Grandparents Raising Grandchildren Trust New Zealand
*Te tautoko i nga tupuna, mokopuna me te whanau.*
*Te awhina ia ratou ki te whakatutuki i nga putanga*
*pai i roto i to raatau oranga.*
Supporting grandparents, grandchildren and whanau
to achieve positive outcomes in their lives.

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5 June 2018

Mental Health and Addiction Inquiry
PO Box 27396
Marion Square
Wellington 6141

Via email: mentalhealth@inquiry.govt.nz

Dear Panel Members,

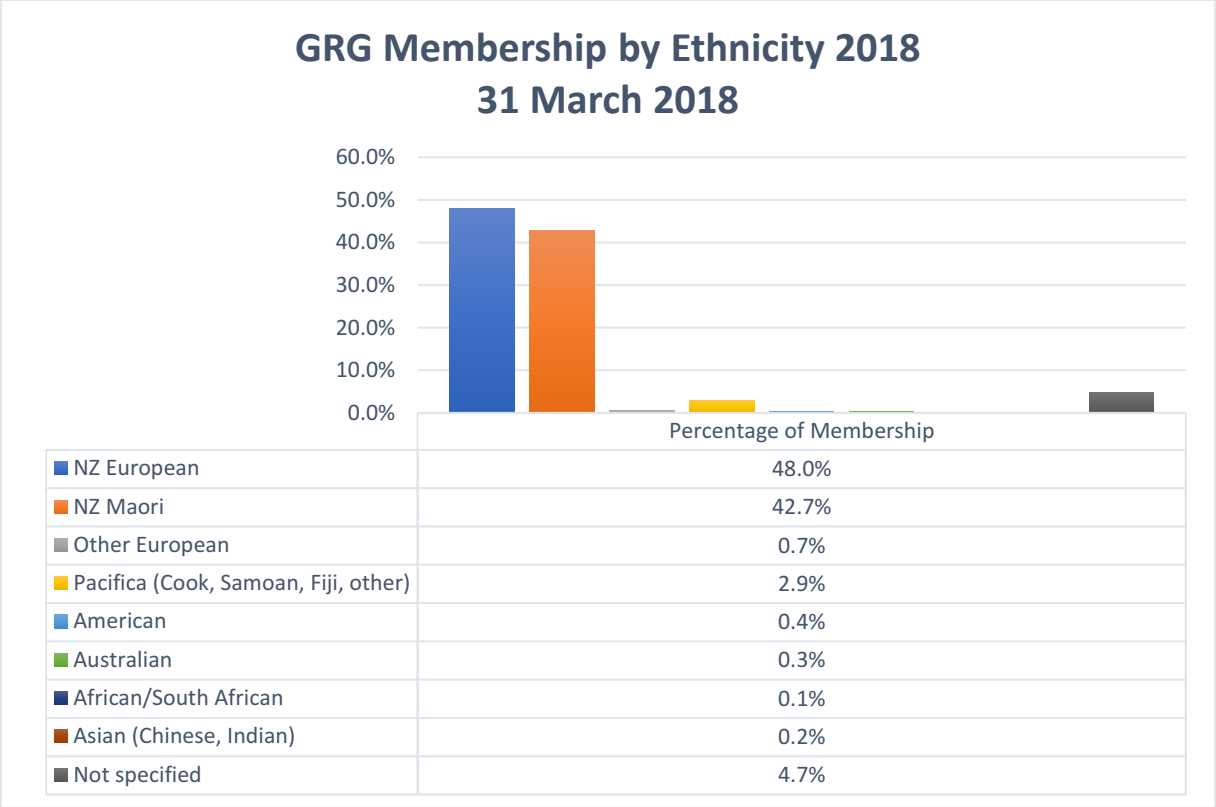
This submission is made on behalf of Grandparents Raising Grandchildren Trust NZ (GRG) and its member families.

**Background to GRG and Research Relevant to this Submission**

- GRG is a registered charity that was established in 1999 as a support group in Birkenhead, Auckland for grandparent carers. It was registered as a charitable trust in 2001.
- GRG provides support services and carer education to its member families including; a free 0800 helpline, new member resource packs and emergency care packs (donated essentials), outreach and advocacy services, carer workshops and programmes and a network of 38 local Support Groups and 11 Coffee Groups.
- Since 1999, its membership has grown from six to 4,146-member families nationwide.
- At 31 March 2018, these member families represent an estimated 6,925 caregivers raising between 7,500 and 10,000 children.
- The 2013 Census identified 9,543 families with grandparents in a parental role in New Zealand. In our experience, the number of children in grandparent care fluctuates due to various factors, however based on our membership data collected at the time each member registers with GRG, and our three research studies (2005, 2009, 2016), we have calculated that there are likely to be over 17,000 children in grandparent care in New

Zealand. Combining this figure with children estimated to be in other whanau care, it is estimated that there is likely to be well over 26,000 children in grandparent and other whanau care. This compares with around 2200 children placed in non-whanau out-of-home placements under the Oranga Tamariki Act 1989 as at 30 June 2017.[1]

- The primary reason for grandparents and other whanau carers raising someone else's child is typically due to a "family breakdown"[2] in which the parents are unable or unwilling to care for, or support their children, or because of the death of one or both parents.
- The ethnicity of our member families is demonstrated in the graph below.
- Research undertaken by GRG over recent years has helped inform our submission to this Inquiry.




| | Percentage of Membership |
|---|---|
| NZ European | 48.0% |
| NZ Maori | 42.7% |
| Other European | 0.7% |
| Pacifica (Cook, Samoan, Fiji, other) | 2.9% |
| American | 0.4% |
| Australian | 0.3% |
| African/South African | 0.1% |
| Asian (Chinese, Indian) | 0.2% |
| Not specified | 4.7% |

[1] Figures sourced from https://www.msd.govt.nz/about-msd-and-our-work/publications-resources/statistics/cyf/kids-in-care.html

[2] "Family breakdown" in this context is used as it relates to section 29 of the Social Security Act 1964; It has been defined in [2012] NZSSAA 103 (20 December 2012) as *"the breakdown of a child's family involves the failure or collapse of the normal family dynamic which results in both parents being unable to fulfil the role of parent to their child."* Around 70% of grandparent and whanau carers are in receipt of the Unsupported Child Benefit

## 1. Impact of Mental Health and Addiction on Grandparent Care Families – Our 2016 Research

In 2016, GRG undertook the largest survey of the socio-economic issues affecting grandparent and whanau carers in the world to date. Funded by a Lotteries Grant, and led by Pukeko Research Ltd, we surveyed 1100 carers with 150 questions related to the carer and the family plus 40 specific questions for each child.

One hundred fields were also available for respondents to include qualitative responses. Data was collected for 1324 children and the first cut of the data from this research was published in October 2016 in the report titled: *The empty nest is refilled: The joys and tribulations of raising grandchildren in Aotearoa.*[3]

This study produced enormously rich data which is progressively being subjected to cross-analysis for topic specific reports to elicit further helpful information on the predominantly grandparent carer population surveyed.

> "The amount of data collected for this study is astounding. Participants threw their heart and souls into telling their stories. As an example, when participants were asked to describe in their own words how their grandchildren came into their care, between them they wrote 23,000 words of passion, despair and love." Dr Liz Gordon[4]

Of particular relevance to this Inquiry, is the subsequent peer-reviewed paper by Dr Liz Gordon, This paper was published in the NZ Journal of Social Sciences: Kotuitui on 12 Dec 2017 titled: *My daughter is a drug addict': grandparents caring for the children of addicted parents*[5] in which Gordon made the following observation:

> "This study has revealed patterns of significant health, educational and personal problems among many of the children. At one end of the spectrum, there are a small proportion of children with high and complex physical, social, emotional and mental illnesses. These children find it hard to learn at school, are not getting adequate support and may be violent to their caregivers and others. Policymakers need to pay attention to providing the very best care and treatment environment for these young people, because grandparents fear they are at risk of poor futures. For the children whose problems are not as severe, but are demonstrating clear barriers to effective learning, or who have untreated problems (and especially where the children are violent towards caregivers or others), again a treatment plan and good quality advice is essential. The children tend to have increasing problems as they get older, just at the time when grandparents may be experiencing their own health or other difficulties. The goal needs to be to ensure that the children do not reproduce their parental drug use, and this will require active intervention in many cases (Linden et al. 2013)"

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[3] [3]Gordon, Liz (2016) The empty nest is refilled: The joys and tribulations of raising grandchildren in Aotearoa - ISBN (web): 978-0-473-37298-9

[4] Ibid note 2.

