LOGIC
LINKING OPPORTUNITIES GENERATING INTER-PROFESSIONAL COLLABORATION
The Official Journal Of The New Zealand College Of Primary Health Care Nurses, NZNO

WINTER 2025

- NZCPHCN Symposium postponed till October 2026
- Vitamin D supplementation for infants in Aotearoa Flat feet in children, should we worry?
- Travelling in London, a concert, access issues and wins, a blog from India Heron
- A chat about supervision with Sandy
- Podcast review
- And more…

LOGIC editor (interim) report August 2025

Jess Beauchamp

Nō Ingarangi me Kōtirangi ōku tipuna. I tae mai ōku tipuna Aotearoa ki Takapō. I tipu ake au Tāmaki Makaurau. Nō te Whanganui-a-Tara au. Ko Jess toku ingoa. Tēnā koutou katoa

Kia ora koutou! I am a RN who has held her registration for too many decades and worked widely in primary and secondary care. PHC has been my big mahi for the last 20 years, mainly in Well Child/ Tamariki Ora, but also in general practice. I am currently part of the PGCert post graduate teaching team based at Whānau Awhina Plunket. I've been a roving editor for LOGIC for the last three years and have stepped up as the interim editor following Yvonne's departure in April.

I am writing from Te Whanganui-a-Tara where, like most of the country, we have been shivering through a late winter southerly. I send warm greetings on behalf of your LOGIC committee Mikey, Katie, Marianne, Sarah and myself. This is the first journal without Yvonne as she enjoys more time with family and friends after her ten years as LOGIC editor. It is exciting for me to step into her shoes, and I hope you enjoy what LOGIC offers this edition.

The membership of our college continues to grow, and we currently have around 1,300 members across varied PHC nursing scopes. LOGIC is here to share and amplify your voices and experience. If you are thinking about contributing or writing something for us to publish, please email me at logiceditorcphcn@gmail.com. We heartily welcome all kōrero and can support you in whatever format you want to contribute, i.e. a practice reflection, review, evidence update, creative writing, research finding or request for research participants.

This edition had planned a big shout out for the college Symposium – *Protecting our future in Primary Health – Stronger Together* – due to take place in Otautahi Christchurch on 3-4 October. However, these tough times have caught up with this time frame and the Symposium will now take place in October 2026. As an essential event, I suggest forward planning and marking your 2026 diary! If you have attended one before you will know the positive energy, manaaki and enthusiasm that erupts when a group of nurses get together with much conversation, laughing and connecting happening. In these challenging political times, this is a truly wonderful thing and will fill what may be quite an "empty cup" for many of us.

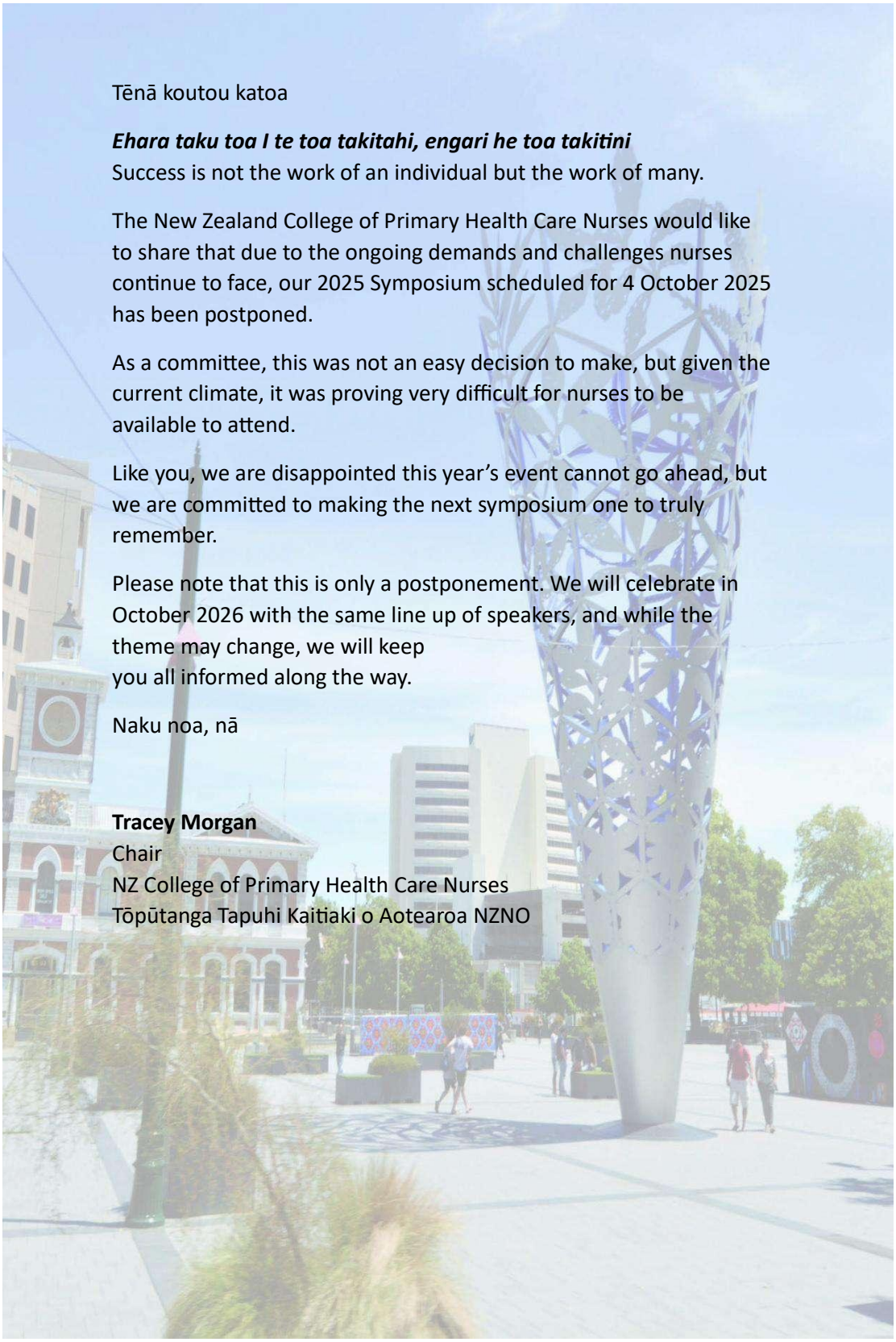
Before you dash off to read LOGIC, a reminder that nominations for *The Leadership (Haututanga) and Innovation (Tangongitanga) Award* close in September. If you want to provide an opportunity for a colleague to be recognised with a $2,000 grant, please see the nomination form in this edition or email primaryhealth@nzno.org.nz.

