



NEWSLETTER - AUGUST 2015

DATABASE: 6003 WHANAU CARERS

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

From the National Office

Extraordinary Care Fund

This has now closed and we are thrilled that so many have put applications in to help the children they raise.

A record number of applications have been received. You will be notified if you are successful by 31 July 2015.

Next round for those who missed out or did not put in an application opens September 21 – 30 October 2015.

Spectacles Subsidy

There is a Spectacles Subsidy that can help with the costs of your child's vision test, glasses (frames and lenses or repairs) or eye patches. The most that can be paid is usually \$287.50 (including GST). The optometrist or ophthalmologist will fill out a form with your help, and send it with their bill to [Enable New Zealand](#). You will need to pay any balance. The subsidy is available again after 12 months, if needed, for each child in your family who can get the subsidy.

Who can get the Spectacles Subsidy?

Any of your children, aged 15 or under, BUT ONLY IF you or your child has a current Community Services Card or a High Use Health Card. If you can't get the subsidy talk to your optometrist, doctor or school about other help that may be available. Other options may include: recoverable loans from Work and Income, support from local community.



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An additional \$51.11 (including GST) is available for children who need adult size frames. You may be able to get this help to pay for glasses or repairs if your child's vision is changing very quickly or if he or she has amblyopia (lazy eye) or strabismus (squint). Talk to your local optometrist for more information about this extra funding.

Grandparents Raising Grandchildren Winner





Children Who Experience Early Childhood Trauma Do Not

'Just Get Over It'

- Jane Evans

Humans are relatively adaptable beings which is why we are thriving and not dying out like other species. Horrendous disasters such as the Philippines typhoon, the Boxing Day Tsunami, the nuclear disaster in Japan, the major wars of our time, and horrific famines see great suffering, but these events also inspire survival through adaptation. It turns out we possess a strong survival mechanism in our brains directly linked to our bodies, fight, flight, freeze, flop and friend (fffff).

In fact, the survival part of our brain, which is primitive yet effective, is the first to develop in utero starting at around 7 weeks. It regulates our breathing, digestive system, heart rate and temperature, along with the 'fffff' system which operates to preserve our life.

If we have to dodge a falling object, jump out of the path of a speeding car, keep very still to avoid being seen, run for the hills from a predator, or get someone potentially threatening 'onside' we need this to happen fast. If a baby is scared, cold, hungry, lonely, or in any way overwhelmed this triggers their survival system and they cry to bring an adult to them to help them survive.

If a baby is repeatedly scared and emotionally overwhelmed and they do not get their survival brain soothed, so they can cope, they begin to develop a brain and bodily system which is on hyper alert and the world seems to be a scary place. Sadly, this is not something they can 'just grow out of'. Far from it as what neuroscience is showing us from all the recent findings. An early experience has a profound effect on the way in which a child's brain forms and operates as the survival brain is on over drive and senses threat everywhere so works too hard, too often, for too long.

Babies and young children systems are flooded with potent stress hormones which help in the event of needing the 5 fffff's, but they are not good to have at high levels for too long. Imagine the feeling when you truly believe you have lost your wallet with all your cards and money in. You feel a bit faint, your brain is whirring, your heart racing, breathing is shallow, and you may get the urge to empty your bowels or bladder. Hopefully, this may only last for the usual 45 minute cycle for those who are not traumatised.

Then stress hormone levels drop and you can think more clearly and resume your day fairly unscathed. What if you are 4, 9 or 15 years old though, how will you cope, especially as your repetitive early childhood trauma of living with domestic violence, unavailable or rough carers, chaos and unpredictability has left you traumatised?

As I referred to at the start, humans are amazingly adaptable in order to survive, although not necessarily thrive. So a child's system adapts to get whatever basic needs met it can and to live to the next moment, think soldier in a war zone kind of survival. In an abusive environment this will make sense but it is not something a child can just stop doing as their survival brain is in charge and has to do what it has learnt to keep them alive.

The kinds of survival behaviours they commonly develop are:

Regression

Presenting as helpless may have made carers frustrated, even angry and rough with them but will mean they sometimes had to touch a child who presented as unable to say get dressed or wipe their bottom or feed themselves – this can look like immaturity and 'babyish' behaviour in an 8 year old but it has previously served a purpose.