[5] Gordon, Liz (2017) *My daughter is a drug addict': grandparents caring for the children of addicted parents*

Findings from the 'first cut' 2016 report included:

- The most prevalent cause of family breakdown is **parental substance abuse or addiction**.[6]
- A range of potential co-morbid factors were also identified by the survey participants as reasons why children were placed in their care, with the mental illness of a parent identified as the seventh most prevalent cause (23%) behind drug addiction (44%), domestic violence (40%), family breakdown (40%), neglect (40%), parent unable to cope (38%) and alcohol abuse (25%).
- The child's mental illness was a factor in 1% of cases reported.
- Participants were also asked whether the children had any diagnosed psychological problems. Of the 1162 responses, 481 children, or 41%, had diagnosed problems.
- Of those with diagnosed problems, there were on average 1.63 diagnoses per child.
- The most common diagnoses were Attachment disorder (113), Anxiety disorder (110), ADHD (106), violent or aggressive behaviour (92) and post-traumatic stress disorder (PTSD) (74).
- Although it has not yet been subject to further reports to date, a quick analysis of the raw data indicates that approximately a further 18-20% of the children in the study are suspected of having undiagnosed psychological issues affecting their mental health and wellbeing, but they are either too young to diagnose or their carer has been unable to afford the costs associated with a professional diagnosis or there is no one available in their area to undertake an assessment.

## 2. GRG: The "P" issue – Our 2017 Research (Internal Member Survey)

Over 15 days commencing on 18 August 2017, GRG conducted an internal member survey via Survey Monkey® to ascertain the extent to which members were raising their grandchildren because of the parents' drug addiction and particularly to identify what proportion of them were carers because of their parents' use of methamphetamine.

The 2016 study did not specifically ask this question, but anecdotally we had estimated that roughly eight or nine calls out of every 10 received on our helpline related to carers whose grandchildren's parents were affected by methamphetamine.

[6] Ibid note 2

Our membership had also grown substantially with 580 new member families in the 2016/17 year and 784 new members in the 2017/18 year to 31 March, with most new families joining GRG because of family breakdown due to the parents' methamphetamine use/addiction.

- The survey link was sent only to those members who had an email address (2122): 761 members (36%) opened the email and 492 members (65%) responded, with 422 complete anonymized responses.
- While the demographic statistics on the participants in this survey closely mirrored the 2016 study, it is likely, however, that a proportion of the membership receiving the link were not interested in taking part because the issues were not relevant to them. In the 2016 study, 44% identified drug addiction as a reason for a child coming into their care, whereas in this survey this figure was much higher at 76%. It is therefore likely that this particular result is skewed due to the subject matter of the survey itself.
- Among the carers who positively identified parental drug abuse/addiction as the reason for them raising their grandchildren; 86% identified methamphetamine was involved. 81% of these respondents also identified cannabis as a drug that the parent(s) were taking in addition to methamphetamine at the time the child(ren) came into their care.
- GRG has been looking at options for carer education on the issues related to drug use and the Survey included the opportunity for a qualitative response on what members thought about "further education and information resources for both caregivers and children so that they can be better informed of the risks and consequences of drug use and to empower them to make positive and safe lifestyle choices". This section elicited 89 substantive responses. These responses have helped form our submission to this Inquiry and are attached as Appendix B.

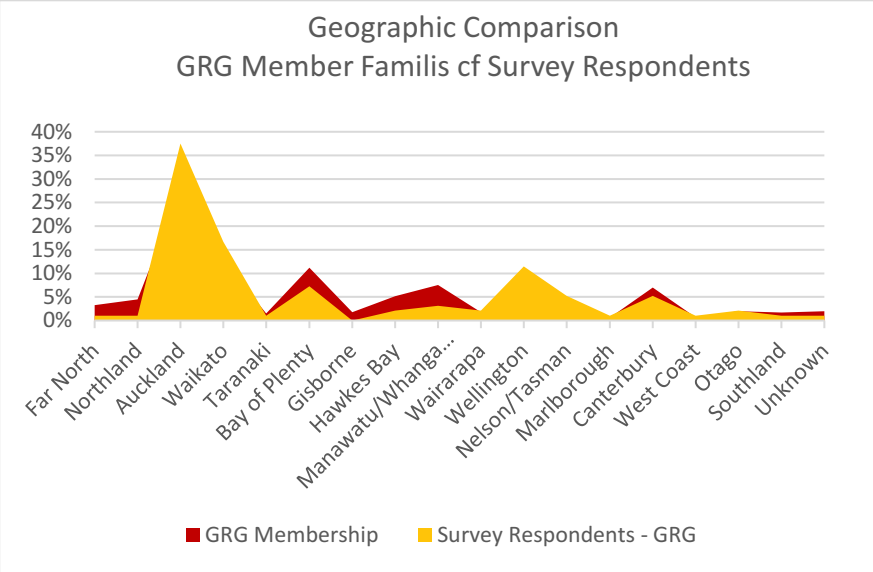
## 3. GRG: Mental health and addiction issues for our families – Our 2018 Research (Internal Member Survey)

In preparation for this Inquiry, we have encouraged our members to make individual submissions to the Inquiry. This messaging has principally been through our monthly newsletters, with links to the Inquiry website and information.

Our May newsletter also included a link to another short survey via Survey Monkey® ***GRG: Mental health and addiction issues for our families***. This Survey has run for five days from 29 May 2018 with 96 responses received to date representing 2.3% of our membership. The questions in this survey are set out in Appendix A attached. It has not yet been possible to

complete a full analysis of the responses to this survey and it remains open. To this end, we would appreciate the opportunity to meet directly with the Inquiry Panel at a later date (August onwards), to discuss more fully the needs of our member families and children from the mental health and addiction services in New Zealand.

The geographic spread of responses is relatively representative of our membership as demonstrated in the graph below, although responses from members in Auckland and Wellington were higher, with lower proportionate responses in the North, Bay of Plenty, Hawkes Bay and Manawatu.




**Snapshot of the Survey Participants**

- 84% are grandparents
- 4% are great-grandparents
- 12% are kin/whanau carers
- 42% of the participants say the youngest child in their care is in the under 6 age group, with 40% 6-10 years and 18% over 11 years of age.
- 13% say the eldest child is in the under 5 age group, with 45% 6-10 years and, 42% over 11 years of age.
- 60% of the participants are raising children with special needs or mental illness including:
    - Children affected by bullying
    - Suicide ideation
    - Global developmental delay
    - In-utero exposure to drugs and alcohol leading to global developmental delay

    - Speech impediments
    - Post traumatic stress
    - Attachment disorders
    - Oppositional defiance disorder
    - ADHD
    - Duchene Muscular Dystrophy
    - Dyslexia
    - Severe toileting issues
    - Anxiety
    - Sensory learning difficulties
    - Autism
    - Asperger Syndrome
    - Sexually inappropriate behavior
    - Chronic drug use
    - Depression

- The carers sought help from multiple organisations in many cases. In particular, they sought help for their grandchildren/whanau child from the following (multiple options ticked) organisations/professionals:
    - Local GP/Doctor (76%)
    - Child and Adolescent Mental Health Services (CAMHS) (35%)
    - Infant, Child, Adolescent and Family Service (ICAFS) (17%)
    - Mental health foundation (5%)
    - Psychologist (30%)
    - Psychiatrist (13%)
    - School/Teacher (45%)
    - Special Education Services (36%)
    - Disability Information Services (Ministry of Health) (10%)
    - Oranga Tamariki (34%)
    - Other (50%) – services included that were helpful to members are listed below under Inquiry Question 1:
- 82% are raising their grandchildren because of their parents' addictions. This is a higher percentage than the response to our survey conducted in August 2017.

In our survey, we asked the question whether the carer was raising any children with special needs or mental health issues? We also asked a separate question as to whether they were raising children because of their parent(s) addiction issues?

We isolated these two issues as separate questions because it is common for grandparents to be raising children with special needs or mental health issues which may or may not be the result of a parents' addiction and/or mental health.

Our concerns are primarily focused on the needs expressed by our membership for better support for the children in their care, and the caregivers themselves. A secondary issue is the carers concern for better support for their mentally ill/addicted daughter/son or daughter/son-in-law; i.e. the parents of the child/ren in their care.

Therefore, our membership's response to the questions posed by the Inquiry below should primarily be considered in the grandparent care context.