Please take time to look after yourselves, enjoy this edition and see our Facebook page for practice updates and other reminders ongoing.

In solidarity Jess

Cover photo: Ngā mihi to Teresa Grant for her stunning picture of Mount Ruapehu.

Notice: NZCPHCN Symposium postponed until October 2026



Tēnā koutou katoa

Ehara taku toa I te toa takitahi, engari he toa takitini
Success is not the work of an individual but the work of many.

The New Zealand College of Primary Health Care Nurses would like to share that due to the ongoing demands and challenges nurses continue to face, our 2025 Symposium scheduled for 4 October 2025 has been postponed.

As a committee, this was not an easy decision to make, but given the current climate, it was proving very difficult for nurses to be available to attend.

Like you, we are disappointed this year's event cannot go ahead, but we are committed to making the next symposium one to truly remember.

Please note that this is only a postponement. We will celebrate in October 2026 with the same line up of speakers, and while the theme may change, we will keep
you all informed along the way.

Naku noa, nā

Tracey Morgan
Chair
NZ College of Primary Health Care Nurses
Tōpūtanga Tapuhi Kaitiaki o Aotearoa NZNO

Vitamin D In Aotearoa New Zealand

by Marianne Grant

Ko Remarkables toku maunga, Ko Whakatipu toku awa, Nō Rotorua ahau Nō reira, tēnā koutou katoa

I am a RN (RGON) and have a varied career as a Nurse and Midwife. My most recent practice areas have been in primary health care. This has included working in a primary maternity unit, Practice Nurse and currently in Well Child Tamariki Ora nursing. I have completed a Master's in nursing, more recently a Master in Public Health with my dissertation exploring WCTO nurses' knowledge around FASD in the early parenting period. Currently working as part of the education team in Whānau Āwhina Plunket, supporting the Post graduate qualification we deliver in conjunction with Whitireia. I am passionate about quality improvement and innovation alongside health equity and improving health outcomes.

N.B. this article focuses on Vitamin D for infants with some additional information to include pregnancy.

Key Points

Recommendations for Vitamin D supplementation were updated in 2024. Health NZ recommends that:

All exclusively and partially breastfed infants from at least 4 weeks of age until 12 months are offered vitamin D supplementation.

Please note: Infant formula in NZ is fortified with vitamin D. Infants consuming over 500ml of infant formula per day do not require supplementation as they should receive the recommended adequate intake of vitamin D.

1. All pregnant women with at least one of the risk factors in pregnancy are offered vitamin D supplementation (see risk factors below).

   Sun safety advice should be given with whānau where appropriate.

   There is an increased risk of vitamin D deficiency during pregnancy if the pregnant person has any of the following:

   - naturally dark skin tone
   - live south of Nelson/Marlborough during winter or spring
   - spend limited time outdoors and/or have minimal sun exposure due to religious, cultural, personal or medical reasons.

