



NEWSLETTER FEBRUARY 2018

DATABASE: 7573 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 CEO's Desk this Month Kate Bundle, Chief Executive Update

### Bruce Hopkins' Walking the Long Way Home

Our inspiring walker, raconteur and honorary GRG ambassador, Bruce Hopkins, has now completed 1,700km of his 3,000km journey on the Te Araroa Trail to Stewart Island. In his quest to raise awareness and \$50,000 for GRG Trust NZ, he also has a new [challenge](#) for our Members of Parliament and new Prime Minister to help better support our 4,000-plus member families throughout New Zealand. (See page 2 for his challenge)

Many of our members along with LOTR fans, friends and family from all over the world are following his extraordinary journey on [Facebook](#) and [Radio New Zealand Podcasts](#). But for those of you who haven't had a chance, or don't have access to social media or the internet; it is my privilege to share some of the highlights and challenges to date, along with a selection of photos chronicling his journey in this month's newsletter.

On a misty early morning in mid-October 2017, Bruce set out on the Te Araroa Trail from Cape Reinga, with the goal to raise awareness amongst the public of the plight of so many of our grandparents and whanau caregivers raising their mokopuna and to meet as many of you remarkable caregivers along the way as he can. For Bruce, it is also about honouring our



#### Inside this issue

[Bruce Hopkins Update](#)

[I've Been Thinking...](#)

[Oppositional Defiance or Faulty Neuroception?](#)

[Support Group Coordinator News](#)

[Grand's Reflections](#)

[Can We Help You?](#)

[Support Group Contact Numbers](#)

Page

1

3

4

5

6

7

8

beautiful country and to return home to his birth-place, Stewart Island with his late father's and brother's ashes.

For the rookie trumper, it has been a journey like no other, battling New Zealand's toughest terrain on sand, rock, tussock, gorse, bush, rivers and high mountain ridges. The magnitude of his efforts; the physical and mental pain, exhaustion and near death experiences he's had along the way to date, has had those of us following him, holding our breath while our hearts in our mouths just imagining it.

Fighting 30 knot sand-swept head-winds along Ninety Mile Beach led on to Northland's root-riddled forests and painful blisters. Slipping on seaweed on Northland's Ocean Beach and hurting his left shin then led to painful debilitating cellulitis that forced Bruce into a period of various antibiotics and remedies, bed rest and 17



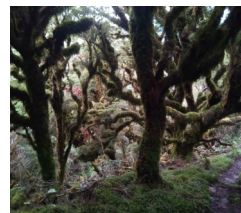
days off the trail; ironically the same length of time up till that point that he'd been on it.

Worse still was to come. Experiencing extreme sweating, dehydration and haematuria (blood in the urine) led to even greater concerns for his physical health and after journeying through the Waikato and spending a wonderful few days rest-up with our very own GRG trail angels, James and Sharon and their moko in Te Kuiti; he followed doctors orders and got it all checked out.

*"A small mass in the lining of the bladder,"* he calmly explained to me needed a biopsy. It turned out to be serious and resulted in laparoscopy to remove a small cancerous lump early in the New Year. You'd think that would put paid to any ideas of continuing on the journey for some time. But as we have learned over the past four months, Bruce has an indomitable spirit and belief in his mission, our cause and where this journey is taking him.

In spite of these set backs, over the past month since Christmas, he has successfully traversed the North Island trail through the mighty Waikato to Waitomo, Te Kuiti, Taumaranui and the National Park, which also included the not insignificant feat of completing the Tongariro Crossing in reverse! He has made his way down the Whanganui River and across the Manawatu and in the past several days to mid-Feb, it has been the tough Tararua ranges scaling Mt Crawford to get to Waitewaewae Hut and then on to Otaki and Wellington.

It was about this last stretch he wrote to us, *"I think I pretty much came the closest I've ever been to dying, when I walked out 12hrs from Nichols Hut..."* The weather had been forecast to deteriorate and had already started closing in when he left the hut at 7am. There was not much visibility with cloud and mist racing over the ridges and winds around 25-30 knots and increasing so each step needed careful placement. Just after 9am he reached the summit of Mt Crawford and a few minutes later on a steep rock descent his right foot slipped and he was into a forward roll then a couple of side rolls before hitting a sudden stop. *"I think my pack saved me as I was headed off the side after that! Scared the [proverbial] out of me. Lay there checking if there was any physical damage, but just a sore right hip. Was in shock after that. Got up swearing repeatedly gathered what senses I could and the next 6 hrs were about getting down to bush level, however the forest was as treacherous. The 1200m*



*descent was in steep tussock and rock then steep slippery forest. But here I sit in Wellyville at my wonderful friends place alive and full of gratitude, with the Sth island to come."*

If the North Island was tough, the South Island's Te Araroa trail journey's into the hinterland promises even more challenges with mountainous terrain, snow, wind, ice and long stretches far from any creature comforts. While stocking up on provisions in the capital city this week he is putting out the [challenge to our parliamentarians and new Prime Minister, Jacinda Ardern](#) to each sponsor him by 10 cents per kilometre.