**Inquiry Question 1: What's currently working well?**

The majority (37/68; 54%) of our members responded negatively to the question in our survey about their experiences dealing with the health/mental health and/or addiction services and whether there anything was anything they did well to help them. Issues and problems raised in their qualitative responses are included in the next section on page 11.

Positive responses were reported by 25/68 carers (37%).

In brief, what works and is helpful is access to:

1. Good quality support and information for carers, children and family.
2. Professional help including counselling for a child, the carer or a family member affected by theirs or a close family member's mental illness or addiction.
3. Services that are adaptable to the clients needs – not limited by pre-defined box ticking/eligibility criteria.
4. Affordable/free access to professionals for diagnosis and therapies to treat or counsel the child or family member affected.
5. Respite for carers and children.

Organisations/Services that have helped our families include:

- ACC
- Ataeira Youth and Family Services
- Autism NZ
- Barnados
- Birthright
- Buchanan Centre
- Care NZ
- Catholic Services
- Challenge 2000
- Drug and Alcohol line
- Family Works
- GP/Doctor
- Grandparents Raising Grandchildren Trust
- Hauroa Waikato
- Higher Ground
- Home Builders
- Jigsaw
- Kari Centre
- Kidslink
- Kip McGrath
- Leslie Centre
- Man Up Te Kuiti
- Marinoto Family Services
- Open Home Foundation
- Parentline
- Plunket
- Police
- Presbyterian Support Services
- Public Health Nurse
- RTLB
- Salvation Army
- Skylight
- Social Workers in Schools (SWiS)
- Special Education Services
- Stand for Children
- Starship Hospital/Paediatrician
- Strengthening Families
- Strive Community Trust
- Supporting Families – in Mental Illness
- Supporting Families – in Mental Illness
- Te Paepae Arahi-Mental Health & counselling Whanau ora
- Te Taiwhenua o Heretaunga
- Tu Mai Awa
- Waikids
- Wellstop
- Whirinaki Mental Health
- Work and Income/ Extraordinary Care Fund
- The Wings Trust

Below are some of the qualitative responses from our carers about their experiences of **what worked well** for them:

| |
|---|
| Supporting families were absolutely amazing the light at the end of a tunnel for me. can't praise them enough and child counselling they did for children of mental health parents has been incredible |
| I believe the support service that I have encountered "Tu Mai Awa - Whakamana Tangata , have a good process whereas they walk beside families and individuals to help them identify their vision, and than they develop 1 plan with all those involved with whanau/individuals, they are awesome and make it easier for people to get help and realize their own vision. Bringing all the people needed or already involved; together to talk about and develop the plan with whanau and individuals. |
| While I was under mental health I did find it helpful when they would come around and visit to see how things were going for me and to see if I needed anything doing. That made the difference on how my next hours or days or weeks turned out for me. |
| The mental health service has provided assessment and ongoing therapy for the child plus a parenting course. All provided free of charge. The therapist has been fantastic and created a great bond with the child and us as a family. She has focused on the child but supported us as caregivers with counselling and referring us to more outside support. The rehabilitation treatment my daughter received from Care NZ was very helpful to her and their interaction with our family was very comforting to us. |
| We have had great support for our grandchild from Home Builders. Our grandchild's parent has mental health problems due to an accident and drugs (unsure which is the primary problem). I feel that he is falling through the system but am unsure how as I am not actively involved with his care (unless the wheels fall off!!) |
| Open Home provided respite care that was a lifesaver |
| Counselling services, young adults' assessment services and support for children with adults with mental health problems and several third party ancillary support organisations such as Challenge 2000 |
| After 6 years of trying to get appropriate help for my daughter, and a number of hospital admissions, and repeatedly being told she had no major mental illness, she finally got a psychiatrist who diagnosed schizophrenia. This was a breakthrough, as she was now put on appropriate medication. 2. Following a long 5 months in acute care, and as I refused to have her back in my home, and after some pressure from me, she was placed in the Buchanan Centre, where there was a truly rehabilitative and therapeutic service. By some miracle she was allowed to stay there for three consecutive 6 month periods, and made great progress. She was able to attend a series of short art and design courses at Unitec while there. I cannot speak highly enough of the Buchanan Centre, which gives intensive support, monitoring, therapy and life skills training. This is a model that I believe should be replicated throughout the country. And the stays there should be able to be adapted to the needs of the clients, rather than restricted to an arbitrary maximum. 3. After a number of years of constantly changing key workers and CSWs she was assigned to an experienced psych nurse as key |

worker. This woman stayed with her for some years, had a good rapport with my daughter, and also was respectful and listened to me as family. professionals - paediatrian and physciatrist particulary helpful. Physciatrist has been able to give me helpful information to help my grandson in the future

The school was helpful in making a referral for counselling services which took 6 months to actually eventuate. I had to ring the SENCO at the school to find out what was happening? But once I made the call I had follow-up contact.

The Drug and Alcohol line offered advice helping me to regain my composure at times when I felt like I was losing it (angry and judgemental).Higher ground offered a lock-up intensive programme that my son needed. We are very grateful for this.

**Inquiry Question 2: What isn't working well at the moment?**

In summary, the mental health and addiction needs of children, carers and parents (addicts/mentally ill) are not being adequately met by the current mental health and addiction services because:

- Waiting times for appointments are lengthy and not time-sensitive;
- Eligibility criteria and thresholds for providing support or help are too often too prescriptive or set too high resulting in many missing out on the help they need;
- Carers are often stone-walled or denied access to information that could help them support their loved one because of privacy concerns. This is common in cases such as carers raising teenagers, or when seeking help for a family member affected by addiction/mental illness, or in relation to an adult child who is the parent of the grandchildren in their care;
- There is a lack of sufficient capacity to meet the demand for services. e.g. rehabilitation and/or detox facilities are scarce for those struggling with an addiction. We are also finding that more members are seeking anger management courses for children aged 10-16 years but there is little availability of services/programmes to meet the demand;
- Schools also struggle to help children affected by psychological issues/mental illness because of the narrow focus of mental health services provided by the District Health Boards;
- Programmes that do provide services are too short to make a meaningful difference;
- The costs of seeking professional support from private providers is prohibitive;
- Eligibility for respite care under the District Health Board criteria is too high and too many carers and children who need it simply cannot access respite care;

- Grandparent/whanau carers seeking help for the children or loved ones affected by mental illness or addiction are too frequently told by professionals that they are the problem. For example:
    - In relation to children's behavior they are told that they need to take parenting courses. This ignores the reality that these children have experienced trauma, may have developmental delay or psychological issues and complex needs, and/or that they exhibit behavior that is troubling, challenging and violent[7]. It also ignores the reality that they are usually affected by significant grief, anxiety and/or attachment disorders and are not like normally adjusted children testing the boundaries of discipline within the child/parent context;
    - In relation to the adult parent, they are unfairly blamed for their adult child's poor choices in lifestyle, particularly drug addiction, violence and crime; which ignores the fact that the parents are adults and responsible for their own behavior or that often the grandparent has raised other normally adjusted children who have grown into adults living constructive and/or successful lives.
- Children who have suffered from past abuse and neglect are too often unable to access the help they need from professionals and agencies that could otherwise help them, consequently, their carers experience significant ongoing stress and difficulties parenting them, often adversely affecting the carers own physical and mental health and wellbeing.

Some comments from this survey reflect these concerns:

> I found it very hard to accept that just because my child changed from a kura kaupapa to mainstream that she required a different set of criteria to get help. I thought that the ability to learn did not depend on your ethnicity but depended on how you learned. There is a high demand for the above services within my community. There is not enough resources.

> School not really helpful - not getting every thing they say. Unable to get any other funding as his disabiltiy and behaviour not bad enough. Comes under the umbrella of global disability. His sister has had all the help in the world but continues to have ongoing problems. His mother has undergone rehabilitation for alcohol abuse and was clean for a month but has gone onto having a worse drug and alcohol problem. Has had all the help she can but can not get rid of a life time addition problem.

> every where I went for the child, I was being told she wasn't bad enough for the services that they provided. in other words only ambulance at the bottom of the cliff and nothing at the top. Huge gaps are there, luckily for this child, I had at the time financial resources to get this help privately otherwise she would have been needing the ambulance.

[7] 14% of the respondent carers to our 2016 Research (Ibid note 3; Gordon (2016)) said they had been physically assaulted by the grandchildren/whanau children in their care.

