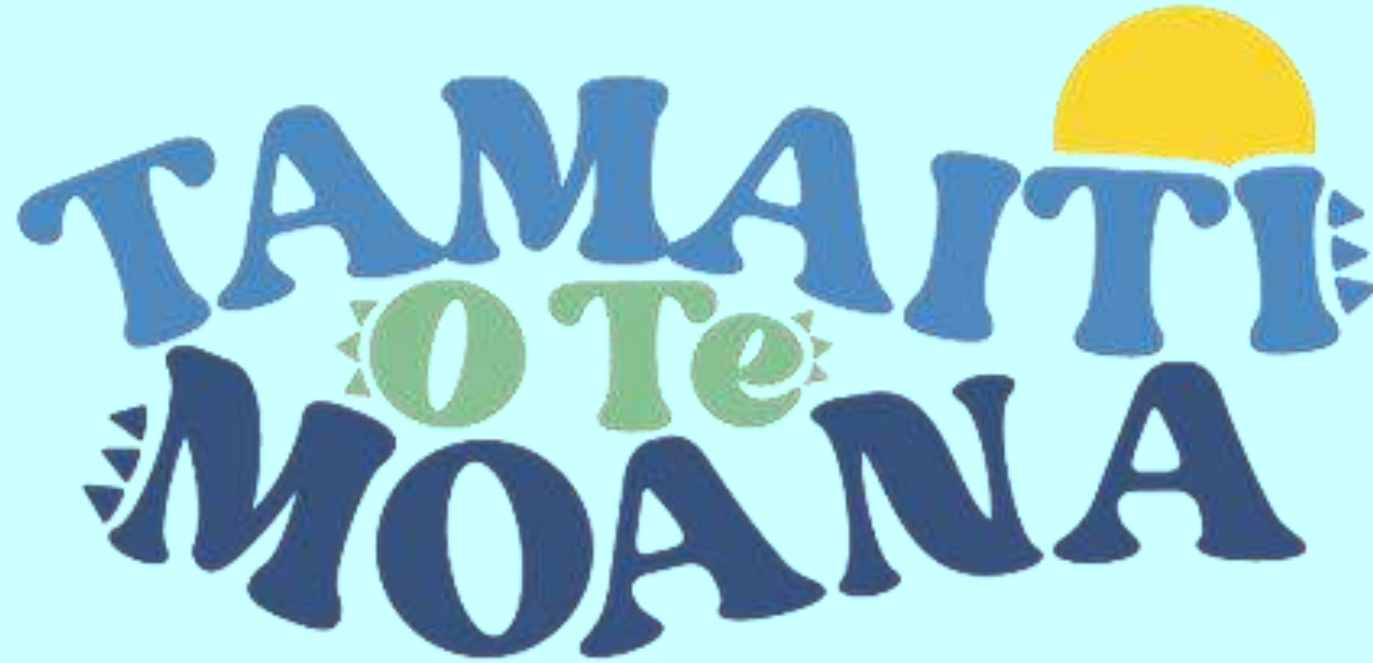




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Pacific Child Wellbeing research project

Community partners designing a Wellbeing program for Pacific children



Disclosure slide : Teuila Percival

This Research study is funded by the New Zealand Health Research Council

I have no financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this CME activity.

I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.





Children in our Pacific Communities

“Ko te tama te tumu o te akara’anga” (Cook Islands)

“Sa idivi ni loma ni mata na gone” (Fijian)

“Ko e tama ko e alito he mata” (Niue)

“O le mea uliuli o mata o matua o fanau” (Samoan)

“Ko e fanau ko e pele tu’u kanoimata” (Tongan)

The child is the centre of one’s eye (Papa’alagi)

**Pacific
Children in
NZ and the
Region**
*Common
themes for
all our
children*

Equity

Determinants of health

Privilege and bias

Responsive services

Effective Clinical Practice

'There are no words': Samoa buries its children as measles outbreak worsens

In six weeks, a measles outbreak has infected 3,000 people out of a population of 200,000, killing 42, mostly children



**The
Guardian**

Fri 29 Nov 2019 20.00 GMT - *Sapeer Mayron, in collaboration with the Samoa Observer*

The Guardian
Nov 2019



Tamaiti o te Moana

New Zealand Universal Well Child Tamariki Ora Programme



NZ Ministry of Health Well Child Tamariki Ora

Postnatal core visits

- 1 Birth
- 2 First Week Check
- 3 2 - 4 Week

Transition core visits

- 4 LMC Visit
- 5 GP Team Visit
- 6 WCTO Provider Visit

Infant and child core visits

- | | |
|------------------|---------------------------------|
| 7 8 - 10 Weeks | 11 15 - 18 Months |
| 8 3 - 4 Months | 12 2 - 3 Years |
| 9 5 - 7 Months | 13 4 Years
(B4 School Check) |
| 10 9 - 12 Months | |

Well Child Tamariki Ora and Pacific kids

Continuing disparity in
Engagement & Access to
Programme

Questionable appropriateness of
screening tools /checks /
resources for diverse populations