Towards his \$50,000 target Bruce's campaign has raised \$17,069 via Givealittle and donations via our website. [If you want to help Bruce and GRG we encourage you to get in touch with your local MPs and challenge them to support his initiative.](#)

Better financial support for GRG will help us to provide better access to support, advice and advocacy for the 9500+ grandparent and whanau care families raising over 17,000 children.

This group of caregivers is raising around eight times the number of children in state/foster care or other non-family/whanau care in New Zealand. Yet without GRG support, we know from [comprehensive research](#) that too many of them are repeatedly denied or struggle to get access to proper professional financial supports and legal entitlements to help them in their important roles as caregivers of our next generation, our taonga.

Our vision is to enable these families to achieve better life-long outcomes for the children and young people in their care. To Bruce, we extend our heartfelt gratitude for his unstinting support for our cause and wish him safe travels ahead. Know that we are with you in spirit every step of the way.

To our parliamentarians we ask—will you support our cause and sponsor Bruce today?

For more information, podcasts and to donate see:

[Facebook.com/BruceHopkinsTeAraroa](https://www.facebook.com/BruceHopkinsTeAraroa)

[Radionz.co.nz/tags/Bruce%20Hopkins](https://www.radionz.co.nz/tags/Bruce%20Hopkins)

[Givealittle.co.nz/cause/thelongwayhome](https://www.givealittle.co.nz/cause/thelongwayhome)





## I've been thinking...

Diane Vivian, Founding Trustee

### Cha, cha, cha, changes.

As we move through life we experience many changes and adapt to those accordingly. Moving out on your own, moving in to a marriage or partnership. Then having children and adjusting one's life and home and watching them grow. All these are happy occasions which we all do willingly. Then we move into older life and the joy of grandchildren. But for so many of us this brings challenges and we again go back to raising children and readjusting our homes. But to see these children thrive is our reward, admittedly difficult at times.

The last and major change does come and hit some of us when we least expect it; health issues all playing a part, and no doubt stress too. No longer can one adjust to these changes easily. We do not have the energy to do so, but do so, we must. One does not have to do this alone, some may be still raising grandchildren, or they may have moved into adult life and begun their journey. If you or your husband/partner are finding yourself in this situation, please ask for help.

**Age Concern NZ** are just fantastic and will come and visit to assess your needs. Depending on needs they can get a Needs Assessment arranged, an Occupational Nurse to call, an Incontinent Nurse and other



assistance as needed. Now, I know this is hard, particularly for the males, this is not a happy adjustment, but it can be a comfortable one. The last thing we need is for you to suffer caregiver burn-out.

Swallow your pride and ask for help. Yes, it may mean yet another adjustment to your home with different products and equipment needed and rearranging of things.

Also, if housebound or have difficulty in moving make use of online delivery of shopping, mobile haircutters and Chiropractors, and some Doctors still do home visits. Ask your Doctor too if you are eligible for a mobility sticker, to enable you to park closer to shops.

May also I suggest a Medic Alert chain; they are worth their weight in gold.

### Wishes

'I wish with all my heart that Grandparents raising their grandchildren were recognised and help was readily available without the 'monetary' constraints. You deserve to be given as much support emotionally and financially as you can get without basing it on your current financial position.

What amazing people you all are, I follow your Facebook page. Sending hugs and much love for fellow grandee's whose lives have changed so dramatically.'

You too can come and see our Facebook page, please remember it is an open page. Click to like it please.

[www.facebook.com/grg.org.nz/](http://www.facebook.com/grg.org.nz/)



## AUTISM PARENTS

have no choice but to fight some of the toughest battles for their children; battles that shouldn't have to be fought!

**PLEASE BE AUTISM AWARE!**

## Oppositional Defiance or Faulty Neuroception?

Over the years I have come to believe that oppositional defiant disorder (ODD) is not a label that should be used to describe young children. As a developmental psychologist, I view oppositional defiance as a child's response to stress. Viewing children's challenging behaviours on a continuum of stress and stress recovery reveals a whole new way to think about this stigmatizing disorder, as well as a new way to support children, informed by neuroscience.