Being held and touched kindly is a basic human need and tragically children in Romanian orphanages who were not, died. Almost 'pathetically' children often devise ways which can seem strange, given their age and previous capabilities, to get some physical contact, even if it's unpleasant.

Children often learn to survive by being 'like a baby' as they have either learnt that baby's get more kindness and attention or have some inbuilt 'memory' of this – this can be negatively viewed as regression yet is often an expression of trust in carers as they feel safe enough post abuse to seek out kindness from them so it needs gentle handling and holding until the child is ready to move on. Imagine you had never experienced physical closeness and gentle touch but were driven to seek it out, that takes real courage.

Dramatic reactions

When a child is in the 'I've lost my keys' panic state most of the day, it's like a pan boiling on the stove and the smallest extra heat causes it to boil over.

The survival brain leaps into action at the slightest thing, an accidental shove from another child, a small scratch on the arm, a lost pencil, a 'look' from another child and the 5 fffff's are triggered, for most children that's flight but if cornered and unable to escape, or previously over used, it will be fight.

Children may cry more readily and for much longer and louder as they do not have the ability to self soothe or to be soothed easily as their brain has not been exposed to this and is not wired that way so telling them to 'calm down' is of no use. They are feeling things as deeply as they seem to be at this point and are not just 'attention seeking.'

Disassociation

Disassociation or 'zoning out' is another way the brain and body copes with high levels of potentially toxic stress hormones for overly long periods. It can also be a learnt survival strategy, submit, switch off and wait for the frightening, painful, incomprehensible act to be over. This ability to switch off can look like defiance or non-compliance as a child may just stare ahead and not respond to requests from adults.

Children cannot continuously cope with the muscle tension, nausea, thudding heart, racing thoughts so finding something to fixate on to

soothe them can become a great coping strategy and again will look as if they are being non-compliant whereas they are escaping from their trauma the only way they know how.

How long until they do 'get over it?'

It's a fair question as to why it's so hard for traumatised children to trust caring adults. If they were removed from the abuse and trauma as a baby or even directly after birth, surely they should not be having these dramatic reactions?

Going back to our survival part of our brain, this is not designed to be the dominant part of anyone's brain as we also have an emotional memories part and a thinking, reasoning, socially able cognitive part which should mostly be 'in charge'. All three areas are interlinked and share info back and forth all the time but mostly we need to think before we act and then we do better. However, if your start in life has made your survival brain 'hyper alert' then to manage this is like repeatedly trying to get a squirrel into a matchbox!

Children need us to be calm, kind, to use rhythm, patience and to try to step into their world and emotional state and show empathy. As practitioners it can be helpful to research ways of supporting traumatised children, pushing for appropriate training and most importantly being very aware of the extra strain that comes with working with and caring for traumatised children. However, with the right long term acceptance, kindness and support children can get a better chance at eventually being able to manage their reactive survival brain which has, after all, got them this far.

By Jane Evans

Jane Evans is a Parenting Specialist, Trainer, International Speaker, Writer and Blogger. Jane regularly appears on BBC Radio Bristol and Wiltshire to comment on and discuss matters relating to children and parenting, Jane is a regular expert contributor for [Mini-Kin UK](#) an early years parenting website, [UK Fostering](#) and Adoption UK magazine and writes on matters relating to children and parenting impacted by trauma.

[Article shared from www.socialworkhelper.com]

All you need is love

Such very noble and idealistic words from, the Beatles song: first broadcast on June 25th, 1967. Love is immensely important in the life of a child – they need to be loved as this supports their care and their nurturing and their development and their ability to achieve to their full potential. It supports them to be taonga (treasured).

For a group of people that we have contact with, there is an immense amount of love for a child (or children), but there can also be a lot of other factors which can complicate family life and make it challenging. This group of people are grandparents (or other family members) who are raising their grandchildren (or other family members)

They have often taken on the care of these children because of difficult circumstances and they have an immense amount of love for them and a strong belief that the children should stay surrounded by the care and the love of their own family/ whanau. Taking on the care of these children though can bring challenges. At a time in these grandparents lives when their own children have often grown and left the nest, they are all of a sudden back to sleepless nights with babies, busy days running around after toddlers, and little people demanding their time and attention. It's not as easy to have the energy to keep up with energetic little people when you are in your 40's, 50's or 60's (or beyond). The support that they had bringing up their own children, may not be there anymore.

