

# Briefing for information

## Follow-up briefing on enhancing assessment and management of neurodevelopmental conditions in children

<b>Date due to MO:</b>	5 March 2026	<b>Action required by:</b>	N/A
<b>Security level:</b>	IN CONFIDENCE	<b>Reference:</b>	H2026078795
<b>To:</b>	Hon Simeon Brown, Minister of Health		
<b>Consulted:</b>	Health New Zealand: <input checked="" type="checkbox"/>		
<b>Proactive release:</b>	This <b>title</b> is proposed by the Ministry of Health for proactive release: <input checked="" type="checkbox"/>		

### Contact for telephone discussion

Name	Position	Telephone
<b>Dr Martin Chadwick</b>	Chief Allied Health Professions Officer, Strategy and Policy Group	s 9(2)(a)
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### Minister's office to complete:

- |   |  |
|---|--|
| <input type="checkbox"/> Noted                | <input type="checkbox"/> Seen                |
| <input type="checkbox"/> Needs change         | <input type="checkbox"/> Withdrawn           |
| <input type="checkbox"/> See Minister's Notes | <input type="checkbox"/> Overtaken by events |

Comment:

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**Security level:** IN CONFIDENCE      **Date:** 5 March 2026

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**To:** Hon Simeon Brown, Minister of Health

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### Purpose of report

1. This briefing provides you with the requested information on how the health and education sectors are working together to ensure improved outcomes for children from the investment in Learning Support Services in Budget 2025. It also builds on previous briefs to identify:
  - a. better use of the broader workforce
  - b. different models of care.

### Summary

2. Vote Education received additional funding in Budget 25 to expand Learning Support Services to improve support to children with potential developmental needs. Accessing Learning Support Services may become the avenue for referral into paediatric services.
3. You have received previous briefings detailing the current state of access to paediatric services, waitlists for First Specialist Assessments, and potential options for providing neurodevelopmental assessments.

4. s 9(2)(f)(iv)

5.

6.

**Recommendations**

**We recommend you:**

a) **Note** the interagency approaches in providing services to children with neurodevelopmental issues, including the additional Vote Education funding through Budget 25. **Yes/No**

b) s 9(2)(f)(iv)

c)



Dr Martin Chadwick  
Chief Allied Health Professions Officer  
**Strategy & Policy Group**  
Ministry of Health  
Date: 05 March 2026

Hon Simeon Brown  
**Minister of Health**  
Date:

PROACTIVELY RELEASED

# Follow-up briefing on enhancing assessment and management of neurodevelopmental conditions in children

## Background/context

1. Children with neurodevelopmental needs benefit from the early input of allied health and nursing professionals, including prior to a formal medical diagnosis.
2. In some cases, early allied health or nursing input can reduce or prevent a developmental issue from becoming disabling.

## Education initiatives including those supported by Budget 25

### Ministry of Education Learning Support and the health system

3. Education initiatives within Budget 2025 expanded Learning Support services so that children with additional developmental, behavioural, and learning needs receive more timely access to early intervention services, specialist teachers, and allied health input [H2025070442 refers]. This approach increases access to support services in the education environment, and while linked to, does not directly address broader access in the health environment.
4. Funding was provided through Budget 25 to Vote Education for learning support services, although successful implementation of the initiative requires integration with broader child health services.
5. The Ministry of Education's physical disability support service is an intensive support process which provides physiotherapy and occupational therapy for school-aged children whose physical disability prevents them from participating in learning.
6. Linking Education with other sectors is occurring. Examples of current initiatives that help support coordination between sectors include:
  - a. a Memorandum of Understanding between ACC and the Ministry of Education to support coordinated ways of providing services for children who have an accepted ACC claim
  - b. local agreements between Health New Zealand (Health NZ) and the Ministry of Education around the provision of services, such as speech language therapy and other allied health services
  - c. regular intake meetings in some local settings between child development services and Ministry of Education professionals to discuss newly referred children and coordinate services
  - d. the Northern Region Health Collaborative, a regular, regional forum for Ministry of Education and Health NZ professionals to collaborate on wider issues.

7. There may be opportunities to improve the connections between learning support and health services.

## **Supporting children to receive learning support for neurodevelopmental concerns requires alignment across systems**

8. There are a number of services that need to align to ensure that children with learning support needs as a result of neurodevelopmental concerns receive the support and care that they need. Health services play an important role in access to diagnosis and in providing care.

### **Pathways to access specialist paediatric services**

9. Outside the education pathways for accessing health services, access to paediatric services may be initiated through a variety of health professionals (including allied health). General Practitioner (GP) referrals are the most common referral source.
10. Currently this referral would be triaged and prioritised by paediatric services/Child Development Services as per the previous advice you have received.
11. The previous advice you received specific to neurodevelopmental assessment [H2025070442 refers] highlights the opportunity for other workforces, primarily allied health and nursing professions as mid-tier providers, to be accessed to provide earlier intervention, establishing formative diagnoses, and triaging if specific paediatrician expertise is required.

### **Middle tier access opportunities**

12. For children under the age of five, there is the ability to access mid-tier health providers (primarily allied health) via referral to the Learning Support Early Intervention Service (EIS) and Health New Zealand child development services. Referrals for allied health and early intervention teacher input are generated from Early Childhood Education Services, primary care, Well Child Tamariki Ora services, and other child health services. Budget 2025 investment extended the EIS to the end of Year 1 of primary school (age 5 to 6 years old).
13. For older children, access thresholds for mid-tier interventions via Ministry of Education Learning Support Services are high and limited. There is currently no established pathway to access this mid-tier intervention at a district level if established access thresholds are not met. School-aged children who are not able to access these existing services stand to benefit the most from a mid-tier intervention.

### **Access requirements for Disability Support Services for ongoing support**

14. You have previously received advice detailing paediatric wait times [H2025068372 refers], and actions underway to reduce paediatric First Specialist Assessments (FSA) waitlists [HNZ00094804 refers].
15. Access to paediatric services is necessary in order to arrive at a formal diagnosis for the child. It is this formal diagnosis that then opens access to medical treatments where needed and further services under Disability Support Services (DSS).

16. The level of support provided via DSS is determined most frequently via a Needs Assessment which can be delayed due to wait lists for the service.

s 9(2)(f)(iv)



24. The Ministry will continue to work with Health NZ to ensure effective implementation of the required improvements to health services to support the governments Learning Support objectives.

ENDS.

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