Consider the case of Timmy, an 8 year-old boy in the foster care system, who was diagnosed with ODD when he was four years old. His numerous behavioural treatment plans seldom improved his oppositional behaviours. Prone to constantly disagree, run away and hit others, the child had been placed in three different foster homes in a single year. At school, after he found out that a beloved PE teacher was suddenly transferred, he refused all class work and eventually threw over his desk, frantic, when the teacher asked him to line up for lunch.

Oppositional defiance? Hardly. The child was in a stress response due to challenges in his *neuroception*, the automatic and subconscious detection of threat, described by pre-eminent neuroscientist [Stephen Porges, Ph.D.](#)

Neuroception is the brain's ability to detect danger. It's how we distinguish whether situations or people are safe or threatening. Porges believes that faulty neuroception is at the root of many psychiatric disorders, including ODD. For many vulnerable children, neuroception is biased towards detecting danger when there is no real danger. Faulty neuroception shifts the child involuntarily into a defensive position, resulting in a variety of challenging behaviours. This can result from a host of causes (but not limited to) constitutional; genetic or brain wiring differences; biomedical issues; environmental stress; or sensory processing challenges, which cause a child to perceive ordinary sensations as threatening.

It is essential to determine the exact cause on an individual basis. The sources of faulty neuroception are wide-ranging and depend on each child's individual differences.



**In order to help children, we need to provide the proper support to address the cause, rather than simply applying behavioural management techniques in isolation.**

Currently, our most vulnerable oppositional and defiant children are generally managed with plans that work on eliminating unwanted behaviours, rewarding desired behaviours, or withholding treasured objects or experiences (such as screen time) as consequences to those behaviours. These techniques are often ineffective because they are based on a faulty premise: that the child has intentional control over those behaviours.

***If faulty neuroception is to blame, however, behaviours will be a reflection of an immediate, “fight or flight” response and not purposeful misbehaviour. In such cases, punishment can potentially cause more distress, triggering additional feelings of threat rather than safety.***

It will benefit all children when mental health and social service systems recognize faulty neuroception as an underlying commonality of many psychiatric disorders. This shift will help providers and caregivers move beyond current, often ineffective strategies for treating conditions such as oppositional defiance. Treatment techniques such as ignoring and withholding attention or desired objects are appropriate when a child's brain is experiencing the message that he is not safe.

As the first priority in treatment, we need to turn instead to the foundation of mental health for all human beings: nurturing relationships that consistently provide the healing messages of

safety. Working with qualified professionals, it is possible to help children with the most challenging behaviours.

Effective and long-lasting ways to help our most vulnerable children thrive should:

### **1. Build or rebuild a sense of connection with trusted caregivers**

All children, regardless of age, need consistent attention to their emotional and physical needs. This includes loving attention when they distress and the consistent support of an adult who will understand when challenging behaviours are a sign of faulty neuroception.

### **2. Discover each child's vulnerabilities and individual differences**

Some children have unique characteristics that make calming more difficult including over or under- reactivity to touch, sound smell, movement, emotions, experiences of trauma, etc. Understanding each child's individual differences and history will provide a roadmap to supporting a neuroception of safety.

### **3. Help the child signal when he needs help and feels vulnerable**

Oppositional defiance is often a reaction to

feeling small, helpless and out of control. Encourage each child's ability to signal (verbally or non –verbally) that he is beginning to feel uncomfortable or anxious.

### **4. Provide the correct support for each child**

Determine the best way to help children feel calm. Each child is different, so try a variety of methods to see what she enjoys. Play, cuddle, dance, sing, and try to figure out what brings the child joy. This will allow spontaneous social engagement behaviours to emerge that will support connectedness and biobehavioural co-regulation, resulting in her body and mind calming down and feeling safe.

Let's move beyond the categorical checklists that describe symptoms in the absence of their causes, and view oppositional defiance in a way that respects the complexity of the human brain and the adaptations human beings make to feel safe in a world that often feels threatening. All children will benefit from this important shift in our understanding of oppositional defiance.

\*Immense appreciation to Dr. Porges for reviewing this post and for his ground breaking work.

[www.monadelahooke.com/oppositional-defiance-faulty-neuroception/](http://www.monadelahooke.com/oppositional-defiance-faulty-neuroception/)

## **Support Group Coordinator News**

### **Gisborne**

Unfortunately, due to personal circumstances, our Gisborne coordinator Venus Hongara has had to resign her position. We are grateful for her service and wish her well for her future endeavours.

If you would like to volunteer to be the Gisborne coordinator, please contact Kelly at the GRG Office on 09 4183753 or [kelly@grg.org.nz](mailto:kelly@grg.org.nz)

### **Invercargill**

We send heartfelt sympathy to our Invercargill Coordinator, Lynnette Neilsen, whose dearly loved husband recently passed away suddenly. Our thoughts are with her and the whanau.





