canterbury and Canterbury, babies from the most deprived areas (NZDep deciles 9–10) received a higher number of additional contacts than babies from the least deprived areas (NZDep deciles 1–2) (Figure 6).
Figure 4. Number of Plunket contacts for new babies enrolled by contact type, South Island DHBs years ending June 2006–2013

Source: Plunket
Figure 5. Number of Plunket contacts for new babies enrolled, by contact type and ethnicity, South Island DHBs vs. New Zealand year ending June 2013

Source: Plunket; Note: NBC = New baby cases

Figure 6. Number of Plunket contacts for new babies enrolled, by contact type and NZ Deprivation Index decile, South Island DHBs vs. New Zealand year ending June 2013

Source: Plunket; Note: NBC = New baby case