Vitamin D - a quick recap

Vitamin D (calciferol) is a group of fat-soluble vitamins. The primary form, Vit D3 (cholecalciferol), is produced from cholesterol when Beta rays of UV light (UVB) penetrate the skin. (BPAC, 2025). Vitamins D2 (ergocalciferol) is largely human-made and added to foods. D3 can be found in small amounts in a range of foods such as oily fish, mushrooms and Vit D fortified dairy and cereal products. See a larger list below.

What does Vitamin D do?

It is critical for calcium homeostasis and for mineralisation of the skeleton especially during periods of growth (e.g. assists in absorbing calcium from body).

Together, calcium and vitamin D play a vital role in maintaining bone health throughout life.

Vitamin D also supports muscle movement, nerve function, and the immune system.

Increasing evidence of role of vitamin D in immune modulation.
Low levels of vitamin D: affect bone and muscle health, leading to rickets in children, osteoporosis and osteomalacia in adults. Vitamin D deficiency is also being investigated for its effects on;

Pregnancy: Links have been made between deficiency and gestational diabetes, low birth weights, and preterm deliveries.

Diabetes: Deficiency during pregnancy and infancy has been linked to increased rates of type 1 diabetes in children.

Cardiovascular disease: Observational research suggests that Vitamin D deficiency can increase the risk of cardiovascular disease (Amrein et al., 2020).

Neonatal vitamin D status is directly related to maternal vitamin D status through transplacental transfer (MOH, 2024). Thus, maternal vitamin D deficiency places infants at higher risk of vitamin D deficiency. Vitamin D stores are laid down, predominantly in the third trimester of pregnancy, placing premature infants also at higher risk of vitamin D deficiency postnatally (MOH, 2024).

Dietary sources of Vitamin D: As noted earlier sources include Cod Liver oil, tuna, oily fish (e.g. sardines, salmon, herring, mackerel), egg yolk, some mushrooms (Portobello and Shiitake), full fat milk and butter. Vitamin D fortified foods include some margarines, yogurt, plant based alternative milks and breakfast cereals (MOH, 2020; 2024). It is noted that diet only contributes 10-20% of a person's requirements (BPAC, 2025).

What is the big deal around Vitamin D in children? Anecdotally, there have been cases of rickets reported over the past few years (locally and nationally) with local paediatricians bringing this to attention and discussing the requirements for vitamin D supplementation for infants based on the 2012 Guidelines. Of note was a consideration of strengthening the NZ Guidelines regionally, prior to the Companion Statement (MOH, 2024). My interest has been further highlighted with this Radio NZ (2025) commentary, which has me wondering is there an awareness of the change in vitamin D recommendations for infants? There is growing evidence of increased number of cases of rickets in Aotearoa NZ over the last few years.

This headline is from earlier this year *"Rickets sees resurgence with 20 cases in four months. The last known increase was a decade ago with 60 cases over three years" (Radio NZ).* The Ministry of Health published a Consensus Statement on Vitamin D and Sun Exposure in New Zealand in 2012. Three studies since this time have reported a higher proportion of vitamin D insufficiency in pregnancy (Ekeroma et al., 2015; Wheeler et al., 2018) and risk of vitamin D deficiency in NZ Children (Wheeler et al., 2015).

The dialogue in the Radio NZ headline above includes:

"We've talked to the parents of the 12 notified cases, and none of them have been offered or taken vitamin D." Sometimes they've even asked for it and not been given it. Vitamin D deficiency is most harmful in infants - in growing children, because they're growing so fast and they need so much mineral, it damages the growth plate and the growth plate in the bone then leads to the bending, and the softening, and those sorts of signs that we think about when we think of rickets.

Vitamin D was also key in the absorption of calcium, which meant that a lack of vitamin D could also lead to low levels of calcium in the body. Rickets, then, because of the low levels of calcium, can

eventually affect nerve and muscle function. In the most extreme cases we see seizures and sometimes we also see damage to the muscle of the heart.

"It really is important that people in the community know that this is happening, that this condition is there and they are at risk." (Wheeler, 2025).

Signs and symptoms of Vitamin D Deficiency (nutritional rickets) (Starship, 2019)

Bony signs:	Other:
Swelling of wrists/ankles	Raised intracranial pressure
Leg deformities (genu varum or valgum)	Dilated cardiomyopathy
Rachitic rosary (enlarged costochondral joints)	Symptoms of hypocalcaemia -tetany, stridor,
Delayed tooth eruption/ soft tooth enamel	Seizure
Craniotabes (soft skull)	Delayed gross motor development
Delayed closure of anterior fontanelle	Poor/ slow lineal growth
Frontal bossing (prominence)	Muscle weakness
Minimal trauma fractures	Craniotabes (soft skull)
	Delayed closure of anterior fontanelle
	Frontal bossing (prominence)

Prevalence: A previous study (Wheeler et al., 2015) noted the incidence of rickets in under three-year olds being 10.5/100,000. It is difficult to find comparable prevalence rates due to different population measurements across the world. The World Health Organisation (WHO) (2019) has published rates within its publication, some rated per 100,000 that can be comparable to NZ e.g. Canada in 2004- 2.9 per 100,000 (0-18 yr olds), Denmark 2.2/100,000 but higher in their immigrant population (0-2 yr olds).