Multiple providers /clinicians

Individual based

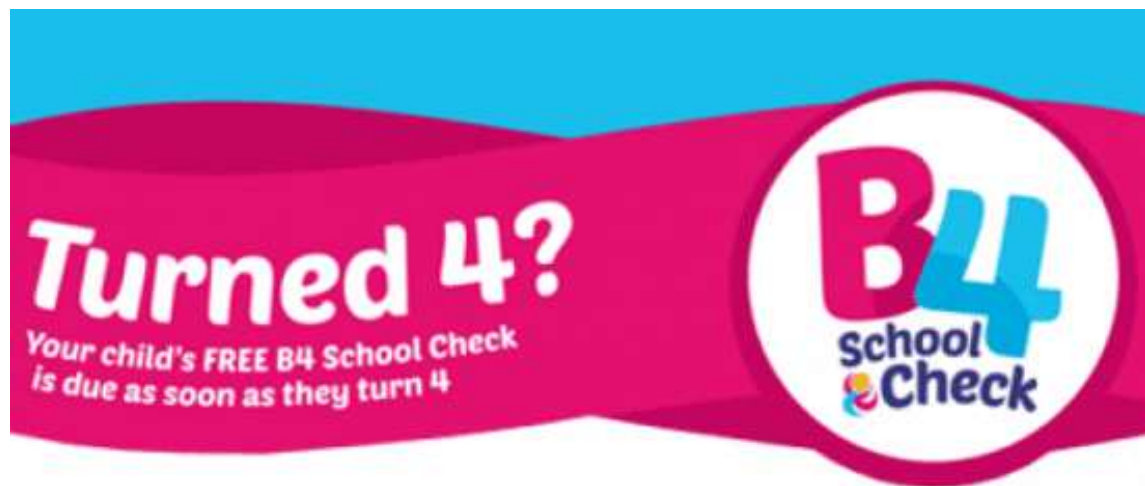
Transactional

Screening & Surveillance

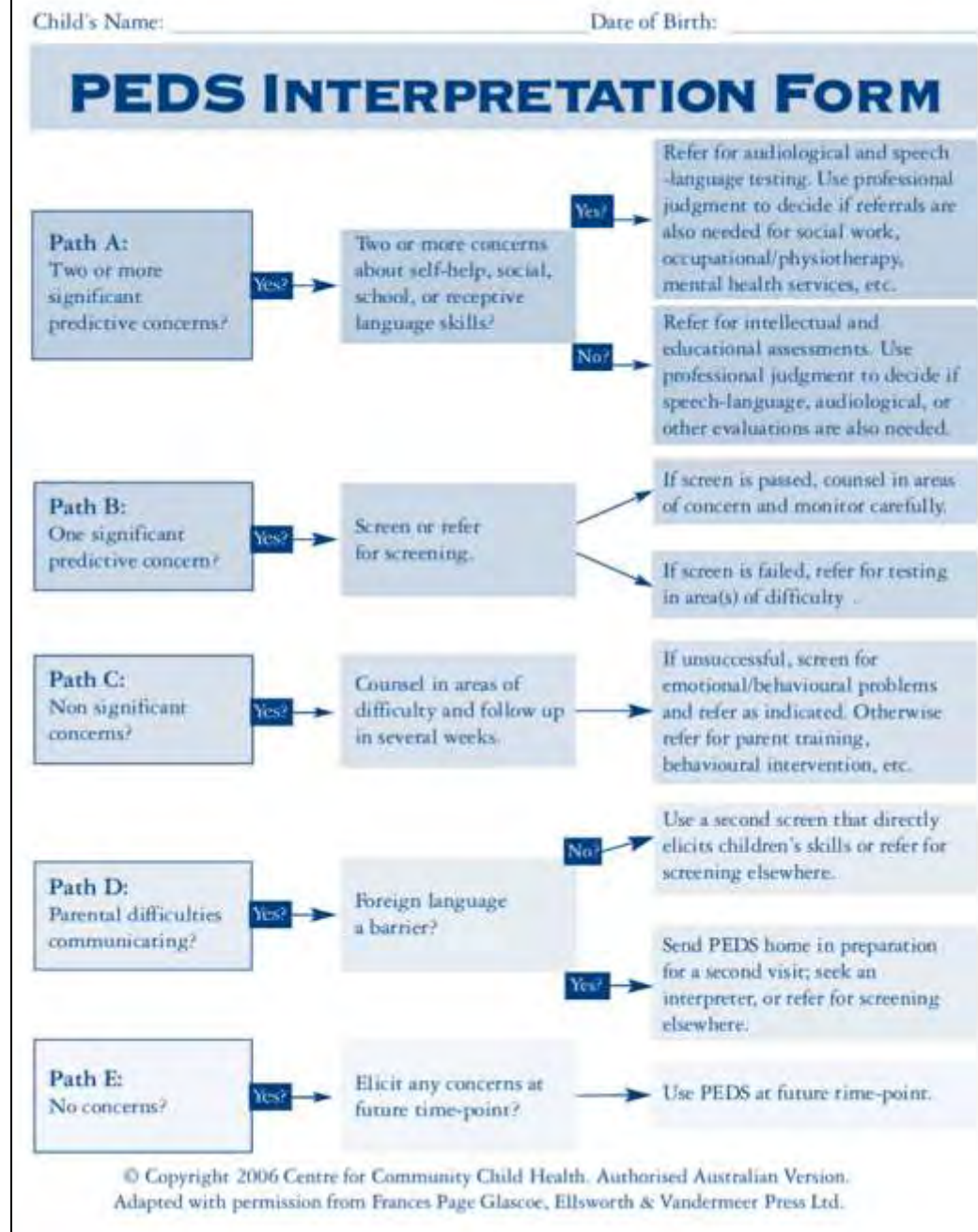
Deficit based

Anticipatory guidance with a
non-Pacific lens





Developmental area	Measures
Vision	Visual acuity (left and right eye) Wears glasses (yes/no)
Hearing	Audiometry and Tympanometry (left and right ear) Tympanostomy tubes (grommets) inserted (yes/no)
Oral health	'Lift the Lip' dental examination
General health	Immunisation status
Growth	Height (cm) and weight (kg) *Macros to calculate age- and sex-specific body mass index (BMI) according to World Health organisation criteria can be found here<add link>
Strengths and Difficulties (parents and teacher)	Subscale scores (prosocial behavior, conduct problems, emotional symptoms, hyperactivity, peer problems)
Parental evaluation of development status	Number of 'significant' concerns Number of 'non-significant' concerns



Strengths and Difficulties Questionnaire

P 4-17

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of the child's behaviour over the last six months.