> Mental Health Services tended to ignore past trauma for the child and suggested I needed parenting courses, as if it was my fault !!!! Waited ages for an appointment then dumped quickly back into community.

Despite these difficulties, there is no doubt that grandparent carers are highly motivated to seek the services necessary to help their affected family members and especially for the vulnerable children and young people in their care.

The following comment from one of our members, who had both the financial means and ability to engage multiple agencies to assist their family (having a background in mental health and a PhD) and their struggle with addiction clearly illustrates this point:

> Basically, if we didn't design our own whanau recovery plan nothing would have happened. I phoned CYFs and got them involved (put pressure on my son and daughter in law to give us the baby); I contacted the Higher Ground services to give my son an opportunity to get clean after about 20 years of meth abuse. I initiated contact with the Grandparents Raising Grandchildren Group who provided encouragement and a listening ear and sent some new and second-hand clothing; a local representative gave us a cot and other items (a God send when we were in crisis). I set up an appointment with the GP, Plunket, and local children's group so our moko could be properly assessed by a paediatrician. My partner set up appointments with holistic healers (classical homeopath, spiritual healers). My partner and I initiated day care support for 5 half days per week (to give us respite as the baby hardly slept at night due to parental anxiety separation; I engaged the professional services of an experienced child psychotherapist who specialises in attachment disorders. Our moko was detoxing from meth slowly over the first 3-4 months (every 3 weeks she would get nasal infections/sinus infections) so my partner got a classical homeopath on board after a couple of weeks. The first 12 months sucked. But what do you do when your adult children and mokopuna are living in hell? Well you do the best you can do in the most difficult circumstances. It was hell but with our whanau support and with the formal health services and people we selected to support us our mokopuna flourished, her dad healed from his addiction. Now, we are all living together and our moko is on cloud 9 seeing her daddy every day. In time she will be able to live with him in their own home. Sadly, my former daughter in law was unable to heal from her addiction despite my attempts to support her to get help and despite the efforts of drug and alcohol services. Sadly, our mokopuna rarely gets to see her mother. I wonder if her heart will ever heal. Only yesterday she said to me "I'm going to see Mummy on Saturday"... (mokopuna is only 26 months old now) What do you say? I just smiled and said "That's nice darling."

And another, who recognized the value of strong whanau support for their loved one/addict:

> Honestly nobody really wants to know...if my son did not have the supportive family he has he would not be here today and god knows what state the children would be in. Too much is left to the family. I worry for those people that do not have a supportive family or friends in their lives.

However, too many of our members struggle with a lack of financial resources, knowledge and ability to engage professional and community support satisfactorily. Sadly, too often their experience of the mental health and addiction services is less than helpful. The following comments are typical:

> The mental health service has narrowly targeted the child's mental health rather than looking at the child in context of school. The school has needed support and despite referring the child to the mental health service, they have received no support themselves. The school had to do another referral to a separate agency, and this has meant long delays for assistance while behaviour at school has deteriorated. The separate entities do not "share" information and resources, and support seems to be strictly defined within agencies. Only so much help for so long and the support cannot overlap.

> Our daughter was, at one stage, admitted following a psychotic episode. She saw a drug counsellor while in the mental health unit who arranged for her to be admitted into a residential rehabilitation program on the following Monday. She was then promptly discharged from hospital on Friday afternoon into our care. She then disappeared and didn't go to rehab. It seemed that the mental health service felt she was no longer their problem as addiction service had taken over. We often wonder if she would have gone through with rehab had she stayed in the unit until Monday. Maybe? Maybe not but disappointing all the same.

> it has taken 4 years to get a diagnosis for a child that is now 8yrs old, that significant learning disabilities eg... this child does not speak properly, I had concerns & voiced the concerns when the child was 19mths old, so why is it taken so long for a diagnosis?

> No. Despite many attempted suicides my daughter (addict) was discharged without ever being seen by a professional

> The mental health told me she was attention seeking even tho she ended up in hospital yes she was crying out for help and I got no help from school or services. The school would not bring parents in for meetings they I feel we're protecting their image. I just felt so helpless.the suicide attempt was at the school.

> No - because I was there to support my daughter she kept being sent home instead of getting the treatment she so desperately needed. I sought help for 13 years for her from when she was 13, before deciding I could do no more and had to save my energy for her children. I was advised to go private which I couldn't afford. The promised support never eventuated. Whirinaki worked with us for 18months but there was no hand over to adult services after which things just went from bad to worse.

> The major down fall is there is not follow up for the family when the honey moon period is over and it starts all again.

In one example, that is also typical of many GRG experiences is that of a grandparent care family that has sought help from many agencies (i.e. Oranga Tamariki, ICAFS, GP, School, Presbyterian Support Services, Catholic Social Services) for their three grandchildren affected by ADHD and PTSD. Their frustration, despair and frustration with Oranga Tamariki in particular, expressed below, is common:

> There is no assistance - nothing works - we lost our savings through no financial support and were finally granted some food vouchers. Reimbursement of costs that were agreed to at meetings with Oranga Tamariki were not followed through. Asking for counselling also hit a brick wall with this organization. The social worker was non-responsive to communications and requests which were reasonable. Had an FGC in which the Lawyer for Child was not invited and had no result. Our experience has been dreadful we are financially strapped as we are on a benefit. And no weekly payment is received and although WINZ say we are entitled Oranga Tamariki have refused to write a letter to them. We have had the children for 7 months now and as we both have ill health we are really struggling because of the position that has been forced upon us. If it was not for social/community agencies we would have no support.

Another grandparent raising three grandchildren, citing ADHD, Addictive personality, chronic drug user, sexually inappropriate behaviour and possible Autism as issues they were dealing with in their care of their older teenage grandchildren made the following observation about the difficulties accessing respite care:

> The process to receive any care for the children was long and difficult. Also supporting other carers to receive assistance for their children it is so much harder than it was in my time. Carers are burning out battling the system Finding respite care for Autistic children is almost impossible. The amount of money that is spent trying to get respite for these people is beyond most carers budget.

The following comment also describes the sentiment expressed by many of our members about the lack of follow-through and the kind of ongoing/wrap around support these families need:

> Before any progress is made that's it. Appointments are over and services are withdrawn but the issues have not been dealt with. There is no continued support.

## Inquiry Question 3: What could be done better?

To better support those affected by mental illness and addiction, our members have relished the opportunity to suggest the following changes and improvements:

- Better support for pregnant mothers and infant children (ante-natal and post-natal services) generally, together with early detection and intervention of at-risk mothers and babies. Initiatives need to focus on effective wrap-around support services designed to support the

healthy attachment between mothers and infants in the critical early years, support the parents and family to cope with the stress and demands of parenthood and reduce the risk/prevent drug dependency/substance abuse. As can be seen from our membership ethnicity data on page 2, Maori represent virtually 43% of our grandparent/whanau care families despite being just 14% of the general population. A number of our members have suggested services better reflect the wairuatanga approach to the unwell, focusing on rongoa with an emphasis on the spiritual dimension of health or wairua.

> My biggest belief is that the new mums are coming home to stressed out too early after giving birth. We had more attention and help on how to handle situations at when they happened or about to happen whereas now the poor mothers give birth NO instructions and sent home. The body has not even adjusted to change. This change would be just the beginning

> The increased use of drugs from an early age is going to cause the problem to get worse. Active intervention early for family struggling with disfunction. We should be the healthiest and happiest people in the world - we aren't but not sure why.

> Mental health and addictions is such a huge and complex issue. I believe we need to go back to a persons pre-natal/post natal existence in order to consider all the compounding factors in an ecological way like whanau, whakapapa, social/economical/environmental and the impacts of these on the person. I believe you have to go backwards in order to move forward to finding solutions. Medication in my view is not the answer. Medication only serves to suppress mental illness...Natural rongoa is a better solution...Give the experts in natural healing and the ways of our ancestors/elders a piece of the resource to find a non-threatening/poisoning of mind and body as I see in many of our mental health people.

- More compassion, understanding and a wholistic approach by professionals needs to be shown to the needs of family members. e.g. for grandparent carers they are particularly dealing with complex and multiple issues as they work hard to support and nurture their grandchildren who are also significantly affected by either their own special needs/mental illness or that of their parent's mental illness/addiction. Many of our carers have noted in our research that when dealing with the parent of the child – whether they are an addict/mentally unwell or simply failing in their duty as a parent in putting the child's needs first; that professionals (social workers, lawyers (including Lawyers for Children) and health workers) don't place enough importance of the needs of the child. The grandparent carer and their needs barely even register in far too many cases.