The NZ Paediatric Surveillance Unit has added the Vitamin D deficiency, Rickets to its current list of studies. They are seeking answers to a couple of questions:

1. How well have the new guidelines been implemented and communicated?
2. Has this led to reductions in the rickets presentations particularly in the high risk under three year age group?

Read this study's protocol

Vitamin D supplement for infants: The current recommendations are 10 micrograms (400iu) per day (one drop of oral liquid). For more on this see the references below or visit the Healthify website.

NZ Guidelines for Vitamin D for infants (BPAC, 2025): Vitamin D supplementation for all exclusively or partially breast-fed infants, initiated as soon as practicable by 4 weeks of age and continuing to until one year of age [1].

Infants receiving over 500mls of infant formula do not require supplementation as infant formula is fortified with vitamin D and intake should be sufficient.
Infants considered to be at high risk (and who may benefit from supplementation if they don't fall into the group above) include infants with any of the following:

1. A sibling who has been diagnosed with rickets or hypocalcaemic seizures (who in turn would already be receiving vitamin D)

2. Pre-term or weight less than 2.5kg at birth
3. Naturally very dark skin
4. Mother was vitamin D deficient or at higher risk of deficiency (BPAC, 2025).

Advice for pregnancy: The Companion Statement on Vitamin D and Sun Exposure in Pregnancy and Infancy in Aotearoa NZ (MOH, 2024) included further recommendations relating to pregnancy:

- To consider vitamin D testing for pregnant people with multiple risk factors for deficiency (the dose for vitamin D supplementation for confirmed deficiency is higher than if just at risk).
- Vitamin D supplementation continues to be recommended for pregnant people at risk of vitamin D deficiency - e.g. those living south of Nelson/ Marlborough in the winter or spring; those with naturally dark very skin[1] or with minimal sun exposure[2]
- For pregnancy supplementation please see the MOH advice (2024), and BPAC (2025).
- [1]People with naturally very dark skin (includes many from Soth Asia, Africa and Middle East [2] People with minimal skin exposure due to religious, cultural, personal or medical reasons (e.g. veiled, full coverage clothing, history of skin cancer taking photosensitive medicines

Sources of information for parents and whanau:

- MOH. (2020): Eating and Activity Guidelines for NZ Adults
- MOH. (2020): Healthy Eating Guidelines for NZ Babies and Toddlers (0-2 years old)
- Healthify: Vitamin D supplements for babies
- Kidshealth: Vitamin D supplement

Other sources of information:

- **Starship:** Vitamin D deficiency, investigation and management
- **BPAC (2025):** Vitamin D supplementation: an update

References

Amrien, K., Scherkl, M., Hoffman, M., Neuwersch-Sommeregger, S., Köstenberger, M., Timvra Berisa, A., Martucci, A., Pilz, S., & Malle, O.(2020). Vitamin D deficiency 2.0: an update on the current status worldwide. *European Journal of Clinical Nutrition,* 74, 1498–1513. https://doi.org/10.1038/s41430-020-0558-yh

BPAC. (2025). *Vitamin D Supplementation: an update*. https://bpac.org.nz/2025/vitamind.aspx

Ekeroma, A.J., Camargo, C.A. Jr., Scragg, R., Wall, C., Stewart, A., Mitchell, E., Crane, J., & Grant, C.C. (2015.) Predictors of vitamin D status in pregnant women in New Zealand. NZ Medical Journal, 128(1422):24-34.

Ministry of Health (2012). *Consensus Statement on Vitamin D and Sun Exposure in New Zealand*. https://www.health.govt.nz/publications/consensus-statement-on-vitamin-d-and-sun-exposure-in-new-zealand

Ministry of Health. (2020). *Eating and Activity Guidelines for New Zealand Adults*. Author.

Ministry of Health. (2021). *Healthy Eating Guidelines for New Zealand Babies and Toddlers (0–2 years old)*. Author

Ministry of Health, (2024). *Companion Statement on Vitamin D and Sun Exposure in Pregnancy and Infancy in Aotearoa New Zealand.* Author. www.tewhatuora.govt.nz/assets/Publications/Environmental-health/companionstatement-vitamin-d-sun-exposure-pregnancy-infancy-nz.pdf

Wheeler, B.J., Dickson, N.P., Houghton<L.A., War, L.M., & Taylor, B.J. (2015). Incidence and characteristics of vitamin D deficiency rickets in New Zealand children: a New Zealand Paediatric Surveillance Unit study. (2015). *Australia NZ Journal of Public Health, 39*(4), 380- 383. 10.1111/1753-6405.12390