Child's Name _____

Male/Female _____

Date of Birth _____

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children (treats, toys, pencils etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often has temper tantrums or hot tempers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary, tends to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally obedient, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries, often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets on better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sees tasks through to the end, good attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

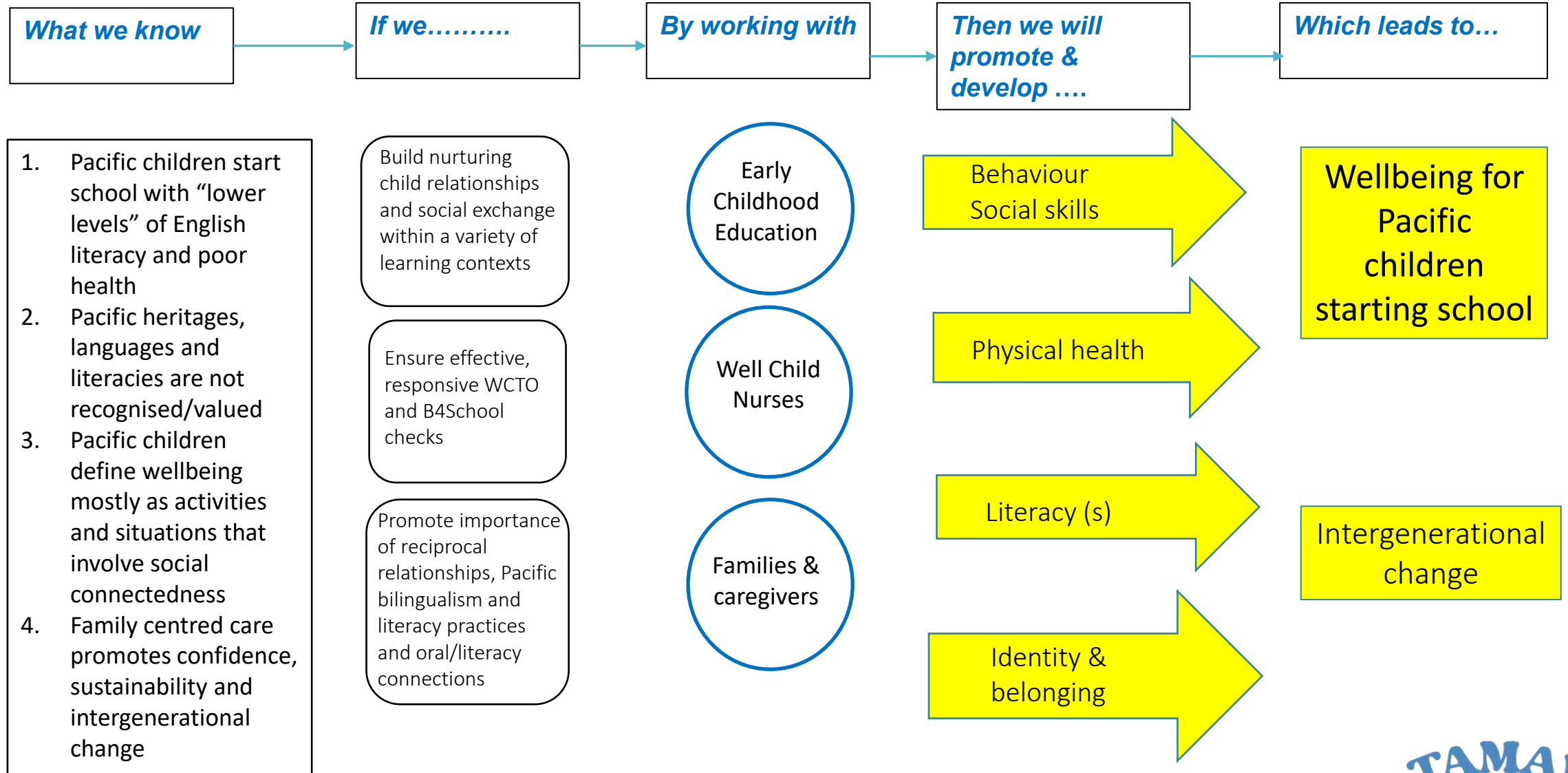
How universal are universal preschool health checks? An observational study using routine data from New Zealand's B4 School Check.

Gibb, S., Milne, B., Shackleton, N., Taylor, B. J., & Audas, R. (2019). How universal are universal preschool health checks? An observational study using routine data from New Zealand's B4 School Check. *BMJ open*, 9(4), e025535.

“ Maori and Pacific and children from socio-economically deprived areas less likely to complete checks

The patterns of non-participation suggest a reinforcing of existing disparities, whereby the children most in need are not getting the services they potentially require”.

Pacific Child Wellbeing Theory of Change



Our research team

Teuila Percival, Mary Roberts, Faletoease Asafo, Jacinta Faalili-fidow Mele Taumoepeau	Moana Connect	Pacific child research
El-Shadan Tautolo	Victoria University	Psychology/early child development and behaviour
Rae Si'ilata & team	AUT	Pacific child and family research
Jeanne Teisina	Va'atele	Pacific languages and literacies
Maria Foai-To'omata	Akoteu Kato Kakala ECE	Tongan language pre-school
Brittany Newport	Mataliki Tokelau Akonga Kamata	Tokelau/ pan-Pacific pre-school
Fonofili Sa'e Parkinson	Puna Ole Atamai Aoga Amata	Samoa language pre-school
Vivien Pole	South Seas Healthcare WCTO	Pacific Well Child provider
	Procure PHO	Primary Care

Developing a Pacific Well-child programme

- Promotes, acknowledges and celebrates Pacific child & family strengths
- Identifies and responds to child & family challenges and concerns
- Community led and developed
- Honours our values and beliefs
- Recognises we are Pacific people in New Zealand



