



NEWSLETTER MAY 2017

DATABASE: 7175 WHANAU CARERS

Tena Koutou, Talofa Lava, Kia Orana, Fakaalofa Lahi Atu, Malo e Lelei, Bula Vinaka, Taloha Ni, Kam Na Mauri, Greetings to all!

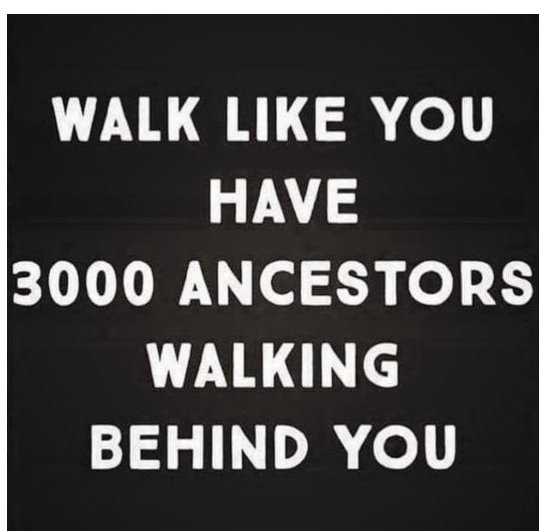
Unsupported Child and Orphans Benefit Recipients

Extraordinary Care Fund

Next Funding Round Opens 22 May 2017

Please make sure you get your application in to Work and Income **BEFORE** 23 June 2017. We have **posted detailed ECF guidelines and tips** for ensuring your application has every chance of success on our website. You can also download an application form from our website. Applications can't be lodged online and you need to make an appointment with your Work and Income office to submit the application. So **please** make an appointment as soon as the funding round opens on 22 May 2017.

Remembering, and So Very Relevant...



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Take care of our children
 Take care of what they hear
 Take care of what they see
 Take care of how they feel
 For how the children grow
 So will the shape of Aotearoa
 (Dame Whina Cooper)



Violent Children

Violent behaviour by children is on the rise and teachers are enduring assaults that have included kicks to the groin and a pencil in the eye, primary school principals say.

The Principals Federation and the Educational Institute (NZEI) said their members were reporting a growing problem caused by deprivation and family dysfunction.

But the Education Ministry said it was not aware of any research or statistics that backed up principals' claims.

Last week, [Northland schools threatened to start suspending violent children because of a lack of support](#). The president of the Principals Federation Whetu Cormick said it was a national problem.

"I'm hearing from my colleagues across the country that they're at breaking point with the number of high behaviour issues that are in their schools," he said.

Mr Cormick said principals from all over the country had told him about assaults on themselves and on their staff.

"I've heard that principals have been assaulted, punched, kicked, kicked in the private parts, a teacher who was poked in the eye with a pencil who needed medical attention. Furniture being thrown around the room which has contacted professionals who work in the room."

Mr Cormick said for some children violent behaviour was a result of other special education needs.

"Young people who have got multiple issues including ADHD for example. We've got children who are suffering from various syndromes. We're also hearing about children who are anxious and some of them who have been diagnosed with depression."

Wellington principal Mark Potter said he had heard similar stories while travelling the country as a member of the NZEI's executive.

"We've always had children who've been challenging. It's the number of children that we have that is the big issue right now," he said.

Mr Potter said deprivation appeared to be the cause of the problem.

"It seems to be very much related to the growing disparities in our communities and society. So the more families that are under duress or under stress suffering from poverty the more you've got children who are actually experiencing those things and presenting at school with behaviours arising from that."

The principal of Manurewa East School, Phil Palfrey, said he had expelled two children already this year because they were too dangerous to have around other children.

He said the children did not have disabilities or special needs, they were simply violent.

"Sometimes other children have had to pull these kids off other children to stop them from getting worse. And that's with adults who are near who are paid to look after these children – these children can be so quick and so unpredictable that even a close adult can't get there quickly."



Mr Palfrey blamed bad parenting. “There’s many factors, from the fact that they’re sometimes on devices all day long, they’re not getting enough sleep, they’ll have parents who abandoned them. There are so many boys who don’t have fathers or they have fathers who are just poor, poor role models. I’m just very sick of it.”

Helping children depended on parents who were willing to cooperate and the problem area was those families who refused to do that, he said.