Wheeler, B.J., Taylor, B.J., de Lange, M., Harper, M.J., Jones, S., Mekhail, A., & Houghton, L.A. (2018). A Longitudinal Study of 25-Hydroxy Vitamin D and Parathyroid Hormone Status throughout Pregnancy and Exclusive Lactation in New Zealand Mothers and Their Infants at 45°S. Nutrients, 10(1),86. **doi:10.3390/nu10010086**

Wheeler, B.J. (2025, February,1). *Rickets sees resurgence with 20 cases in four months. Radio NZ.* https://www.rnz.co.nz/news/national/540600/rickets-sees-resurgence-with-20-cases-in-four-monthsW.H.O. (2019*). Nutritional rickets. A review of disease burden, causes, diagnosis, prevention and treatment*. Author. https://iris.who.int/bitstream/handle/10665/329859/9789241516587-eng.pdf

Solo travel - London

by India Heron

Bio from India's Substack page: I am an active youth advocate for disability rights with a growing passion for advocacy journalism. Additionally, I run a small business where I showcase and sell my illustrations, crochet work, and writing.

Concert Time:

SMTOWN Live at the O2 in London

Aug 02, 2025

I travelled from Blackpool to London, and the journey turned out to be quite eventful. Unfortunately, I was left stranded not on one, but two trains because assistance forgot me. I was directed to take a route that has never been accessible for wheelchair users, leaving me stuck at a station for over two hours. Thankfully, I worked with several staff members, all of whom were really kind, to figure out my next steps.

After more than six hours of traveling, I finally arrived at the home of a family friend, where I was fortunate enough to stay for a few nights. I've visited London a couple of times before, and this trip was primarily focused on attending a concert I had booked about four or five months ago: SMTOWN Live in London 2025 at the O2 Arena. I arrived in London on Friday evening, and the concert was scheduled for Saturday.

On Friday evening, I had the pleasure of reconnecting with the family friend i was staying with and meeting his housemates, who welcomed me into their home as if it were my own. Feeling rather tired, I had picked up a salad for dinner on my way from the train station. Eventually, everyone else headed out for dinner and drinks, so I decided to make the most of the quiet moment and turned in early to rest up for what I anticipated would be a busy day ahead.

Saturday morning arrived, and it was suddenly time to get organized. I left the house at 11 a.m., fully aware that with my luck, public transport might pose its usual challenges. The day was sweltering at 32 degrees, and unfortunately, the train's air conditioning was broken. Following that was a gruelling

forty-minute bus ride without air conditioning. Although I encountered no major issues aside from the heat, my inability to regulate my body temperature turned the trip into a torturous ordeal. I fainted several times on the bus—my heartfelt thanks to the kind passengers who noticed and checked on me. By the time I arrived at the venue, I was beginning to regret my decision to come due to how unwell I felt.

Despite my discomfort, I pressed on and met up with a new friend who was joining me for the concert since my original companion couldn't make it. We enjoyed dinner together before heading into the stunning venue through the special access line.

I was truly impressed by the staff and their commitment to accessibility. Each team member wore lanyards or badges in support of the hidden disability sunflower scheme. They brought chairs outside for anyone in need, and their kindness was evident as they consistently checked to ensure we had everything necessary for a positive and stress-free experience. The wait was brief, and after a quick bag check—no explanations required for my sugary and salty snacks, water, and extra salt—I felt a surge of excitement for the evening ahead.

Once we stepped inside, I instantly felt better. The cool air-conditioned building was exactly what I needed. Things only improved as we were ushered through the VIP lounge to our accessible wheelchair seats. Oh my gosh, the seats were amazing! In New Zealand, my experiences with concert venues and accessible seating have usually been disappointing, often relegated to locations with obstructed views at the back. So, arriving to find ourselves right next to the stage, with a clear view and no obstructions, was thrilling. It all felt surreal after months of planning; I was finally here, and I knew I was going to have the best night ever!

The concert exceeded all my expectations and was truly unforgettable! It was a night filled with hours of exhilarating live music, engaging conversations among the artists, and an incredible atmosphere.

Honestly, it was an amazing experience, and it's hard to pick a favourite performance. However, there were several standout moments, such as witnessing Shinee's Minho and TVXA performing their songs live, seeing WayV, NCT and Riize up close, and Hyoyeon's (Hyo's) stellar performance. One of the highlights I had eagerly anticipated for years was watching all the artists interact toward the end when they filled the stage together. It was a dream come true!

After the concert, I joined the throng of tens of thousands trying to catch trains at the small North Greenwich station. The experience was excruciating, exacerbated by the fact that no one made room for us wheelchair users. We were left waiting for hours until it finally became quiet enough for us to board a train. I didn't get back to the house until around midnight, but I was still buzzing with excitement, so it wasn't too much of a problem.