Fa'afaeltui research model

*What is
Pacific child
wellbeing ?*

*What is a well
thriving Pacific
child ?*

1. Fa'afaletui

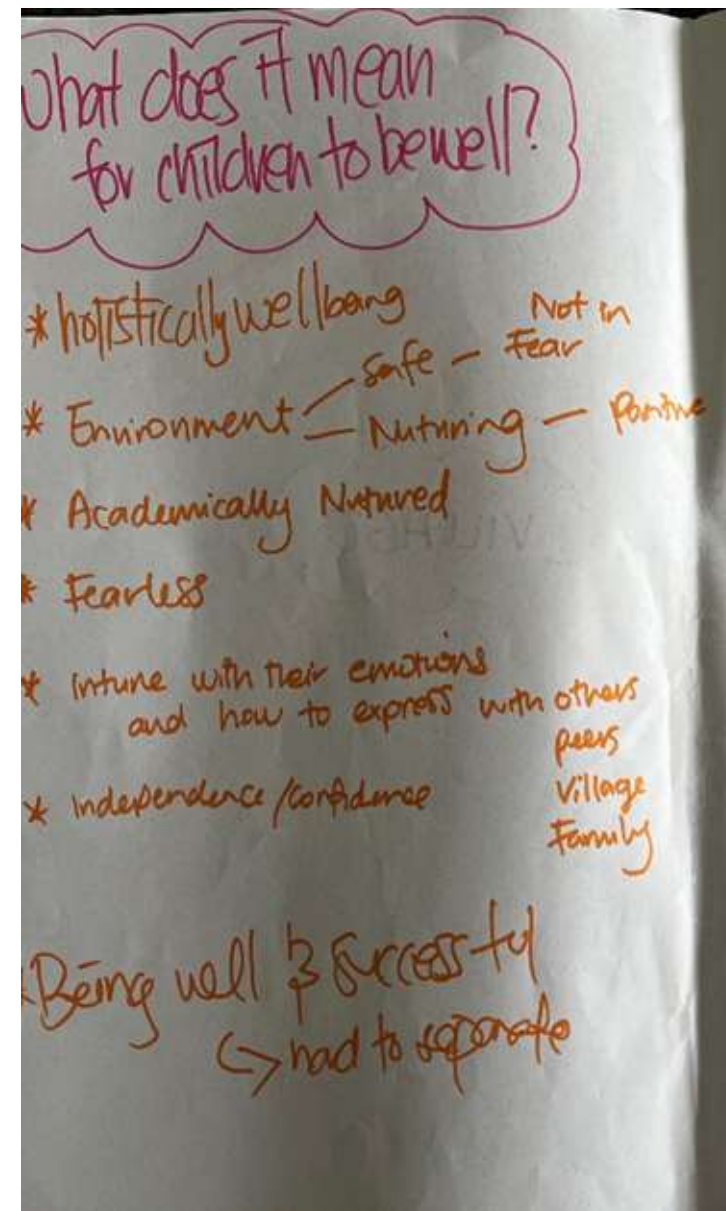
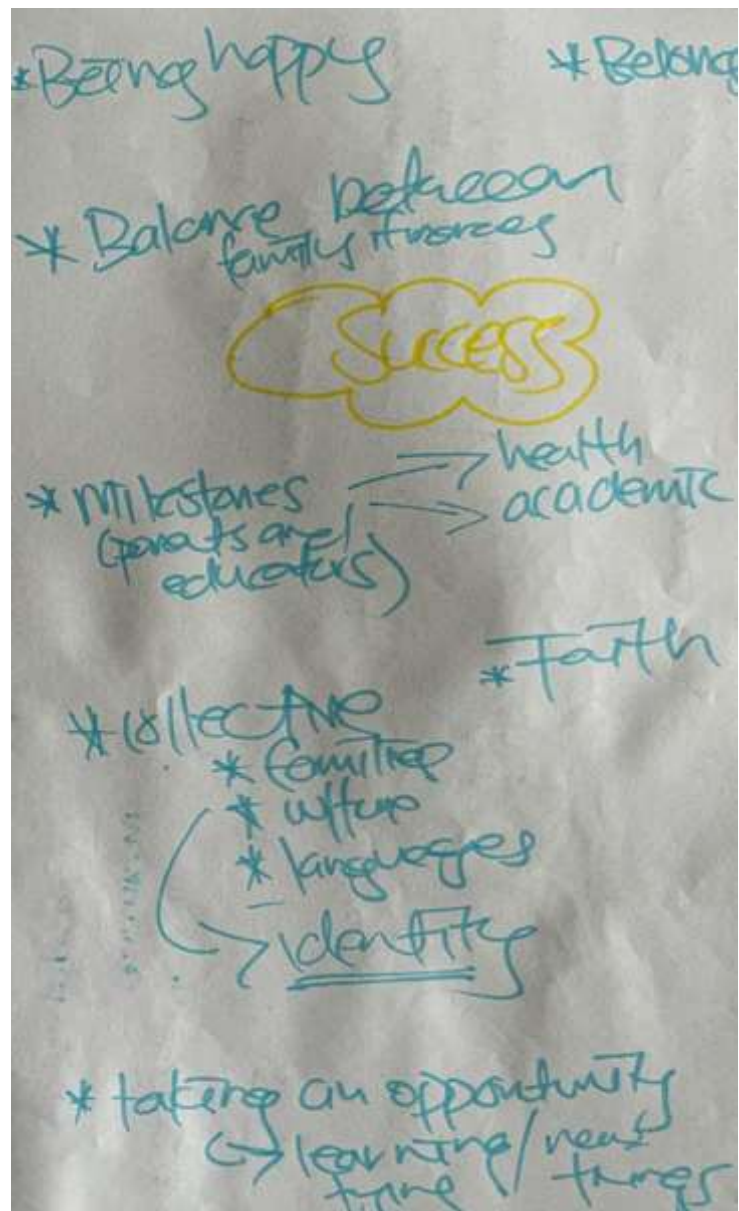
- Literature review and planning
- Talanoa
- Focus groups – families, teachers, health workers
- Sense making workshops
- Developing a framework

Tamasese, K., Peteru, C., Waldegrave, C., & Bush, A. (2005). Ole Taeao Afua, the new morning: A qualitative investigation into Samoan perspectives on mental health and culturally appropriate services. *Australian & New Zealand Journal of Psychiatry*, 39(4), 300-309.









We wish with all our hearts, that we could give the stars and the moon to our children, we want our children to be successful as Tongans.

Our dream is for them to be articulate in both words, to hold onto the things that we pride ourselves in as Tongans, our language, our values. We want to normalise our values so that it mitigates the false narratives about us

We want our children to know who they are, and where they come from, we want them to know that they all belong – they have a village that is behind them. They need to be empowered, to be able to choose without the barriers placed in front of them. We want an equal playing field.

There are definitely differences of understandings of Child Development and early learning experiences. And it starts from the fonua. Do we hear fonua in child development in textbooks and that? No. Fonua is where the child is.