READ MORE: <http://www.radionz.co.nz/news/national/328497/primary-schools-at-‘breaking-point’-over-violent-children>

Wellbeing WOF: Check Yourself Out

Caring For You

Give yourself the once over! Use Katharine Findlays' warrant of fitness checklist below to help you and your loved ones stay healthy through the year.

Alcohol Consumption

How much do you drink? Moderate drinking may be beneficial to health, but alcohol consumption is a factor in the development of many diseases including cancers. To reduce long-term health risks, drinking guidelines for men are no more than 3 standard drinks a day and no more than 15 in any one week. For women, these figures are 2 standard drinks per day and no more than 10 per week. A minimum of two alcohol-free days a week is recommended for both sexes. Alcohol should not be consumed during pregnancy. *Alcohol and Drug Helpline: 0800 787 797.* www.alcohol.org.nz

Blood Pressure

Had yours checked recently? High blood pressure (known as hypertension) is a risk factor for conditions like heart disease, stroke, and diabetes. It can be managed by medication and/or lifestyle changes such as quitting smoking, good diet, regular exercise, limiting alcohol, and managing stress. Make sure your GP checks your blood pressure when you next visit. Kits that measure blood pressure are available from pharmacies for regular monitoring at home. www.heartfoundation.org.nz or www.stroke.org.nz

Bone Density

Osteoporosis is a major cause of fractures or broken bones as we age. Screening tests are sometimes available at pharmacies and shopping malls and can be helpful to identify people (often women) who are most likely to benefit from further bone density tests. The only real way to know your bone density is to have a bone density scan (or DXA) to measure the amount of calcium in your bones. <http://bones.org.nz> or www.bonedensity.org.nz

Bowel Cancer Screening

New Zealand has one of the highest bowel cancer rates in the world. Bowel screening can detect bowel (colorectal) cancers at an early stage, when they can be treated more successfully. This is important, as there may be no warning signs or symptoms that bowel cancer is developing. As yet, there is no national screening programme, though a pilot programme offering free bowel cancer screening is available to everyone aged 50-74 who is eligible for publicly funded healthcare and living in the Waitemata DHB area. You can also ask your GP for a simple bowel test kit (Faecal Occult Blood Test - FOBT) but you will have to pay for the laboratory blood tests. www.bowelscreenwaitemata.co.nz or www.beatbowelcancer.org.nz

Breast Screening

Breastscreen Aotearoa offers free mammograms every two years for women aged between 45 and 69.

If you are not registered, ask your GP about referral; phone 0800 270 200 or register online at www.nsu.govt.nz/current-nsu-programmes/breastscreen-aotearoa.aspx. Screening is not a diagnosis. All women should do regular breast self-examinations, and consult your doctor immediately about anything that is not normal for you. *Breast Cancer Foundation*, www.nzbcf.org.nz

Cervical Screening

The National Cervical Screening Programme is available to all women in New Zealand aged between 20 and 70. Having a smear test every three years is the best way of finding and treating abnormal cell changes and preventing cervical cancer from developing. Check with your doctor if you have unusual symptoms at any age. The cost of a smear test will be what you usually pay to see your doctor or nurse. Some community or private health organisations offer a free or low cost service. Phone 0800 729 729. www.nsu.govt.nz

Continence Problems

Incontinence can nearly always be treated or managed, so don't be afraid to ask for help if you have incontinence problems. Careful assessment to sort out the cause and find the best solution can make a real difference to your quality of life. Talk to your doctor or practice nurse about exercises to improve bladder control, and ask your pharmacist for further information about continence support. Phone the National Continence Helpline during business hours, 0800 650 659, or visit www.continence.org.nz

Depression

Feeling down in response to stressful events in our lives is a normal reaction. But when feelings of misery and unhappiness persist, it may not be a matter of 'just getting over it'. You or a loved one could be experiencing depression. You are not alone: 1 in 6 New Zealanders will experience a serious depression at some point in their life. If you suspect you are depressed, don't try to deal with your depression alone. Tell someone you trust how you are feeling and consult your doctor about the best course of action. You can find information at www.depression.org.nz and/or phone the free Depression Helpline, 0800 111.757. Young people can be especially vulnerable. www.thelowdown.co.nz is a website devoted to helping them understand and deal with depression. www.commonground.org.nz is a new website to help family, whanau, and friends assist the young people in their lives to enjoy positive mental health and wellbeing.