Having had dinner at 5 PM, I was quite hungry by then, so I stopped by a supermarket on my way back and picked up a salad to eat before heading to bed.

Although this trip to London wasn't your typical visit—since I was primarily there for the concert—it turned out to be a fantastic experience. After months of planning, it felt exhilarating to see everything come to fruition, even better than I had hoped!

India has written for LOGIC previously, sharing her experience of being differently abled. She is travelling currently and has shared this travel snip with us. You can read more on her Substack.

PHANZ Annual Conference: Save the date!

Scheduled for Wednesday 26 to Thursday 27 November Tāmaki Makaurau, Auckland.

Conference details and tickets will be available on the PHANZ website and included in the August Pānui.

The PHANZ Team and the PHANZ Executive Council look forward to seeing you there!

In conversation: Talking with Sandy Stuart about supervision for nurses in 2025

By Sandy Stuart and Jess Beauchamp

Sandy is a vibrant and experienced registered nurse who lives in the Waikato and works as a National Educator for Whanau Awhina Plunket. Her first qualification was as a registered General and Obstetric Nurse and she has gone on to collect her Coronary Care Certificate, a Diploma in Well Child Health and Postgraduate Certificates in both Education and Professional supervision. And to round everything out, Sandy is also a qualified sports coach!

Jess: Kia ora Sandy, thank you for taking the time to share a snippet of your experience and knowledge about supervision for nurses. I know this is a special area of interest for you. But first, can you tell me a little about you and your nursing career?

Sandy: I trained at Thames Hospital, then moved to the UK intending to join the British police, but that didn't pan out. I returned to New Zealand and worked in Auckland Hospital's Coronary Care Unit before moving to the Bay of Plenty. With two children under three, I trained as a Plunket Nurse. My background in sports coaching, physiology, and biomechanics gave me the confidence to accept a tutoring role at the local Polytechnic, teaching anatomy, physiology, and some community law. During that time, I completed a Postgraduate Certificate in Education through Waikato University.

After eight or nine years of tutoring, I returned to Plunket in an education role, which has evolved over time. One of my key responsibilities now is professional supervision.

Jess: What sparked your interest in supervision?

Sandy: Despite working in tertiary care, education, and Plunket, I had no formal experience with supervision until around 2015. Supervision wasn't part of our professional nursing language or systems. But I began to understand its role in reducing burnout and improving practice quality, which made it in area I wanted to explore and at the time my manager then, encouraged my study in this area.

Jess: That resonates with me. In my early career in Oncology and NICU, supervision wasn't part of the landscape, even in high-pressure environments.

Sandy: Exactly. I studied Professional Supervision in 2017–2018 and noticed that, unlike social services, supervision in nursing was inconsistent or absent. Yet the benefits are well documented: reduced burnout, clearer boundaries, less stress, and improved reflective practice—all of which led to better care.

Jess: It makes sense not just for individual nurses, but for employers too. Regular supervision reduces burnout and staff turnover, which is expensive to manage. But it seems that some organisations support it better than others.

Sandy: Yes, it's still developing in many workplaces. While supervision might be supported in principle, many organisations haven't committed the time, training, or structure needed to make it sustainable.

Jess: I know there's guidance out there. NZNO and the College of Nurses both list supervisors online. Do you have a preferred model?

Sandy: At Plunket, we use peer supervision—two nurses meeting monthly to reflect on practice using a structured approach. In our PGC Programme, we teach the 'Reflective Learning Model' by Davys and Beddoe (2010), which follows four steps: *Event, Exploration, Experimentation,* and *Evaluation*. It's a flexible model that supports meaningful reflection and professional growth.

Other models can also be effective - it's about choosing one that feels right, is familiar, works well, and delivers the best outcomes for the supervisee.

Jess: The model you mentioned sounds practical. As Plunket is a national health organisation, it would be advisable all nurses and health workers are trained in supervision with the use of a model to guide the process.

Sandy: Ideally, yes. A clear framework keeps the session purposeful and avoids drifting into general conversation. At the start, it's important to agree on how supervision will work and what each person expects from the process and from the other.

Jess: Also, just to clarify, EAP isn't the same as supervision?

Sandy: Correct. EAP (Employee Assistance Programme) offers short-term support for personal or professional challenges that impact practice. However, it doesn't replace regular clinical or professional supervision, which is ongoing and centred on reflection, growth, and maintaining safe, effective practice.

Jess: In closing, what are the current issues in supervision that nurses should be aware of?

Sandy: Firstly, the lack of consistent access to supervision—many nurses still don't receive it regularly. Secondly, Work time allocated to it, and lastly power dynamics—peer supervision works best when

participants are in similar roles. Supervision between a manager and staff member can carry an implicit power imbalance, which can affect the openness and trust needed for effective reflection.