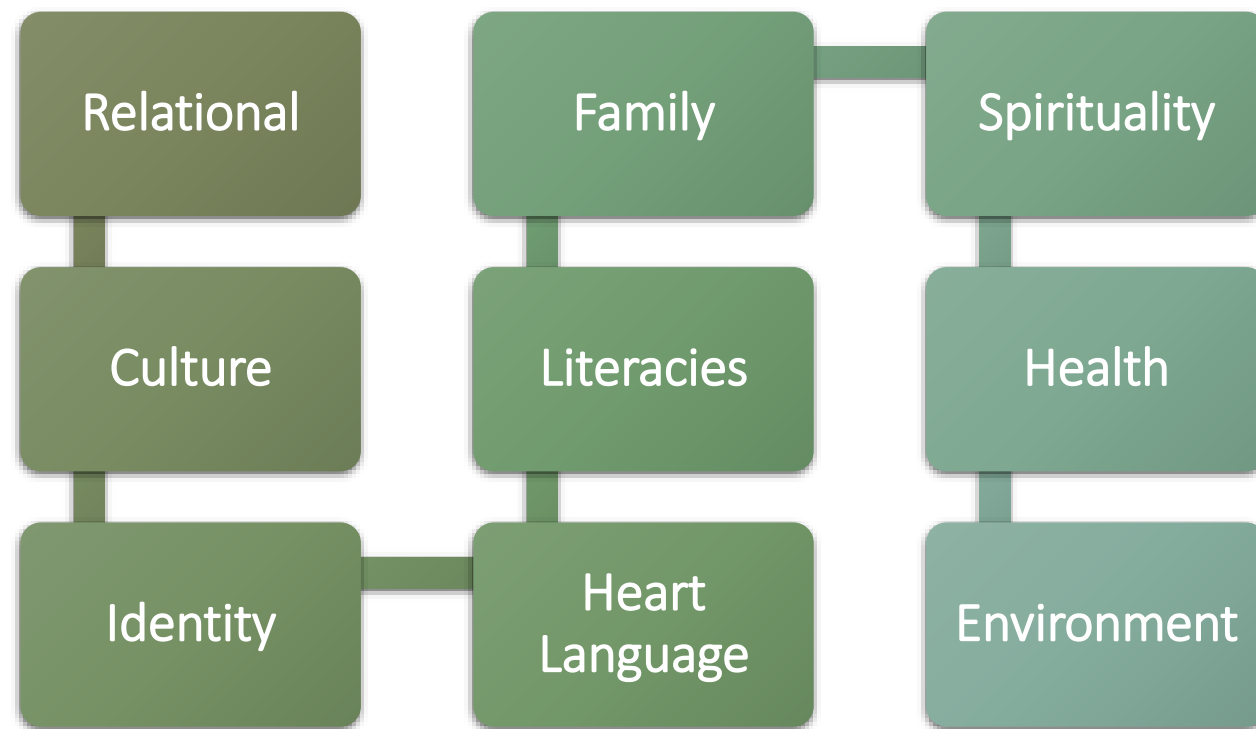
Working
together
Weaving
strands to
create a
seamless Fala
for children

The Fine Mat: A cultural and artistic treasure of the Pacific Islands .
Samoa News Hub 26 May 2023





What does Pacific child wellbeing look like?



holistic well-being

family — support / engage. WORK WITH

whole family
mum, dad, grandparents

social Determinants

"village" for some families
single parents

relationships have

→ Dads e.g. karanga groups

- * collective system
- * Bring services to the people

→ do it all at once
* check ears/eyes

* Space: first time mums

* can be done
→ and-ll

* Peds / milestones

* what success is

* Relationships
are key

"One Stop Shop"

* Stationary + mobile

* Hubs near each other

* finance → Budgeting workshops
"prosperity fulana"

* Housing

* Social supermarkets

→ social shopping

* Plunket checks:

* instant referrals/
Support

* vision & hearing
checks

* languages / literacy
→ flows in
ev



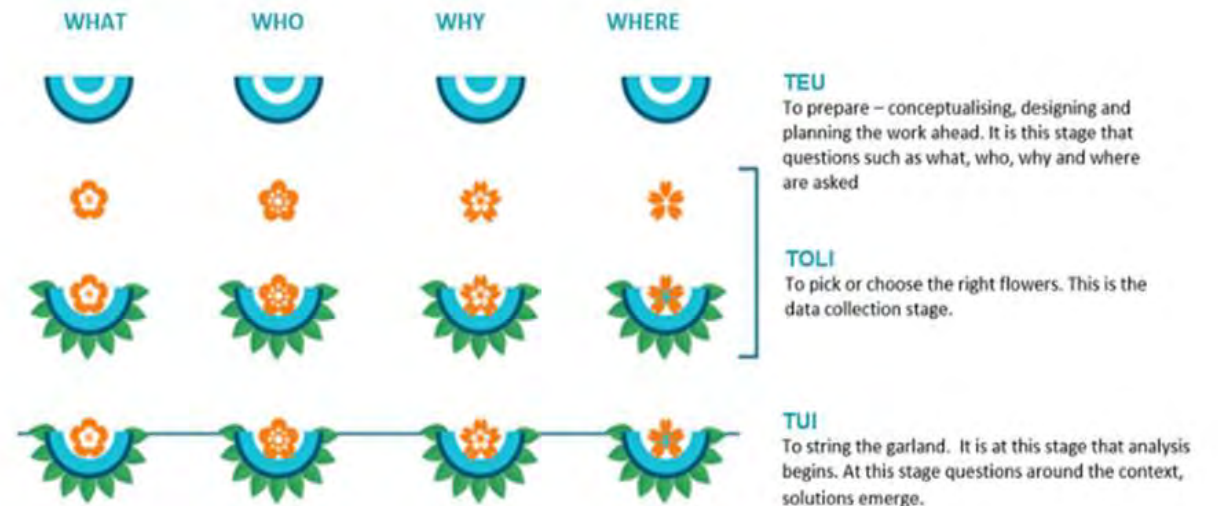
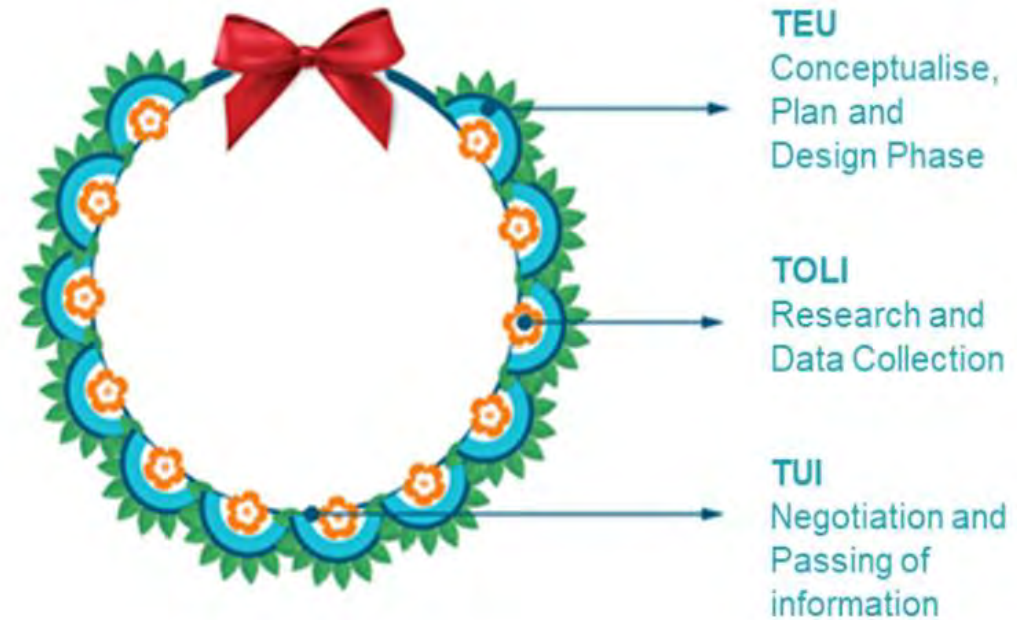
Develop & Pilot a Child wellbeing programme starting with the “B4 School context “