> In all those years of raising my granddaughter none in the mental health services ever asked how she was doing. It was left completely up to me to seek counselling and support for her. I was lucky enough to have a career history that meant I was aware of the need and how to get help for her. That doesn't mean it solved everything. As an adult, now 21, she is still having to seek help to deal with some of the effects of her mother's mental health history on herself.

- Ensure better, affordable or free access to information, education, support, diagnosis, counselling/therapy, and rehabilitation/detox services, and respite for those affected by mental illness/addiction – including those members of the family/close friends who are actively involved in the recovery or treatment support/care of those directly affected.

> Need more residential programmes and more counselling and programmes in the regions. I worked at the Ministry of Health when many services were being cut. I was having problems with my daughter's addictions then and I knew it was going to become a much bigger problem nationally in the near future, there was little strategic planning or funding and now the P epidemic is rife in towns like Nelson, and there are few services. It is tragic. Preventing addictions and access to substances will go a long way to preventing 'preventable' mental health issues in the future.

> I feel they are discharged to early and there isn't enough staff to carry on the support after treatment to make sure they are on the road to recovery. It seems as soon as all the boxes are ticked that's the end of the support.

> Stop passing the buck. More in home support or information for those families trying. Follow ups at home, it not easy getting people to mental health if they are suffering form depression, anxiety etc... Also more respite houses for those people that just need some time way. And decent places, the one in our area is disgusting and would push anyone of the each...not give them hope.

- Amendment of the Privacy Laws to enable carers and family better access to relevant information to support their loved ones through their addiction and/mental illness treatment and recovery.

> Too much confidentiality at sake of babys risk. When you hear a mother sit there saying shes heard voices, wanted to kill herself, cut herself heaps of times, can't cope and yet no protection is put in place or none of this information is ever made available when child is at risk. There has to e help and transparency

> I approached addiction and mental health services for my daughter when she was a teen. The cinfidentiality BS does not work for relationships as our parent-child got damaged beyond belief. She was secretive, drinking, doing drugs, promiscious and more. Counselling dud NOT work. We are trying to build a relationship 14 years down tbe track.

- More proactive response and advice by Government agencies and staff about the services, support, treatment and financial support etc., available to help families and children in need, rather than expecting carers and families themselves to automatically know what help they might be entitled to in the agencies myriad of regulations, rules, criteria, protocols and service guidelines/policies.

> Far better support when adolescents show symptoms. Cohesion between services with schools, health services and parents part of a team that back each other up. Parents/caregivers need to be taken seriously with their concerns and supported to cope. Help lines would be good. Many times my daughter was in custody and so contained and I begged mental health services to do something and they would let her let her go again. Police dropped her off at Middlemore mental health unit one time and they wouldn't admit her. She had numerous suicide attempts and would be sent home with no support.

> 1. More involvement of family at all ages and stages, and more credence given to families' understanding of their unwell member. 2. More rehabilitative centres and services like Buchanan Centre. 3. Less 'dumping' of clients into the 'community'. 4. More effective support to families of mental health clients. 5. In particular there is a huge gap in provision of support services for the children of mental health clients when they are being raised by grandparents or other kin. It seems to just be assumed that the careers have got that all taken care of.

- Compulsory drug rehabilitation for those with drug addictions. There is growing evidence that the therapeutic drug courts that order compulsory drug rehabilitation are successful at reducing re-offending, ongoing drug addiction problems,[8] and ultimately the ongoing cost to families and society as a whole.

> More compulsory rehabilitation for addicts. So therefore more addiction services available. The children should ideally be with their parents, but this can only happen if the parents are getting the right care, support and treatment so they can rebuild their lives and become healthy responsible individuals. The ongoing struggles children of addicts face mean that the cost to society is colossal. Instead of an ambulance at the bottom of the cliff there needs to be targeted support for at-risk families.

> I think methamphetamine use is an epidemic which seems to get worse every day. There doesn't appear to be anything being done to wipe it out of our communities. Rather than putting the "ambulance" at the bottom of the cliff, more should be done to steer people from the precipice, by making access easier to rehab programmes and assistance. I realise this can't be done overnight, but if we don't try, more families will be affected. It isn't only the user that suffers, the impact is widespread

[8] https://www.justice.govt.nz/assets/.../investment-brief-alcohol-and-drug-treatment.pdf

treatment and prevention is not an area I am well versed in but from the aspect of safety of and support for the immediate family especially children, much could be done. More contact with the family not just the patient and taking more notice of concerns of immediate family. Better follow up and more support and advise around issues such as commitment under the Mental Health Act etc when required especially for people not familiar with the system. Unfortunately our family's best support came from CYFS, govet and non govt agencies not Mental Health itself.

- Children with special needs or psychological issues need better support and education from providers that is focused on their particular needs. E.g. autistic, ADHD, Aspergers and children affected by cognitive/sensory processing differences do not respond well to the mainstream education system unless they have specialist in-classroom support. Education cuts to Special Education Services/RTLB and the difficulties getting assessments and funding for teacher aides is a significant concern to many of our caregivers, and to parents of children affected by these issues. With the right support they can lead constructive and healthy lives, but without it, they are predisposed to adult depression, drug dependency, mental illness and all of the negative consequences that inevitably follow.

More money needs to be spent in the education of young children who are now autistic due to their parents drug abuse. These children need to be educated differently, visually, as they will not have any sort of a life under the current education system

there needs to be more support available for those in need much earlier on, very few people will abuse a support system if they don't need it. Think all child in care should be given free access to what ever medical/mental health support is needed and not just the very worst children. as a grandparent, the cost is already great to bring up grandies without being turned down constantly or made to feel like a 2nd class citizen when seeking this help.

- More cohesion between the mental health services and drug addiction services that actively involves the family/whanau in the recovery plan for an affected family member and provides good wrap around services and support for periods that ensure positive outcomes become a reality.

I am also a CAMHS social worker and the issue is still team across team work in shilos and poor management leadership in some teams. if it is not good at the top the bottom worse.

From my own experience with our family I think that qualified mental health practitioners in the community who can bridge the gap for between community and professional help. Possibly the Police need to continue their good work with more men and women on the ground.

better leadership- do more Wraparound systems of care approach as done by WDHB team called Pupukemoana. It works

- High quality education for children and young people at school on mental health, drugs and addiction issues within the health curriculum that also teaches children the value of good life choices. This needs to be complemented with an early detection and pastoral support system to identify those children and young people most at risk of engaging in drugs and risky behaviours that will impact their ongoing mental health and wellbeing.

Better public health campaign to educate people not to take methamphetamine (and other drugs) and what it does to them [provide information; increase drug and alcohol health literacy among the general NZ public); campaign schools a lot more; identify at risk youth and support them through realistic and meaningful interventions Provide information for whanau about meth symptoms and what to do if they suspect their adult children or mokopuna are using meth (and mokoupuna are getting neglected) Develop a better system to wrap around whanau and support them when they have children come into their care [often we are in shock, hurt, confused, angry, financially impoverished]; my partner was on leave but could not go back to her medical career because I was working full time and someone had to take care of the 12 month old baby; Have a public champion to support whanau [television, key messages about the need to not judge or discriminate against whanau with meth problems but how to help them seek help or how to help them remove children safely. So much to do, so little time; I know of at least 2 whanau right now who say they know of children who have slipped through the so called "nets" and the children are at risk of abuse; families are often scared of speaking out because the drug users are so aggressive and often mixed up with gangs etc

A retreat encouraging other training or studying that interests the person. Something that gives them joy would certainly be something they want ot focus on. Maybe being away from their normal surroundings for 2 weeks to 2 months and have family days where the family can visit and celebrate the successes. Finding out what causes he addiction, what makes them want to use.

I believe you need a lot of education at an early age at schools on mental health and addiction. It is no different to physical health and sex education. Need a new subject at school that covers health in general which will pick up sex education,drug addiction, alcohol,physical. health, mental health etc. GP visits need to be longer for mental health/addiction issues and the gov't will need to subsidise the extension .probably need to be 1/2hour rather than 15 mins. People on probation and community detention should be regularly drug tested. This is not happening. They spend a lot of money and time on the curfew but don't test them for either drugs or alcohol.

**Inquiry Question 4: From your point of view, what sort of society would be best for the mental health of all our people?**

Drawing on the conclusions and outcomes from the Matua Raki Addiction Leadership workshops at Parliament on 22 March 2018, the survey of our members focused on asking them for their views on various ideas proposed to bring about positive changes to how our society and how we should respond to the consequences and impact of drug use on individuals, families and services.