Jess: Ngā mihi nui Sandy, for sharing your knowledge and experience. This has been a valuable update. We'll include some links for nurses wanting to explore supervision further.

Resources

Davys A., & Beddoe L. (2021). Best practice in professional supervision: A guide for the helping professions (2nd ed). Jessica Kingsley

Mentoring, Professional and Clinical Supervision, Preceptorship and Coaching (NZNO 2022). https://www.nzno.org.nz/resources/nzno_publications (click into the Practice box) https://www.nzno.org.nz/support/nursing_supervision https://www.nurse.org.nz/professional-nursing-supervisors.html

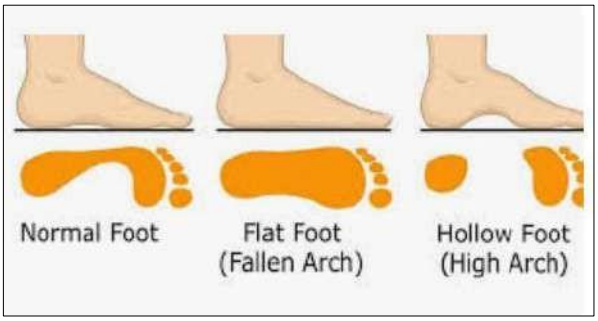
Are flat feet a problem in children that needs to be treated?

by Deborah Graham, Registered Nurse, and Innes Graham, BSc Bachelor of Nursing & BSc Podiatry – FFPMRCPS (Glasgow)

Flat feet, or pes planus, is a common condition observed in infants and young children. In early childhood, the appearance of flat feet is generally not a cause for concern. The medial longitudinal arch of the foot typically does not develop fully until around the age of five. This developmental process is normal and reflects the gradual strengthening of foot muscles and the resolution of the fat pad under the arch.

In most cases, paediatric flat feet are flexible and asymptomatic. Flexible flat feet can be identified when the arch is absent during weight-bearing activities but reappears when the child is non-weight-bearing or when standing on tiptoes. This form of flat feet does not typically require treatment if the child is pain-free and able to engage in regular physical activity.

However, certain cases warrant further assessment. A family history of symptomatic flat feet—characterised by pain, reduced mobility, or early-onset arthritis—may suggest a genetic predisposition to structural or functional foot abnormalities. In such instances, early evaluation by a paediatrician or podiatrist may be appropriate.

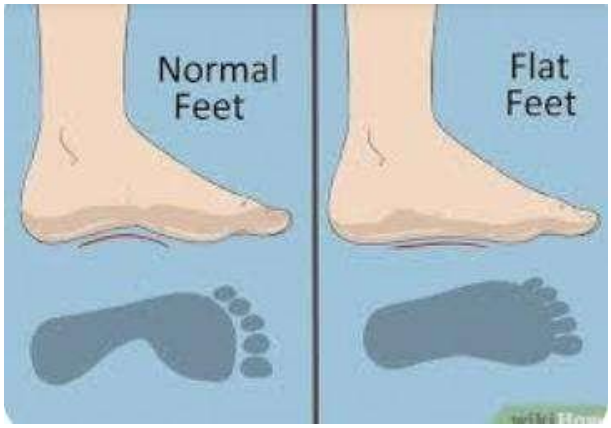


Additionally, rigid flat feet, where the arch is consistently absent regardless of position, or flat feet associated with pain, fatigue, or difficulty with physical activities, may require investigation. Underlying conditions such as tarsal coalition, neuromuscular disorders, or ligamentous laxity should be ruled out.

In summary, flat feet in young children are often part of normal development and typically resolve without intervention. However, a careful assessment is advised if symptoms are present or there is a relevant family history.

Key points

- Flat feet in children are usually normal and flexible.
- The foot arch develops fully around age 5.
- Asymptomatic flat feet typically do not require treatment.
- A family history of symptomatic flat feet warrants evaluation.
- Painful, rigid, or functionally limiting flat feet may need medical assessment.



Further reading

Banwell, H.A., Paris, M.E., Mackintosh, S.& Williams, C.M. (2018). Paediatric flexible flat foot: how are we measuring it and are we getting it right? A systematic review. *Journal of Foot Ankle Research, 11*, 21. https://doi.org/10.1186/s13047-018-0264-3

Carr, J.B., Yang, S., & Lather, L.A. (2016). Pediatric pes planus: A state-of-the-art review. *Pediatrics,137*(3): e20151230. doi: 10.1542/peds.2015-1230.

Tedeschi, R. (2025). flatfoot dilemma: Why less is more in managing asymptomatic flat feet in children. *Journal of Musculoskeletal Surgery and Research,9,*1-3. doi: 10.25259/JMSR_387_2024

A new podcast series

Reviewed by Jess Beauchamp

Te Pou (the national center in workforce and leadership development for mental health workers in Aotearoa) recently launched a new podcast series. While the series focus is support-workers who are the biggest group of mental health workers at 33%, nurses also contribute significantly at around 25% of the work force team.