Building on existing relationships & structures

- Relationships, connections
- Language
- Identity, Culture
- Literacies
- Physical health
- Environment
- Strengths
- Concerns

Kakala

Thaman, K. H. (2006)



*Implement and
pilot Pacific child
wellbeing
framework in
the B4 School
context*

2. Kakala

- Pilot & implementing the framework
- Developing resources and training
- Validating and testing
- Analysis & reflection

Test

- Pilot 1
- 1 family per ECE

Develop

- Pilot 2
- 3 families per ECE

Implement

- Final pilot
- 32 children & families

Analyses & learning

Family Talanoa

Wellbeing Nurse/teacher/family/child conferences

Piloting Pacific Family Talanoa

Health/Education/Family B4 School conference

Family/Nurse/teacher talanoa

- Cultural Format/language
- Conversation, time
- Celebrating the child & family
- Child school packs
- Child cultural portraits

Scheduling process

- Photoshoot
- Family talanoa
- Physical checks (audiology, vision etc)

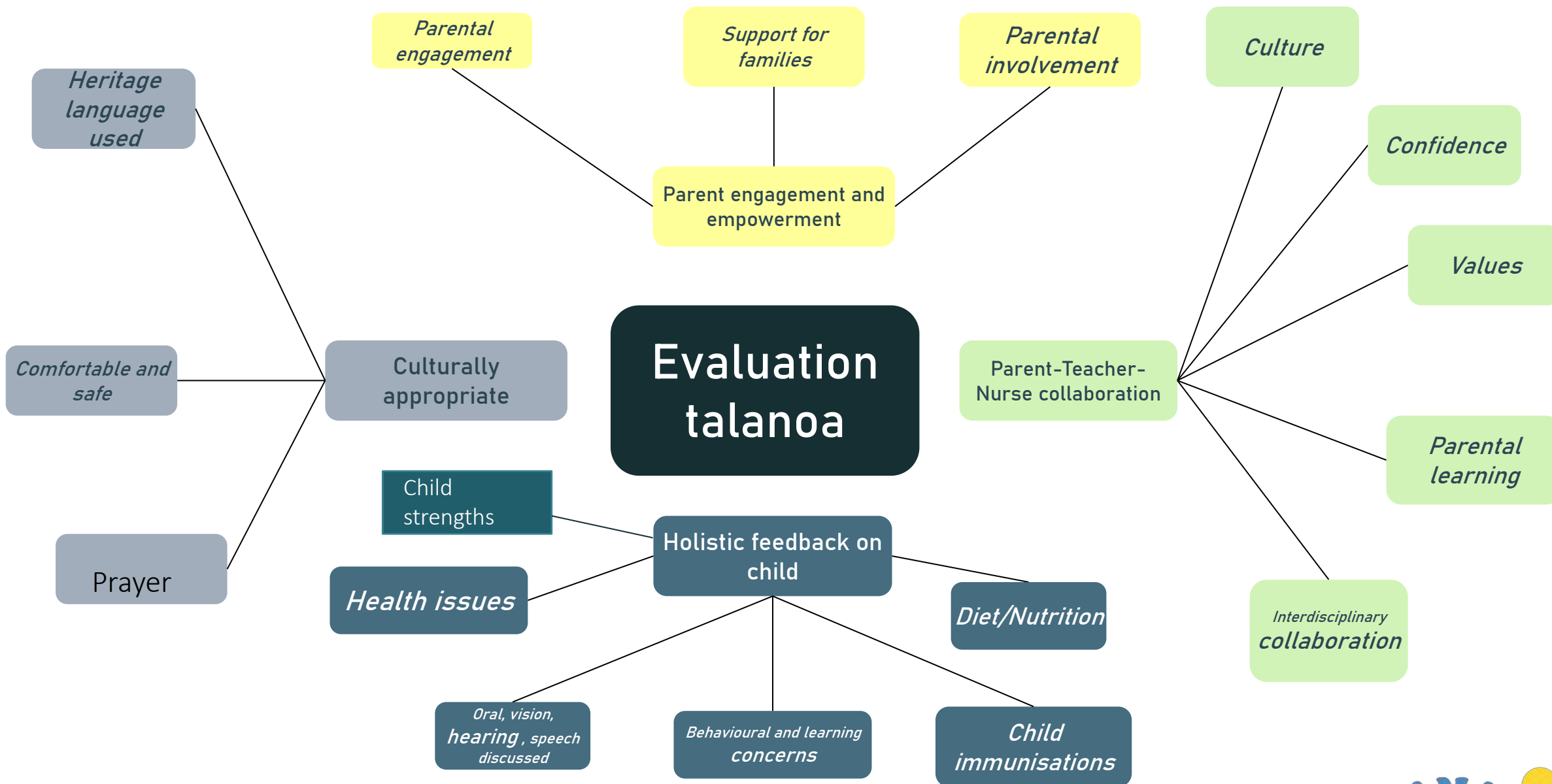


	Purpose/aim	Questions/prompts
<p>Opening prayer</p> <p>Fa’afeiloaiga/ Whakawhanaungatanga</p> <p>(Welcome/ Introductions)</p>	<p>Ensure all are fully informed about the project.</p> <p>Establishing and building the vā.</p>	<p>Begin with a prayer.</p> <p>Go around the room and invite each person to introduce themselves and their background.</p> <p>Provide a brief overview of the project and talanoa</p>
<p>Strengths and interests of the child</p> <p>(Cultural strengths, music, dance, literacies, social skills, oratory, anything that the child)</p>	<p>Ensure that ALL the child’s strengths and interests are highlighted and celebrated (not just typical education or health milestones):</p> <ul style="list-style-type: none"> ECE Educator to talk about strengths of child (portfolio) Family/parent to talk about strengths of child. Nurse to talk about strengths (if have access to their health records otherwise can wait until well child section) Plans and goals for Primary schools. 	<p>Facilitator/ECE educator to describe the child’s strengths: e.g., <i>I have noticed that your child is good at ...</i></p> <p>Ask family parent the following:</p> <p><i>Can you tell me what makes your child happy, healthy and strong?</i></p> <p><i>Can you tell me about some of your child’s strengths?</i></p> <p><i>Is there anything that comes to mind when you think about what your child is good at – in the home, in the community e.g., church, clubs?</i></p>
<p>Concerns about the child</p>	<p>Discuss any concerns highlighted by the parents/carers, ECE educator and nurse.</p> <p>Identify support the child might need.</p>	<p><i>Do you have any concerns about your child?</i></p> <p>If Yes:</p> <p><i>Would you like to talk about your concerns in case we can support in any way? (or similar)</i></p>
<p>Well Child*</p>	<p>Discussion of child’s health in general – strengths and concerns including B4 School and ASQ results if available or referral if needed.</p>	<p>Facilitator to invite Well Child nurse to provide Well Child health check results.</p> <p>OR</p> <p>Nurse to talanoa about any health concerns and services available to the family in relation to their health and social needs. Ensure referrals for audiology etc made</p>
<p>Next Steps – recap on talanoa themes and follow ups and recommendations discussed.</p>		<p>Ask if there is anything else that they would like to share</p>
<p>Closing and prayer</p> <p>Present school pack and Child’s cultural portrait to families</p> <p>TAMAITI O TE MOANA</p>		<p>Closing reflections/summary</p> <p>Thank and acknowledge everyone.</p> <p>Closing prayer</p>



Evaluation framework: Key questions

Criteria	Key Evaluation Questions	Specific Evaluation Questions