We asked them to pick their top 5 priorities for change and the results of this question are depicted below:

| ANSWER CHOICES | RESPONSES | |
|---|---|---|
| Good quality education for all in society about the risks of drugs and the signs that someone close to you may be affected | 58.21% | 39 |
| Provide access to services for all who need it (e.g. drug users, parents, children, grandparents, family, friends, colleagues) | 86.57% | 58 |
| Lower the threshold for access to services and/or eligibility for treatment for addiction | 52.24% | 35 |
| Ensure the families are better supported in the addict's rehabilitation and recovery programme | 58.21% | 39 |
| Early intervention, identification and support for affected pregnant women and/or young children | 64.18% | 43 |
| Increase the number of rehabilitation and detox facilities nationwide | 65.67% | 44 |
| Include drug rehabilitation and detox facilities in our prisons | 38.81% | 26 |
| Increase the number and availability of professionals to work with children/families in need | 64.18% | 43 |
| Reform the drug laws to make all drugs legal | 4.48% | 3 |
| Reform the drug laws to decriminalise drugs | 14.93% | 10 |
| Treat drug addiction as a health issue and not a criminal justice issue | 58.21% | 39 |
| Provide "safe spaces" for drug use; i.e. supervised injecting/drug checking/needle exchange/early warning systems/consumption rooms | 10.45% | 7 |
| Other (please specify) | 34.33% | 23 |
| Total Respondents: 67 | | |

Some additional comments from our members regarding addiction are set out below:

> All of these things are important. You are missing an important issue and one that is fundamental to the whole problem... "use wairuatanga health model as a framework to educate people about the danger of using drugs and alcohol and also as a model for good health and for recovery." We talk about Te Whare Tapa Wha but we rarely action it. Let's do it!!

Increase Drug Rehab facilities and make it possible for families / Drs / Judges to order and or admit proven drug addicts into live in full time rehab. Review the laws allowing proven drug addicts to dictate what assessment / health care and general are their children receive once removed from the drug affected home. Increase staff at Oranga Tamariki, but decrease the number of Lawyers and Case workers involved in each case, ensuring the correct information is shared and the carers (grandparents) are not dealing with an ongoing myriod of different case workers / lawyers and subject to ongoing reassessment due to staff turnover. Case workers case loading's need to reduce to ensure children needs are properly attended, and they don't just become lost in a priority numbered system.

More funded research into effective methods of preventing drug addiction and/or recovery from drugs and mental illnesses. In all honesty we are pushing crap up hill for those who are not ready or unwilling to get help. I speak from addiction myself and, when I didn't want help, all I wanted was a quick rescue from the consequences of my alcohol addiction and this is where thousands are at. Rehabilitation to be communal, Hauora based and inter-generational.

It is like any area of concern that effects family, children and the addict. It starts at the top so the government needs to hit home the importance of shutting down all producers of drugs. There are now pubs that are getting rid of the pokies because they are seeing what it is doing to their communities and good on them as it is at a loss of income to them personally. Raise the drinking age back upto to 20. At the end of the day families are getting destroyed and pulled apart with these addictions and children are been affected and the family cycle is not been broken enough it
just carries on generation after generation and that is in all Income brackets. It needs a forum where people can come together and realize they are not alone.

More info on the signs that drug use/addiction is occuring. Educate. Provide easier access for mental health problems early on in life, process of addiction. Treat drug addiction more as mental and physical health problem and treat manufacturing and supply as serious criminal offences. Don't leglise/decriminalise any of it.

Additional comments from members regarding the approach to mental health services are as follows:

| |
|---|
| Like many such circumstances the victims and patients are not just those with the mental health problems but the immediate whanau as well. Help and support was just as critical for the child and her immediate whanau as for her mother. Unfortunately while the child's physical health needs were to a degree addressed (but again there are huge deficits there we are only now catching up on), her mental health and support needs were basically unaddressed until 12 years on when she was out of the reach and control of her mother. |

| |
|---|
| 1/. My ideas about how to prevent people from developing mental health or addiction problems: I think grandparents are one of the most important informants of problems at an early intervention stage... We have contacted CYFS and supplied evidence of suspected abuse for the past 7 years, and yet these concerns had not been investigated properly nor intervention to protect our grandson from what is now known as a life time of abuse has occurred. 2/. The 'custodial' parent / grandparent needs to be able to access and gain help / assistance for the affected children, without having to gain consent from the 'proven' drug-affected parent . THIS LAW NEEDS TO CHANGE URGENTLY. Grandparents / custodial parents should not have to pay the astronomical legal fees and professional fees to retain safety for their grandchildren and to sought proper assessment. These services should be free and fully accessible. 4/. Parents / Grandparents / Judges, should be able to forcibly admit drug addicted parents into rehab institutions. A drug addict is not ever going to volunteer to go into rehab, and in the mean-time are affecting their whole extended family, but worst of all, the lives of their children, who then grow up traumatized and dysfunctional.. THERE NEEDS TO BE A MEANS TO FORCIBLY ADMIT PROVEN DRUGADDICTED PARENTS INTO FULL TIME REHAB. This is better than kids having to visit parents at grave-sites or in prison !!! |

| |
|---|
| 1. Draw a line in the sand - e.g. All children born from July 2018 will receive free medical, mental health, education, support until the age of 25yrs. 2. All professionals who qualify free of charge from educational institutions must serve at least 5 years in New Zealand so that we keep the quality of graduates in NZ. There should be a law that, if you have more than 3 children that have been removed from your care for their health and safety both parents should be held responsible. Make it a criminal offence to keep having children knowing they will be removed from your care, limiting their rights as guardians of the children. If there are mental health and addiction issues, then the parents should earn the right back to be guardians to their children. Not just a couple of courses here and there, they need to complete a full comprehensive parenting course and addiction course and each service provider involved with the parents must work as a team not independently. When a family is involved there are children and adults within the family, so I don't see why there can't be a government department that deals with the whole family. Mother/s, father/s child/ren. |

## Inquiry Question 5: Anything else you want to tell us

That a nation can be judged by how it cares for the very young, the very old and its most vulnerable is axiomatic of our country today. There is also no doubt that across the developed world, drug addiction and mental illness is cutting deeper and deeper into the fabric of society, with more and more grandparents and other whanau carers being required to step in as parents to raise their grandchildren or someone else's child in the whanau.

The comments from our members included in this submission bear testament to the daily struggles and desperation these carers and families experience as they deal with the consequences of a loved one's mental illness or drug addiction.

There are no easy quick fix answers to these societal problems, but our members have willingly offered their views on how services in this sector need to improve and the importance of support, information and education for the whole family to prevent their loved ones from falling through the cracks or failing to get the help they need.

The current system and environment for our people is failing its people. Perhaps, as the Maori proverb describes:

*Tūngia te ururoa kia tupu whakaritorito te tutū o te harakeke.*

'Set the overgrown bush alight and the new flax shoots will spring up.'

In other words, in order to change the system, we may need to leave some of the old systems and processes behind and do things differently.

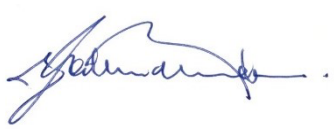
And in summary, in the words of one of our members:

> We need to protect the children first and foremost. To help both the children and their adults live secure safe and happy lives it takes a family - lets not continue ripping these people apart and making more of a problem long term. Lets put our money where our mouth is and do the hard yards by getting involved before the problem really does reach epidemic proportions and ruins an entire generation or two.

On behalf of the Trust and our membership, thank you for your consideration of our submission. We trust that our members views and experiences will help inform this important Inquiry and the Panel's recommendations to the Government for change.

We welcome the opportunity to meet with the Panel in person, potentially together with a couple of our members who can share their stories with more context and insight directly with you, to assist you in this Inquiry.