I listened to episode two “Worker wellbeing and vicarious trauma” where a manager, Johnathan, reflects on his work and his support worker research. The context is community mental health services and provides valuable insights for RNs about the support workers in their team as well as wider resonance with the main themes of working in complex and often stressful environments, with themes of wellbeing, burn out and “brown out.” He has four key findings and a great final takeaway tip that we all need to action!

Media release: The Difference Podcast

This podcast celebrates the work of our largest mental health and addiction workforce. It comes as law changes have suddenly denied that workforce access to a pay equity claim it has been working towards for more than three years.

There are more than 5,000 full-time equivalent support workers in mental health and addiction services. They are an essential yet often undervalued, under-resourced, and underpaid role.

Research, including *He Ara Oranga* – the Government inquiry into mental health and addiction, has highlighted key challenges facing support workers, including the recruitment, retention and recognition of people working in this role.

To support and celebrate this vital workforce, Te Pou has created *The Difference*, a four-episode podcast series by and for support workers working in the mental health and addiction sector, which launches today.

Te Pou's chief executive Rae Lamb says it's more important than ever to celebrate the importance of this workforce and their role in supporting people's recovery.

Hosted by Te Pou project lead Alexia Black, *The Difference* features support workers from across the motu and from a diversity of organisations – including Pathways and Mahitahi Trust in Auckland, Springhill treatment centre in Napier, Real in Nelson, and Moana House in Dunedin – talking about their work, and current challenges and opportunities for the sector.

Topics include using your lived experience in your mahi, worker wellbeing, and vicarious trauma, leadership, career pathways and workforce retention, and the importance of reflective practice.

The episodes, which are being released once a fortnight from Thursday May 15, will be of interest to current support workers and their managers, those considering a career in support work, and the broader health workforce.

Te Pou, a national mental health and addiction workforce development agency, is committed to providing support workers with training and resources, and growing sector awareness of the vital role support workers play in our communities.

"Support workers and peer support workers are with people, day in and day out," says Alexia. "They are there when people need a listening ear or someone to walk beside them. They work so hard and yet are largely invisible when it comes to investment in the sector.

"I really hope this podcast shines a light on the strengths, skills and commitment of this workforce to improving the lives of tāngata whai ora and whānau. We really would be lost without them."

Media contact: Kate Monahan, Senior Communications and Engagement Advisor, Te Pou; kate.monahan@tepou.co.nz, 027 206 0757.

In addition, Te Pou has created a webpage with learning resources for support workers in mental health and addiction.

Want to hear The Difference?

Listen on Spotify, YouTube or wherever you get your podcasts.

Episode 1: May 15 – Using your lived experience in your mahi

Join Izzy Young, a peer support specialist with Real (Nelson), and James Huata, peer support worker from Moana House (Dunedin) as they talk to podcast host Alexia Black about how to use lived experience in your mahi. They both share their personal journeys and experiences of struggle, healing and reconnection. They discuss how they use their lived experience in their daily life as support workers.

Episode 2: May 29 – Worker wellbeing and vicarious trauma

Jonathan Miller is a team coach at Pathways in Auckland, managing a mobile community support team. With five years as a community support worker and two as a manager, he is passionate about support worker wellbeing. He talks to podcast host Alexia Black about his master's research, which focused on support workers' perspectives on their own wellbeing. Their kōrero covers vicarious trauma, burnout and compassion fatigue, with some practical tips for support workers on how to look after their own mental health on the job.

Episode 3: June 12 – Reflective practice

Tashie Hoffman is a peer support specialist at Springhill Treatment Centre in Napier. After overcoming addiction and completing rehab, she stayed connected to the recovery community and was offered a role at the centre. She talks about her journey, and the value of reflective practice in her mahi.

Episode 4: June 26 – Leadership

Tremain Tauhinu has more than 30 years' experience in intellectual disability and mental health services. From Mangere East, Auckland, he has worked in roles from labourer to property manager. Now, as a team lead at Mahitahi Trust, he supports tāngata whai ora with complex needs to re-engage with their communities. He talks about career development and leadership for support workers. What are the opportunities and challenges for recruitment, retention and growth for the sector?

Leadership (Haututanga) and Innovation (Tangongitanga) Award 2025

Do you work alongside a Primary or Community Health Care Nurse who goes above and beyond in their work by showing innovation, leadership, and exceptional commitment to improving patient care, who warrants acknowledgement and support of their growth?

Nominate them for the Leadership (Haututanga) and Innovation (Tangongitanga) Award to receive $2,000 to support their further learning and development.

You can download the nomination form, or if you have any queries regarding the conference or registration, please contact Britta from Medical Technology Association of New Zealand on britta@mtanz.org.nz.

Last call for applications closes mid-September.

Haere rā, and see you in December with the Summer LOGIC