Appropriateness <i>Is this appropriate for pacific communities?</i>	<i>Is the three-way talanoa, resources and TOTM approach suitable for addressing the needs of Pacific children, families, and ECE educators.</i>	1.How well does the programme align with the needs and values of Pacific children and their families? 2.Are the engagement methods (three-way talanoa) culturally appropriate and effective? 3.Does the program adequately address the holistic development and wellbeing of Pacific children?
Effectiveness <i>Is this approach achieving its objectives?</i>	<i>How well does the three-way talanoa sessions facilitate discussions about children's strengths, needs, and support, compared to traditional assessment methods?</i>	1.To what extent have the children's strengths, needs, and concerns been effectively identified and addressed through the three-way talanoa model? 2.How has the collaboration between parents, Well Child nurses, and ECE educators increased access to needed services? 3.What changes in knowledge, attitudes, and behaviours have been observed in parents and educators because of their participation in the program? 4.How effective was the program in fostering collaboration between education and health sectors?
Impact <i>What difference does this make?</i>	<i>What positive changes have been seen as a result of the talanoa, resources and TOTM approach?</i>	1.What significant changes have occurred because of the programme/talanoa? (e.g. referrals, follow-ups recommended in the talanoa) 2.How has the programme affected children's development and readiness for primary school?
Efficiency <i>How well are resources being used?</i>	<i>To what extent has the programme been delivered in a way that makes effective use of the time, human resources, and financial investment made available?</i>	1.How efficiently were resources utilized in the programme? 2.Were the processes for organizing and conducting talanoa sessions smooth and timely?
Sustainability <i>Will this approach and its benefits last?</i>	<i>How will the programme remain sustainable beyond the project lifetime?</i>	1. Are elements of the programme able to be incorporated into BAU? 2. Is the programme scalable? 3. What plans are made to incorporate learnings into policy and future practice?



Good Cultural fit

"I felt comfortable. I think it was good, starting with a prayer first and then from there. I felt safe."

"I thought it was smoothly and well done. I really liked how we opened up and finished up in prayer. We are very strong in our faith, so having you guys do that in your line of work as well, I thought it was pretty cool."

"It was done in the Tongan language, which was good, and for us who grew up in New Zealand, we were able to use both English and Tongan."

"Yes, it was good. I think I was more confident to have the conversation because I understand more in the Tongan language. I felt more comfortable."



Holistic

"I thought it was straightforward and easy to understand and answer. Basically, everything was about my son's development and what I feel he has as strengths, and what I think he needs help with."

"Also, just talking about his environment, his family, where he comes from. So you guys were pretty much not only just talking about the child, but where he comes from, the type of people he surrounds himself with, his parents, his household, who he lives with. Yeah, it was good."



Comprehensive
and useful

"It was good having the nurse. Because they do the physical checkups. And I think if there were any concerns on their end, they would've raised it, but they too felt good about my little one and said that everything was tracking well for my little one."

"Jean was there, but the nurse was breaking it down, explaining what it means, and making it sound easier for us."



