



Investing in the first 1000 days

Enhanced screening

National will deliver an integrated system of screening visits to identify any health, behavioural, social, or developmental concerns and to trigger enhanced early intervention services if required. This screening programme will involve:

- A pre-birth GP visit focused on preventative measures to support the health and wellbeing of the child and mother.
- A post-birth GP visit focused on the health and wellbeing of the child and mother (including monitoring for postnatal depression), and to identify additional needs.
- An accelerated B4 School Check for all children at age three, to be delivered on-site by medical professionals at early childhood education centres.¹

Three day postnatal stay

National will fund a three day postnatal stay for all mothers. This will ensure that those mothers who want it, are given sufficient time in a monitored, safe and relaxing environment where they can focus all of their attention on developing bonds with their baby, and where medical professionals can ensure the mother and baby are provided with appropriate care and nutrition.

The funding will be ring-fenced for postnatal stays. Mothers who are comfortable going home earlier will be able to, but if there are mothers who need to stay a little longer, the money will stay in the pot so they can.

We will also give mothers the right to receive their in-patient postnatal care at the birthing and maternal facility of their choice, whether this is in a hospital, primary maternity centre or community birthing facility.

Empowering parents

We will put parents at the centre of the system by providing them with individualised funding to spend on whichever services they feel will best meet their needs, and the needs of their baby, during the first 1,000 days. This new funding will come on top of existing funding, and represents a significant increase in support for parents and children in their first 1,000 days.

The majority of parents will receive a nominal funding allocation of \$3,000, while those identified through enhanced screening as being higher risk or having additional need will be allocated up to \$6,000. These parents would also receive support from a specialist “navigator”, who would assist in understanding their needs and choosing the appropriate services to meet those needs.

Eligible services will include:

- Additional pre- or postnatal parental education
- Registration with Lead Maternity Carers
- Community midwife services
- Extended postnatal stay
- Specialist support including lactation consultants, sleep specialists and pelvic health practitioners
- Additional support from Well Child / Tamariki Ora providers like Plunket
- Home-based support to develop mothercraft skills
- Participation in parenting groups such as SPACE, Play Centre and Te Kōhanga Reo
- Additional paid parental leave
- More ECE hours for older siblings
- Home-based visits from health professionals

¹Currently, B4 School Checks are conducted by a registered nurse at age four at medical facilities, with parents responsible for booking with a provider and taking their child to the appointment.



- Access to mentoring or community support programmes

This new funding, allocated per child rather than directly to service providers, will mean that parental demand will determine which services receive how much of the additional money. We believe this is a better way to allocate funds than it simply being up to Ministers to choose their preferred options. Organisations that are currently funded by the Government to provide services for the first 1,000 days would keep their existing baseline funding. Plunket, for example, would still receive its existing funding allocation of around \$66 million per year. However, they would also be eligible to receive a share of this new funding, if that's what New Zealand parents choose to do with their allocation.

Examples:

Sole parent

Jane is a sole parent expecting her first child. She attends a pre-birth screening visit at her GP and is assessed as being a high needs parent due to her concerns around how she will cope, and her lack of parental experience and family support. She receives a funding allocation of up to \$6,000, and is assigned a navigator to help her select services that will best support her child's development.

It is agreed with her navigator that she would benefit from additional pre and postnatal education, so she spends some of her allocation to attend extra classes. She also chooses to pay for several additional in-home visits from Plunket and health professionals during her child's first six months to ensure they have all the support they need.

Couple expecting their first child

Tamati and Janet are a couple expecting their first child. They are screened by their GP at both pre-birth and post-birth visits, and it's decided that they do not have additional needs. As it is their first child, they choose to spend some of their \$3,000 on an extra two nights in a postnatal facility (on top of the three nights they will already be entitled to under National). Janet has difficulty breast-feeding, so opts to use some of her

funding allocation for several one-on-one consultations with a lactation specialist. Tamati and Janet also want to spend more time with their child, so use the remainder of their funds to pay for some additional paid parental leave, which they split between them.

Couple expecting their third child

Luke and Mary are a couple on their third child, both with stable jobs and incomes. They attend their pre-birth and post-birth screening visits and it's decided that they are not high needs. As they are already experienced parents, they decide that they don't need many of the services targeted at new parents. However, they would like to be able to devote more time and attention to bonding with their latest child, so choose to use most of their \$3,000 allocation to enrol their older children in additional ECE hours.