Yours sincerely,



**Kate Bundle**
*Chief Executive*

## APPENDIX A

Survey Questions via Survey Monkey®

29 May to 2 June 2018

### GRG: Mental health and addiction issues for our families

1. What kind of caregiver are you

2. What region of New Zealand do you live in?

3. How many children are you raising?

4. What is the age of the youngest child in your care?

5. What is the age of the eldest child in your care?

6. Are you raising any children with special needs or mental health issues?

7. Did you seek help for a child or yourself from any of the following services? Please select all that apply.
   - Local GP/Doctor
   - Child and Adolescent Mental Health Services (CAMHS)
   - Infant, Child, Adolescent and Family Service (ICAFS)
   - Mental Health Foundation
   - Psychologist
   - Psychiatrist
   - School/Teacher
   - Special Education Services
   - Disability Information Services (Ministry of Health)
   - Oranga Tamariki (formerly Child Youth and Family Services)
   - Other (please specify the other organisations who you have sought help from)

8. Are you raising children because of their parent(s) addiction issues?

9. Have you been involved in seeking help for the parent(s) with their addiction at any stage?

10. From your experience dealing with the health/mental health and/or addiction services, was there anything they did well to help you? Please briefly tell us what you think.

11. From your experience dealing with education/health/mental health and/or addiction services, was there anything that did not help you, the child you are raising, or the parent(s)? e.g. were there gaps, problems or unmet needs, in the way services and support are delivered, the links between services, and the availability of services and resources? Please tell us what you think.

12. What do you think would make the biggest difference to improve and transform mental health and addiction outcomes in New Zealand? This might include your ideas about how to prevent people from developing mental health or addiction problems, as well as ideas about how to improve the support and treatment given to those who need it. What is not being done now that should be?

13. People who work in the addiction sector have suggested the following ideas to bring about positive changes to how our society should respond to the consequences and impact of drug use on individuals, families and services. However, we are interested in what you think of these suggestions? How would you rate them in importance? Please select your top 5 priorities. If you have a thought you would like to share about any of the suggestions below, please add them in the comment box below.

    - Good quality education for all in society about the risks of drugs and the signs that someone close to you may be affected
    - Provide access to services for all who need it (e.g. drug users, parents, children, grandparents, family, friends, colleagues)
    - Lower the threshold for access to services and/or eligibility for treatment for addiction
    - Ensure the families are better supported in the addict's rehabilitation and recovery programme
    - Early intervention, identification and support for affected pregnant women and/or young children
    - Increase the number of rehabilitation and detox facilities nationwide
    - Include drug rehabilitation and detox facilities in our prisons
    - Increase the number and availability of professionals to work with children/families in need
    - Reform the drug laws to make all drugs legal
    - Reform the drug laws to decriminalise drugs
    - Treat drug addiction as a health issue and not a criminal justice issue
    - Provide "safe spaces" for drug use; i.e. supervised injecting/drug checking/needle exchange/early warning systems/consumption rooms
    - Other (please specify)

14. Please add any further comments or suggestions you would like to make about the mental health and addiction issues and the services provided, to help address them, below.

## Appendix B

### Question and responses to our August 2017 GRG Internal Member Survey on the "P" issue

**We are looking at further education and information resources for both caregivers and children so that they can be better informed of the risks and consequences of drug use and to empower them to make positive and safe lifestyle choices. We welcome any ideas you'd like to share on how this could be achieved below.**

1. 1. Medicalise addictive substances and not criminalise people 2. Heaps more funding needed for rehabs both for inpatients and outpatients 3. Better trained councillors and better counselling training institutions than there are at present 4. a living universal wage for all 5. A lot better funding for agencies like GRG. Better education of general public on drug addiction and drugs generally 6. Volunteers are paid something at least.
2. Age appropriate picture books that we can share with the children
3. an email with links to sites already set up with great information on p like http://www.methproject.org/answers/what-does-meth-do-to-your-body.html#Body-by-Meth
4. As a member of society, a health provider, a mother of a "p" addict (for 11years) and Grandmother raising "her child" its use is so widespread within our community its a pretty scarey situation.. To begin to halt its use education should be at a government level with the upmost priority. These children born from mothers whom smoked "p" during their pregnancies are going to be our next health professionals, lawyers, air pilots.....
5. As part of our group, we talk about, wanting to know how to get the word out to the community, government, and the grandchildrens parents, that we as 'Grandparents' are very, angry, tired, frustrated and hurt about the fact , we are having to clean up for and after our child/ren, by having to step up and look after our grandchildren. Especially with some grandparents on limited finances, with minimal government support-(unlike fostering), having to bring up this 'generation' of grandchIldren, it is not nice at times, as they're ( the grandchildren) needs and wants are so much more than the parents of the children. Having to step up and parent- grand/children is so very tiring and draining attempting to meet all their needs, with limited resources, know how, and on keeping this generation safe, and loved, with some grandparents, looking after 2 or more, and up to 4-6, can be disheartening.
6. Attend a course that helps you identify the signs of those using
7. behaviour of the person when just had a fix and when coming down after and the time lines for how long the effects last
8. Better access to support for Grandparents both financial and general advice and help .
9. Body Building Supplements and legal highes introduced to NZ between 2012-1215 was the gateway drug to major troubles in our family. Educate yourself to the side effects of all drugs. Never rely the Government to check any health problems related to any drugs they allow into New Zealand. Their aim is to make money. Not to save lives!
10. By holding a public meeting for adults and children would be beneficial, you'd be surprised on the attendance. This subject touches more people than you realise.

11. CADS Family support groups
12. Cads support group for family members affected by addictions was helpful to us - good education and support received opportunity to share
13. Can we have more group meetings or seminars in the evenings please for grandparents who work.
14. Caregiver workshops
15. cartoon educational videos for children the earlier the education the better.
16. children are all about technology and learn on fun apps
17. Children seem to respond well to active education and participation
18. Compulsory education at college
19. Compulsory for all parents do a course.
20. Currently there is no nationwide support or care facilities available to help with family members who want to stop taking the addictive substances. There are a few rehabilitation centres but the wait list is too long, therefore what the children and carers see is no long term help or respite for the parents. Like many of our services, including our mental health services, the education & resources say contact Drug and Alcohol support services for help but the reality for most families is because 'P' is against the law it is very hard to get help or ask for help without fearing very negative outcomes for all concerned. Firstly P addiction needs to be seem as a health issue.
21. Do it digitally for children as they respond and engage more this way an interactive option as well
22. Drug education in secondary schools.
23. Early intervention for children in home. 5 yrs & up. DVD or workshops for caregivers
24. Educate children in schools
25. Educate CYFs to assist with addiction utilising a 'harm reduction' model, instead of splitting up families and making grandparents shoulder the responsibility with minimal help available.
26. Education around the effect of meth in the womb on the child's brain development is needed.
27. Education at school
28. Education in schools, more support for the parents in this situation who want to get clean
29. Education sessions for the grandparents
30. Education. Videos. Information
31. effects of drug use
32. Every situation is different. In my case I have my daughter living with me. (to keep her close as she doesn't have the strength to say NO to her partner. I have been working with both of them. This has been positive. He has a very good side to him but his problems and offending happen after the use of P. I now have a good relationship with him. We are in the process of admitting him in rehab in Auck - Higher Ground. He is willing and knows that if he wants anything to progress in his life, rehab

is a stepping stone to the bigger elephant that needs tackling. By working with him, my daughter is in a better space and is P free (I think?) still in progress..nga mihi

33. First point of contact ...namely Winz should have a greeting pack with all support, allowances, counselling referrals and an advocate appointed to handle this for the families
34. Generic education in school setting. Workshop for caregiver
35. give more help to women alone raising grandchildren especially for boys who need a good man in their lives
36. graphic photos that show the physical damage caused by its use. How we can show the mental damage it causes I do not know
37. I believe the children need to be open to and take advantage of every opportunity in life so they can see there are different choices for them, I know a lot of these come at an extra financial cost to the caregiver which can make it hard i.e giving back to the community we live in.
38. I believe, personal stories on video clips that can be accessed on line have the most impact for young people in particular. I have found two of the hardest things to manage emotionally have been 1. The necessity to detach myself emotionally from my daughter in order to protect her children from her chaotic lifestyle. And 2. To find ways to answer the questions of the children that is truthful but also keeps the children emotionally protected. I know this is going to become harder as the children get older. (their father committed suicide last year.)
39. I have always been honest with my grandchildren, they know why they are not with their parents. I have informed them as much as they can understand about drug and alcohol addiction and the negative impact this makes to ones life. I remind them every day that I love them and will take good care of them for as long as they need me.
40. I think that some more education an discussion groups maybe for parents of children 10years and above about the warning signs to look for. I now know that the warning signs were there, but I didn't see them or even suspect them.
41. I wish I could provide some miracle cures but several young people I know have used drugs to give them the energy to get through the day. Underlying health conditions that may have never been picked up by the medical profession could be part of the reason people turn to drug use to give them the fuel their health hasn't given them. My younger daughter has seen an alternative physician and he has discovered that her health has been compromised for many years, She is now clean and terrified of what is happening to people because of what sellers are adding to the drugs they are distributing
42. i wish i knew an effective way to educate young ones about this drug because its rife where we live and i fear for my mokos having to deal with thE pressure of do they try it or not because its guna come a time when i won’t be there to support them
43. I would like to see age appropriate picture books that we could read and discuss with children.
44. I would like to see the Police run a short talk for anyone that wants to attend to explain the signs. I would also like to see ex drug users go to the High schools and talk about the effect it had on them and their families.