So how can Pregnancy Help, help these grandparents (or other family members) who are raising their grandchildren (or other family members)?



Pregnancy
Help Inc.

We provide some practical support if needed – a bassinet to sleep baby in, some bedding, some clothes, and some nappies. Some of the very basics, to give you a helping hand.

We provide information about supports available in the community (it can be isolating when circumstances change) – Well-child providers, family support services, the support provided by the Grandparents Raising Grandchildren Trust.

We provide information about playgroups and toy libraries.

We help to make connections.

We respect – the love for the children, the diversity of the family unit, families doing their best.

Written By: Chris Ottley, Pregnancy Help Dunedin Branch Manager

For further details of support visit – Pregnancy Help www.pregnancyhelp.org.nz

Check out our new website!

We are absolutely delighted to announce the launch of our brand new web site at www.grg.org.nz. You can also find us at www.grg.nz

Our amazing Kate has been working on this since April and wow, what a wonderful job she has done! You will be impressed. It is full of advice with links to take you to all manner of pages which are relevant for us in our role. It is bright, colourful and riveting and the depth of this has to be seen to be believed. It has heart and soul and will really assist and inspire you. Something for everyone no matter what part of the journey you are on. From financial advice, legal advice, practical tips and much more, we are sure you will be impressed. Check it out now .

www.grg.org.nz

Dealing with a Teen that Self Harms

Generation Next Blog

Self-harming is when people cause themselves physical pain in the hope that it will alter their



mood state. Some people harm themselves because they feel disconnected and isolated from everybody, and hurting themselves is the only way they feel real or connected.

People who cut often start cutting in their young teens.

If your teen is self-harming then you may feel frustrated, guilty, confused and hopeless about the situation and how to deal with it.

Self-harm may make internal pain visible on the surface. It is showing that there is a problem that needs to be addressed.

People who harm themselves:

- May have difficulty expressing their feelings verbally
- May dislike themselves and have low self-esteem
- May be feeling angry, lonely, have shame and guilt and feel they have no control over their life.

Self-harming can become an addictive behaviour, which can be just as hard to give up as an addictive drug. When people get into a cycle of self-harming behaviour it can become their main way of dealing with problems, and can start to have a very negative impact on their lives. If a young person is self-harming, they are not doing it for attention. Research suggests that about two thirds of young people who self-harm don't even tell anyone, so they can't be looking for attention.

It is important to recognise that self-harming is not well understood in society, and is not seen as an acceptable way of coping with problems. People that self-harm will also have to deal with the

disapproval of other people who don't understand what they are going through.

Finding out that your teen is deliberately self-harming can be very distressing. It is hard to understand why someone would want to do this. Often parents are the last to find out their child is self-harming.

- **Educate yourself.** Find out as much information as you can, and talk to a professional about what you can do to support your child.
- **Do not ignore this behaviour** as it is very serious.
- **Be supportive.** Let your child know that you are there if s/he wants to talk.
- **Self-harming can be treated.**

Even if the thought of your child self-harming causes you to feel really distressed, try to understand what the issues behind the feelings may be, and how you can support them to find more positive ways of coping with the problem.

- Encourage your teen to look at the reasons why they are hurting themselves, remembering that self-harming is something a person chooses to do, but it is not an effective way of dealing with a problem. The problem will stay until it is dealt with once and for all.

You can help your child slowly move away from self-harming by working with them on the following:

- Working off stress or anxiety with exercise
- Learning to communicate effectively about how they are feeling
- Making a list of reasons why they are going to stop cutting and setting realistic goals to stop.

It is critical that you persist in letting your child know that you trust and support them to find a way through this experience, no matter how long it takes and no matter how many setbacks there are along the way. If your child believes that you trust them, they will more readily trust in themselves to find a way through.

By **Marina Passalaris**, Founder, Beautiful Minds

Grand's reflections...

Knew There was a Reason!

Most seniors never get enough exercise.
In His wisdom God decreed that seniors become forgetful so they would have to search for their glasses, keys and other things thus doing more walking.
And God looked down and saw that it was good.