Paid parental leave at the same time

National believes that in order to build strong families, both parents should have the opportunity to bond with their baby during the first few months of life. Paid parental leave is currently available for up to 26 weeks. This leave can be split between parents, but both parents can't take their leave at the same time. National will ensure that paid parental leave can be split between spouses or partners who are caring for the child, and that it can be taken at the same time if that's what the parents prefer.

Child passports

National will implement a system of child passports – an enhanced version of the current Well Child/Tamariki Ora book plus electronic records that contain information about the child generated through the enhanced screening programme, and that track progress to key physical, emotional, developmental and educational milestones. The passports will facilitate information sharing with all relevant parties – parents, medical professionals and educators – to ensure that concrete, early action is taken to address any identified issues or additional needs. This will also ensure better sharing of information for



children and families with greater challenges or increased risks.

National Centre for Child Development

We will establish a National Centre for Child Development – to be headquartered at one of our universities – which will bring together the best of child health, neuroscience and education research. The Centre will be tasked with improving best-practice throughout the system, and also with developing products and services that parents will be able to purchase with their additional, individualised funding allocations.

The National Centre for Child Development will create minimum requirements of course content for antenatal and postnatal education to ensure that parents have greater knowledge about brain development and better prepare them for parenthood. The Centre will also ensure higher quality parenting resources and support are available in our communities.

Lower adult-to-child ratios for under two year olds

National recognises that many parents rely on early childhood education services at some point to care for their young children. To ensure that these children receive the very best care during this critical time, National will progressively lower the adult-to-child ratio at ECE centres looking after children who are under 2 years old.

Cost

First 1,000 days policy element	Cost p.a. (\$m)
Enhanced screening (pre and post-birth)	9
Accelerated B4 School Check (on-site at ECE centres)	Reallocated
Three day postnatal stay	16
Empowering parents funding – standard allocation (90% of babies)	157
Empowering parents funding – high needs/risk allocation (10% of babies)	35
Concurrent paid parental leave	None
Child passports	5
National Centre for Child Development	4
Lower adult-to-child ratios for under 2 year olds	Reallocated
Total	226



Q&A

How will this work?

- Individualised funding is already used within the health system for people with disabilities thanks to National's reforms, giving them control and autonomy over the services they need. This proposal does the same for parents.

How will those with additional need be identified?

- All expecting parents will be offered a free pre-birth and post-birth GP screening visit. These and other criteria will be used to identify mothers and children with additional need.
- National will use the social investment methodology and consultation with child development experts to establish the criteria for additional support, with funding to be targeted towards the 10% of mothers at the highest risk.

Could the \$3,000 be used to buy other things?

- New parents won't receive cash. Rather, they will receive a nominal funding amount against which they can commission services.
- The funding can only be used to purchase approved and specified services, however parents will have full autonomy about how to allocate their funding from among these approved options.

What about women who don't know how best to spend their funds?

- The pre-birth and post-birth screening visits will help to identify women who have greater need of guidance, or whose children are at higher risk and would benefit from additional support during the first 1,000 days.
- These women will qualify for additional support (up to \$6,000 in total, based on need), and will also be provided with personalised guidance from a navigator about the best ways to use their additional

funding entitlement to access services for themselves and their child.

- This additional funding may have some restrictions on use, at the discretion of the navigator, to ensure that it is spent to maximise the wellbeing of the child.

How is this different from Best Start?

- The Best Start payment is a form of income support. The First 1,000 Days package is about providing more support for pregnancy and post-birth services in a way that is most responsive to the needs of the parents and contributes to the child's development.

Will the First 1,000 Days package replace Best Start?

- No, Best Start will remain, but will be means tested from year one. This package will be provided in addition.

Will existing services see their funding reduced?

- No, existing services and organisations will, at the very least, retain their existing level of funding. The money for the First 1,000 Days package is all new funding.
- In fact, most organisations will see their funding increase, as parents opt to purchase their services. The organisations providing the best service and value to parents and children are likely to see their funding increase the most.

Will this be new money or a new way of allocating current money?

- This policy is about investing more in the first 1,000 days to improve outcomes (and lower costs) later in life. National will be providing new money and letting parents decide where it is spent.