A Personal Point of View

I saw this article on your Facebook page: Well I have given this some considered thoughts, no judgements just my personal thoughts. I think the first shift in what was and was acceptable happened with the events of changing technology and easy access, coupled with marijuana abuse/alcohol abuse, (not accepted) wayward fathers, food additives etc. The second and more escalation of shift for our young people/families came with the drive to get all people out to work, (who nurtures teaches the young ones). Rising costs of living, poverty, lack of jobs. The heavy emergence of Meth and other drugs introduced and sold in shops, for goodness sakes, legally, which ultimately took away every ounce of mothering/fathering as these addicted people became a 'parent' to this evil drug, chasing it at all costs with no consequences.

Children neglected and abused and seeing goodness knows what. Damage done to yet another generation: hence the huge emergence of GRG's whanau carers and children with severe problems.

Now I am probably going to get my head bitten off here, but, the anti-smacking Law: I am speaking smacking not bashing/beating/abusing which we are all anti about. This shift was encompassed by schools, Health departments, everyone, and it in turn either deliberately or unintentionally was taught to the children, they had rights, which empowered the children to think they had control over their lives no matter their age, but without the experience of life. As said to me recently by my 8 year old grandson, when I told him I smacked his Dad as a child. (Dad is now 48) "You are not allowed to do that it is child abuse, and you can tell your teacher, we have rights" This I believe has

impacted upon children today with their behaviours, many teens believe they have a right to take whatever they want and this world owes them. With this no respect of elders, teachers, Police, parents in fact anyone in authority that went out the back door.

There are many as said, contributing factors but some decisions sent the pendulum too high in the wrong direction. My thoughts and my thoughts

only! The family unit, family values appear for too many, to have become lost. The 2016 research from Grandparents Raising Grandchildren Trust NZ which I have read, told us Meth is the number one cause as to why we have moko/tamariki in our care. Interestingly enough in 2005 it was alcohol which has now dropped to number 6. From a layman's point of view these are my 'older' observations.

Nan raising aged 70+

Inconsolable and Totara

He arrived, head battered bruised. A hematoma, a tiny body that let out a small weak cry after they placed him on his Mother for skin to skin contact. They locked eyes. She was too exhausted to bond after a long painful delayed labour that required an emergency caesarean. Still flinching from pain after her bungled epidural had failed to provide the relief she required to become excited about the impending arrival of her first child, a son. She never wanted to be a Mother but, here he was regardless.

Sleep never came, only resentment that she could not feel anything for the screaming, squirming white pasty bald baby with an enormous bump on his head. Multiple 'others' walked the floor with him to provide comfort, warmth, food, a change of clothing. Sleep never came, only the relief of a child care centre 20 hours a week at 12 weeks old. Multiple people walked the floor with him again to provide comfort, warmth, food, a change of clothing. Staff found him inconsolable, not a beautiful child, more 'high needs' one the others did not want on 'their watch'.

The unattached child continued to 'grow' physically, milestones average, ability to make sense of his world and interact with others 'delayed'. His Mother's ability to parent compromised by sense of entitlement. It was easier to hand him over to the 'others' who walked the floor with him. She did not have to acknowledge the part she never played, couldn't play, wouldn't play – in the end shouldn't play.

Inconsolable, now without the 'bump' found a home. He 'left' by accident, a dusty road trip inland one day, a trip he had done every weekend for years to the waiting arms of Grandparents. More bags this time. Same excited behaviour from a woman he called 'mum' who was already in party mode as she pulled up the driveway, music pumping, the clatter of Bourbon bottles in the boot, happy chatter about her planned weekend, new man, new plans, new baby a 'Pitbull puppy', the scene was set, 'bump' had been 'bumped off her list'.

He never cried for the 'mum', the puppy or his wee friends. Inconsolable continued to be a challenge, sleep still sporadic, forever waking to 'check'. To check we were still there, to check what we would be doing for the rest of the day and night, what we do when he is at school, forever checking.

Inconsolable grew into rage, abuse, violence, demands, words rolled into one diagnosis; 'attachment disorder'. The little 'inconsolable bump,' 'damaged goods' by multiple others who tried to provide the necessities of life minus the ability to attach at a deep level. All so superficial, like a scrape on top of his knee covered by a large plaster. Underneath he hurt. He was infected, dis-eased.