## Grand's reflections...

### Swimming lessons

My grandson (16) had swimming today, he has 1 to 1 lessons and I finally got him out of the pool and into the changing room. Towelled him off – looked into the bag, no undies. He had a HUGE meltdown when I tried to put on his shorts on without underwear. So, I did what any grandmother who loves her grandson would do ---- guess who is wearing my undies! PS: going commando is not what it's cracked up to be.

Nan J

### Goodness Me

I do have to brag about our granddaughter (who is 13). The rule is if she does not put away clean dishes the night they are washed she has to wash and put away all the dishes the next day. I have also quit reminding her to do it. So last night she "forgot". I let her have a friend over after school. At 6, we went to our Church class and got home at 7:30. She fixed her own supper, then put away the dishes. THEN she straightened up the cupboard with the storage bowls, washed the dishes, swept the kitchen floor, and took out the trash. I asked what she wanted, and she said nothing, just thought she would do extra chores without being told. So, the moral of this story Grandparents is that not every day is a bad day and they do show us that we have taught them something with the love we give them.

Granny

### Hope

I have been a GRG for nearly 12 years now. My moko is now 18 and in times of deep despair I would try very hard to visualize him as a maturing respectful man, we are just about there!

Why did I do that? Because there was no other hope. I've had to rely totally on my own thoughts and inner strength to role model resilience and faith. We have experienced suicide attempts, extreme anger and rage, drugs and alcohol abuse. Many a time I wanted to run away and leave him with his dysfunctional parent/s. Thanks to sanity and commitment I didn't but by god the journey has been so tough.

The biggest help has been my forever hopeful attitude. My role has been to provide him with love, trust and safety. To protect him from further harm, but teach him to be self-reliant, honest, respectful and the captain of his own ship. He didn't ask for his life. He needed me to guide him through his pain and healing. We have just a few more hiccups to get through at the moment, but we are a team now, so are working together for a bright future for us both. Always visualize the better scenario and keep that image close especially when times are hard.

Nan A

### Whew

Well Monday marked 5 years since I lost my daughter in a car accident and gained custody of two mokopuna. This was such a hard road of learning and understanding about the legalities of everything in the battles to be had. I found wording so important and needed.

2018 the kiddies go back to dad as we really exhausted our money paying lawyer bills and we couldn't get legal aid as we had a mortgage. The lawyers mucking around at the beginning meant we lost valuable witness statements.

However, this week i have now gained four more mokopuna due to their mum's drug and alcohol use, so this one was through Oranga Tamariki. But needed supporting letters to get kiddies into school and kindy

And in January a new moko was born and we will then do FGC for this baby due to continuing drug and alcohol use by mum. So, my whole week off work has been busier than if i were at mahi (work)

Now need shelves drawers and beds oh my goodness!

Nanny R



## TEXT Service for Helpline Callers

Our 0800 GRANDS helpline only enables us to accept calls from a landline. We know that many of our member caregivers no longer have a landline and the mobile phone costs of calling us on our landline is cost prohibitive for many of you.

To ensure you can get the help you need from our Member Support and Advocacy Service, we have a text service.

**TEXT** your name to **027 398 0388**. We will call you back. If your number is private please include that information in your text that too.



Thank you for your support for GRG!

Give a little to GRG via our secure DPS payment system on our website at [www.grg.org.nz](http://www.grg.org.nz) or at <https://www.givealittle.co.nz/org/grg>

**givealittle**  
from the Spark Foundation

### Can we help you?

Members **ONLY** services are available nationwide  
Caregivers Toll free helpline  
0800 GRANDS (0800 472 637)  
For landline caregivers only

Or

#### TEXT 4 SUPPORT

TEXT your name to 027 398 0388

We will call you back.

New members and general information please call 0800 472 637 or 09 418 3753 or join via our [website at www.grg.org.nz](http://www.grg.org.nz)

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

Disclaimer: Opinions or views expressed in this newsletter shall be understood as reflecting those of the author as quoted and are not to be taken as given or endorsed by GRG.

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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

[www.powertoprotect.net.nz](http://www.powertoprotect.net.nz)

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



# SUPPORT GROUP CONTACT NUMBERS

For the most up to date contact details please go to our website [www.grg.org.nz](http://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 4183753

\* Telephone Support \*\* Telephone Support and Meetings

<b>Auckland: North Shore**</b>	Diane Vivian (temp)	09 480 6530	<a href="mailto:di@grg.org.nz">di@grg.org.nz</a>
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