45. Info in schools from out of town speakers (grandparents and in appropriate cases the grandchildren to share their experiences as the victim and as a child who has been supported by the grands and the system.
46. Interactive online applications would be great. User-friendly informative games that focus on making positive choices and the outcomes of making said choices.
47. It discussing The P issues to help them depends on themselves. Its an evil drug that makes them feel good but its false. It won't change until they have realised how evil it is and what its doing to them.
48. it is a community that raises a child
49. Its curious that drug addicts have the ability to refuse 24hour care and treatment programmes and continue in their downward spiral while exhausting community/government resources that enables them to continue to fund their lifestyle and addiction. It is clear they do not have the ability to make good, sound, legal decisions. Once someone is addicted, they should loose their ability to make decisions for themselves PERIOD!! - If they cannot meet their obligations to themselves, their children, their community - the state should have the right to place them into compulsive care / treatment. The social costs of the current system and structure around people with addictions is huge - we are paying for this politically correct and socially irresponsible, gutless, heartless system. An addiction is a mental disorder - chemicals have hijacked their minds and decision making abilities. Compulsive care is tough love, it intervenes and provides a series of locked gates in a paddock scenario - as opposed to an open road to destruction. […removed identifying information] Thank you again for the work you are doing - for the lives you are helping - please don't stop challenging the status quo - keep fighting, keep finding ways to improve the social burden placed on law abiding members of our community.
50. Keeping your children busy giving them alternatives for example getting them involved in various activities, explaining the dangers of drugs take them to the library they have some great recourses at the library for children and great activities also. Just try and give them the tools to be a upstanding citizen and lay the foundation for them this will benefit them as they grow into adulthood.
51. Knowing legal side of things will help
52. Make sure that any grandparents are a companion to all meetings and always put an out clause in any contracts ! Out clause. ..means " that if any GRG member feels there's a threat to themselves or child they should have the power to stop visitation until an assessment has been completed. "
53. maybe a 0800 help me & my family line Where they could get help like strengthening families for the whole family.
54. More information given at Highschool level - the risks, effects on others etc. More Police to stop the dealers. harsher consequences to deter future use.
55. more open discussion in secondary schools against drug use. Discussions about good parenting...hugs not drugs
56. More organised contact between GRGs who live in the same area with a view to support, information sharing and also a respite network.

57. More support for addictions rather than prison. Innovative programmes that dont entail getting all addicts together doing generic programmes. This type of programme reinforced the drug use as the participants were sharing drug stories. More integrated programmes tailored to whanau needs.
58. My biggest problem has been for me to get my daughter to go for help I think that WINZ could help by being stricter about getting them to get work but also mandatory drug testing My daughter was a young mom and I feel their
59. should be more support for them to complete their schooling but also to be held responsible and accountable To many of her and her friends spend their WINZ money on drugs and alcohol and are very capable of working I have spoken to WINZ many times about helping people into work and although they say this is the new policy nothing happens WINZ money should not be no strings attached
60. My grandson feels abandoned by his parents. He has outbursts of anger and tears at times. Easy access to someone for him to talk to would be an advantage. He has completed the Seasons program in a group. I didnt see that this helped him. I think our kids need support when the circumstances change to somehow help them. I fear for his upcoming teenage years.
61. My upbringing instilled absolute fear in me about using drugs and I've never touched them. The stigma was so great, I didn't want people to think I was like that. It wasn't a glamorous or desirable lifestyle at all. But then I believe that drug abuse is a symptom first and foremost, of greater issues within the subconscious. Even if it is peer driven, there has to be a fundamental lacking in the needs of the user to even attempt. Lack of self esteem etc. and needing to fill that 'hole' of nothingness in the heart. I could go on forever about this!
62. need to be able to access the relevant people to help with the affected parent for drug rehabilitation
63. Needs to be addressed at a governmental level ie laws need to be more robust and enforced. Education and just more transparent visibility regarding drugs their use and impacts.
64. Not sure what is available. A booklet could be helpful on behaviours that could be indicators of intrauterine drug exposure and exposure postnatally
65. People's stories Especially how they have changed there lives around Resources for children that help them understand the impact on them so they move from thinking it's something they have done. Focus groups
66. Provide or promote counselling services to grandparents throughout the year and years to come. Different ages and stages, dealing with behavioral issues.
67. Quite frankly I just show her the brain damaged people who have done drugs and is discuss carefully how to honour her own beautiful potential. Schools unfortunately are a breeding ground for drug introduction.
68. Recognising drug use affects/ behaviour.
69. Rehab centers that are away from the area they were arrested in. Support one to one after they are released. Education on the effects of the drug to the brain and the longevity of the drugs effect. And no jail for users just dealers. Affordable access to their kids

70. Seminars, with visual effects such as a brain of a P addict.
71. socially accept that cannibis is here to stay and much prefer family to use this than alcohol, so decrimialise cannibis, as lesser of the two evils ,In Ideal world would love to see my family completely drug free.
72. Teaching a child to realy tune in and know themselves and how to express their emotions healthily ,learning coping mechanisms that are not destructive and to trust life and the fact that they are equipped to cope with anything... acheivedby consistantly being there for them,constant communication nd a whole lot of love expressed in every thing you do ..
73. Testing of children in those environments.... how to raise children with behavioural problems related to drug abuse by parents...drug education programmes for the children not just the caregivers..... feel safe programmes for the children and how to give them the skills to speak up.... courses for children to deal with broken homes / parents going from one partner to another / rejection emotions / grief at their situation
74. The person has to be drug tested to own their problem.
75. Through school drug education
76. To be held accountable for their addictions. A list readily available with all contact details & support - right down to TACT Team(Suicide/Mental Health) info on 1 sheet in region.
77. to have more seminars on the drug P in all communities so that the public can be aware.
78. Use focus groups with caregivers who have first hand experience of caring for children whose parents are meth addicts o identify what information is needed and the best resources to help them (to build meth amphetamine health literacy among families and whanau).
79. Very complex problem to answer. Depends on many things.
80. we have had good success with [Name removed], a psychologist who has recently returned to UK from [town location removed]. [Name removed] our 12 year old has benefited greatly from [Name removed] involvement in dealing with rejection by her mum
81. Testing should be compulsery,
82. Suicide high possible outcome
83. support groups for those cargivers who have been impacted by drugs, alcohol.
84. We need us as the Clean ones not to cover up for those affected and to try your hardest to jump in and get these kids before they get damaged, we were lucky to do this and when you get told no from 1 lawyer go to anther one as I ended up with a great one who found out a lot through the police and confermed what I was saying that was going on behind those closed doors.
85. While 'P' causes the violence and addiction, cannabis and other less dangerous substances still impact the lives of children who are not cared for, provided for or supported educationally, socially or emotionally by drug dependant parents. I would like to see greater resources put in to providing early intervention for parents with at risk teenagers before the drug use becomes a way of life for them.
86. Workshops. Availability for children is important. Management

87. Workshops about Drugs
88. Workshops using recovered addicts story and police and other agencies sharing g there knowledge
89. With what I personally am going thru I would think that the safety and well being of the child/children is the most important so why do the the parent/ parents of said children still have rights with these children should the parent/parents who are known drug users not have these rights removed? I worry everytime they go to visit the parent/parents who are known drug users but due to the law I cant stop such visits until there is proof of such behaviour I think I believe that the law must change and fast if you are a know drug user you should not have the right to being in the child/childrens lives it is very heartbreaking to see the damage that is being done from the abuse of drug taking by thier parent/parents on these precious children change the law give more support to the caregivers not jusr financially but also with government departments and medical professionals not to mention schools these kids are attending as some schools do not have the resources to cope with what comes with a child/children who have come from this situation no one really knows what a little one has witnessed let alone can remember or know how to deal with the emotional scars we need stronger laws to keep the drug addicts child neglectors, abusers away from these precious children so that they have a chance at becoming the best they can be