Then God saw there was another need.
In His wisdom He made seniors lose coordination so they would drop things requiring them to bend, reach and stretch.
And God looked down and saw that it was good.

Then God considered the function of bladders and decided seniors would have additional calls of nature requiring more trips to the bathroom, thus providing more exercise.
God looked down and saw that it was good.

So if you find as you age, you are getting up and down more, remember its God's will. I

t is all in your best interest even though you mutter under your breath.



A Cup of Tea

A Cup of Tea made with cold water.

One day my Grandma was out, and my Grandpa was in charge of me. I was maybe two and a half years old.

Someone had given me a little 'tea set' as a gift, and it was one of my favourite toys.

Grandpa was in the living room engrossed in the evening news when I brought him a little cup of 'tea', which was just water.

After several cups of tea and lots of praise for such yummy tea, my Grandma came home.

My Grandpa made her wait in the living room to watch me bring him a cup of tea, because it was 'just the cutest thing!'

Grandma waited, and sure enough, here I came down the hall with a cup of tea for Grandpa, and she watched him drink it up.

Then she said, (as only a grandma would know), "'Did it ever occur to you that the only place she can reach to get water is the toilet?'"

Are you going away and leaving your grandchildren?

As we well know a lot of our children have suffered abandonment and therefore the thought of you perhaps taking a break will cause huge anxiety issues for them. What to do about it?

- Explain to the children that you are in need of a break away and leave them with someone they know who is safe, tell them that you know this person will take real good care of them, just as you would.
- If traveling overseas, go to your local Travel centre and get a book on the area you are planning on going to.

With the child, get a map of the country you are visiting photocopied on an A4 sheet put NZ at the bottom, draw a line from NZ to country you are going to. Paste cut-out pictures from travel book on

poster; i.e. we did the Statue of Liberty for New York. Pictures of a plane and other relevant stuff can be added.

- ♦ Make sure you reinforce the fact that you will be coming back. Over and over again!
- ♦ Tell them that whilst you are away if the moon is out you will be looking at that same moon at say 7pm and get them to do the same, (yes we do know you may be in a different time zone).
- ♦ Buy them a small angel from the \$2 shop and tell them she will watch over them until you return.
- ♦ Attach poster on their bedroom wall.

For some children it may be necessary even if you are just going away for the week-end and don't forget to buy them something special.

Be sure to notify Work & Income/CYF if you are going away (overseas), in advance not after the fact.

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

Suite 4 (Ground floor)
Rawene Chambers
15 Rawene Rd
Birkenhead Auckland 0626

Office Manager:
Kelly Vivian 09 418 3753
Email office2@grg.org.nz or
kelly@grg.org.nz

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



[Anti-bullying](#)



0800 456 450



Give a Little for GRG

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

www.powertoprotect.net.nz



SUPPORT GROUP CONTACT NUMBERS

Locality	Support Coordinator	Phone	E-mail Address
Ashburton**	Margaret Mason	03 308 0190	margaretmason1010@gmail.com
Auckland Central **	Jane McAllister	021 424 801	janemachoooper@gmail.com
Auckland East **	Tess Gould-Thorpe	09 535 6903	pan@xnet.co.nz
Auckland North **	Bonnie Williams	09 473 9055	willingclan@xtra.co.nz
Auckland South **	Virginia Peebles	09 256 1620	
Auckland West **	Debbie Hall	09 818 7828	debron@xtra.co.nz
Auckland Papakura/Pukekohe **	Delphina Galvin	027 505 3808	delphinagalvin@live.com
Canterbury **	Veronica Brunt	03 942 5935	r.v.brunt@paradise.net.nz
Dannevirke**	Malcolm Johnson	06 374 0407	
Dargaville **	Sandy Zimmer	021 044 6214	sandy.zimmer@hotmail.com
Gisborne **	Molly Pardoe	06 867 8463	mollypardoe@xtra.co.nz
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Wairarapa **	Tere Lenihan	06 379 5407	terel@swscc.org.nz
Wanganui **	Jenny Morton	027 443 7780	jaydeez@clear.net.nz
Wellington **	Cecilee Donovan	04 477 0632	cecileed@gmail.com
Whakatane *	Shirley Faulkner	07 308 8524	shirleyfaulkner@xtra.co.nz
Whangarei **	Janet Puriri	09 435 0044	

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