Ease of participation

"I think from the wellbeing checks, this approach is there to meet our needs – it isn't like a standard thing that they try to fit our kids into one box."

"So it was good to get feedback from them and what they see and what I see, and a lot of it matches. And it's reassuring knowing that they feel my little one is ready to move on in the next year. So it was a good experience. There was nothing that made me feel anxious or anything."



Making sure Follow-ups and referrals happen

"I had some concerns about his hearing, so we got that checked out, and his vision as well. If it wasn't for Moana Connect, I wouldn't have been able to do all these things."

Discomfort with mainstream services

"I just feel like they don't really meet our Pacific backgrounds and upbringing as well."

"You kind of fall by the wayside and get forgotten about unless you as a parent follow it up yourself."

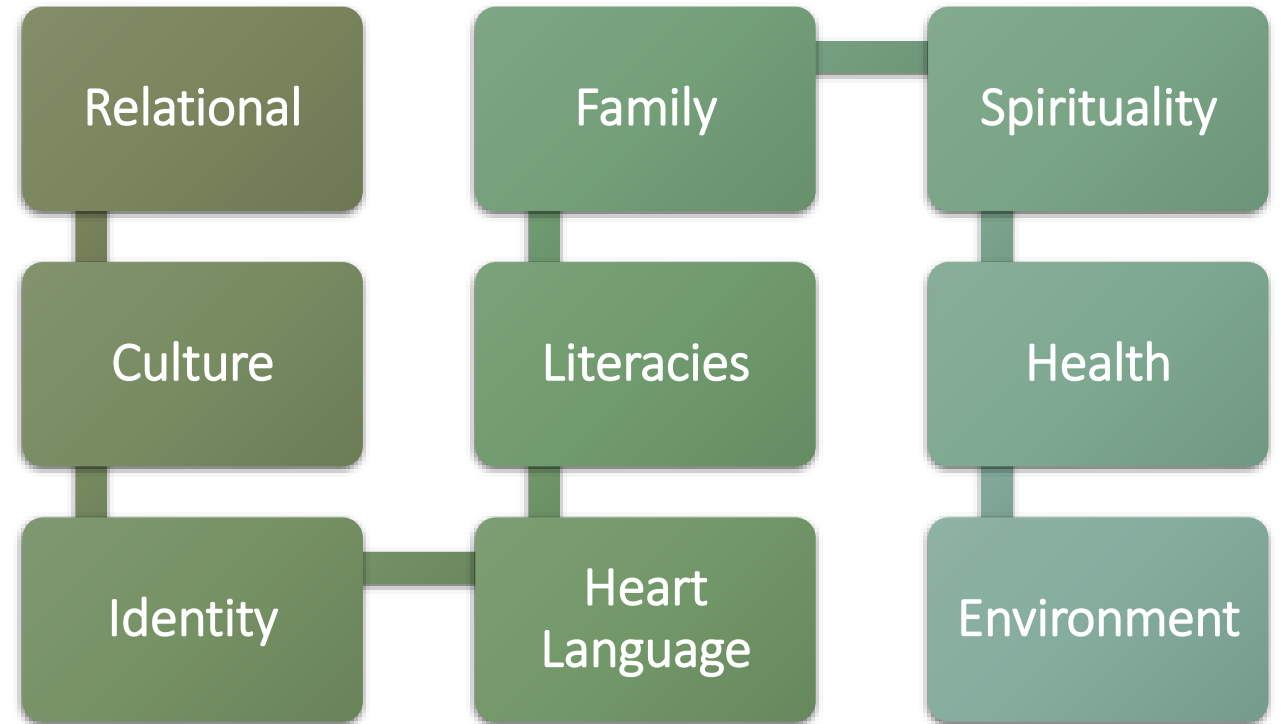




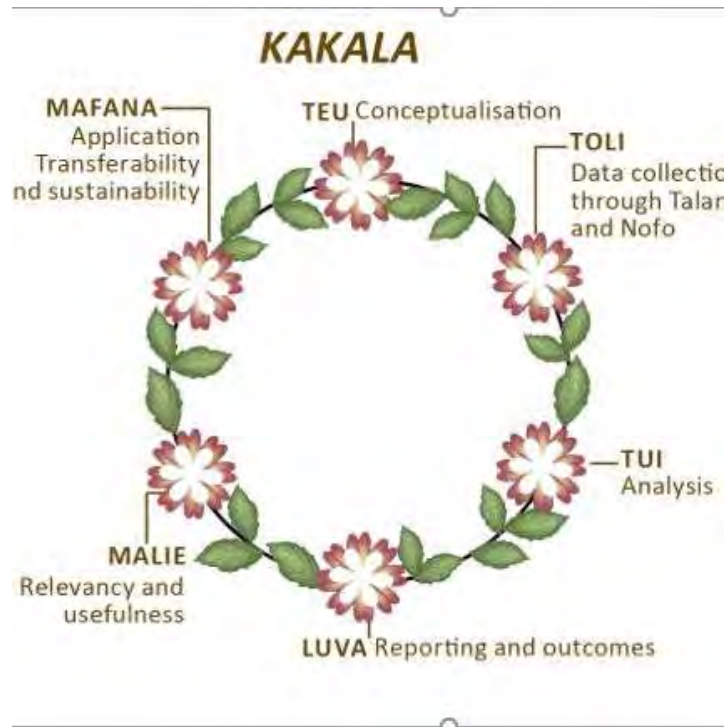
TAMAITI O TE MOANA

Pacific child wellbeing framework

Valued , appropriate, relevant



Tamaiti o te Moana



Community Co-designed with teachers/clinicians/families

Implemented in the B4 School context

Was valued by Pacific families

Respectful and appropriate, relational & caring

Supportive of families, their voices are heard

Reassured families in preparing child for school

Families appreciated ongoing follow-up and other health checks

Acknowledged strengths and celebrated the child and the family



Working together in the community

What have we learnt ?

- Community partners leading research & design is respectful and effective
- Pacific can develop our own Child Wellbeing programme
- Pacific world views and contexts are our normal
- A wellbeing framework/programme can privilege our children and values
- Relationships and trust are important

Next steps

Extend and develop the programme

Content and methodology for younger children