Time was his savior. Time to make sense of his world. Time for his traumatic brain to stop checking, searching, escaping. Time to see that right in front of him stood 2 Totara trees. Side by side they formed a canopy of shelter, warmth and love, they swayed in his forceful breeze. They bent but did not break. They were deaf to his abusiveness as trees did not have ears for hate, only love. After a while life became calm, quiet, purposeful. Inconsolable was consoled. The plaster was removed, only a small scar remained, the scar of life a trophy of survival, and the Totara's remained grounded as only grandparents raising grandchildren can only do.

Canterbury grand's.

Grand's reflections...

Sandwich in the Middle

Having raised 3 of our own and taken in Foster children and then having raised grandchildren from one of the foster children for 14 years, I ask myself, have we simply worn ourselves out. Were we too busy taking care of the serious needs (and I mean serious) of Foster Children and Foster grandchildren, that we became lost and forgot about ourselves. We put our needs last and I have no regrets about that. But as age has crept up, we are reaping the ills of this folly.

Hubby as become very unwell and unable to properly take care of himself, so I once again have become a caregiver. Yes, one can get home help from various agencies, if he would accept that help is needed, sadly, not so. I guess what I am saying is please take care of your needs in raising these precious ones too. I know it is difficult to find help out there and all too often one carries this alone. But at the very least take care of YOU, your health and mental wellbeing. Who takes care of the caregiver?

Thoughts

To the grandparent hiding in the bathroom, needing peace for just one minute, as the tears roll down their cheeks...

To the grandparent who is so tired they feel like they can't function anymore and would do anything to lay down and get the rest they need...

To the grandparent sitting in their car, alone, stuffing food in their face because they don't want anyone else to see or know they eat that stuff...

To the grandparent crying on the couch after yelling at the grand kids for something little and is

now feeling guilty and unworthy...

To the grandparent that is trying desperately to put on a smile to hide the pain...

To the grandparent that doesn't want to leave the house because life is just too much to handle right now...

To the grandparent that is calling out for pizza again because dinner just didn't happen the way they wanted it to...

To the grandparent that feels alone, whether in a room by themselves or standing in a crowd...

You are enough.
You are important.
You are worthy.

This is a part of life for us. This is a really, really hard, challenging, crazy part of life.

In the end, it will all be worth it. But for now, it's hard. And it's hard for so many of us in many different ways. We don't always

talk about it, but it's hard and it's not just you.

You are enough.
You are doing your best.
Those little eyes that look up at you - they think you are perfect. They think you are more than enough.

Those little hands that reach out to hold you - they think you are the strongest. They think you can conquer the world.

Those little mouths eating the food you gave them - they think that you are the best because their bellies are full.

Those little hearts that reach out to touch yours - They just need you to be there for comfort, for security...for them.

Because you are enough. You are more than enough!!! You, Are, Amazing!





[Anti-bullying](#)



0800 456 450



www.powertoprotect.net.nz



Give a Little to GRG

<https://www.givealittle.co.nz/org/grg>

Can we help you?

Members ONLY services are available nationwide
Caregivers Toll free helpline
0800 GRANDS (0800 472 637)
For landline caregivers only please.
New members and general information please dial ext. 1

Members' Support Manager:
Di Vivian
Auckland/free callers:
(09) 480 6530
Email Di at: office@grg.org.nz

GRG Trust NZ
PO Box 34892
Birkenhead
Auckland 0746

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If you no longer wish to receive this newsletter or you have changed address please update your details by contacting Kelly at the Trust Office as this is where the total mail out membership is kept.
Moved home or planning to? Be sure to let us know.

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Member Support Manager: Di & Team (as a caregiver you are part of our team)

Heoi ano, na. *E te Atua, aroha mai..... O God shower us with love.*

Ka kite Ka Whangaia ka tupu, ka puawai - That which is nurtured, blossoms and grows

We are respectful, we listen, we learn

He rōpū manaaki, he rōpū whakarongo, he rōpū ako mātou

Please pass this on to other grandparents/kin carers you know.

GRG Trust Head Office hours are 9am – 2pm daily. (We raise grandchildren too)

We are a Charitable Trust



Thank you to our Sponsors and Funders supporting GRG's Support Services throughout New Zealand including this newsletter



SUPPORT GROUP CONTACT NUMBERS

For the most up to date contact details please go to our website www.grg.org.nz

If you are a grandparent or whanau caregiver and need a referral to one of our Field Officers please call 0800 GRANDS (0800 472 637) or if you are in Auckland please call 09 480 6530

* Telephone Support ** Telephone Support and Meetings

| | | | |
|----------------------------------|-----------------------|-----------------------------|--|
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