

Our children – their health

O tatou tamariki – to ratou puawai ora



*Well Wairarapa – better health for all
Wairarapa ora – hauora pai mo te katoa*



Wairarapa DHB

Wairarapa District Health Board

Te Poari Hauora a-rohe o Wairarapa

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A Wairarapa District Health Board Publication

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A new approach to community health care

Children and young people are our future. Our families/whanau and our community are the guardians of that future. You, as a community have identified the health of children, youth and families as a high priority for the Wairarapa District



Health Board. The reasons for this are dreadfully clear, as we look at some of the statistics for our region.

Too many children die or are injured. Too many young people are at risk from drugs, alcohol, poor nutrition and exercise patterns, sexual activity and suicide. Too many families are unable to find the support or resources to make wise choices in caring for themselves and their children.

The only way to address these issues is through community ownership – it takes a village to raise a child. There are a lot of services in our region that support the health and well-being of kids and their families, but a common theme is that not enough people know about them.

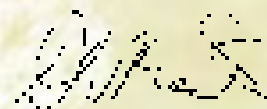
There are many areas where, by working together, we are making a significant difference for children and young people. The Teen Parent Unit at Makoura College (page 12) and the Kura Kaupapa Maori school GP Clinic (page 3) are just

two examples of this. It is through this kind of community ownership and cooperation that long-term gains will be made.

This publication covers just some of the important child health issues in our region. To help you find more information or help on the various topics, we have included a directory of services on the back page.

Please use this publication as a resource. Read it, give it away, or keep it for reference. If you need more copies, or you want to comment on this publication please contact the Wairarapa DHB Communications Unit, PO Box 96, Masterton, phone 06 946 9883.

By working together, as a community, we can address the health issues facing our children and young people so they can look forward to a happier and healthier future – for themselves and future generations.



David Meates
Chief Executive
Wairarapa District Health Board

Wairarapa Primary Health Organisation

The Wairarapa Community Primary Health Organisation started on 1 January this year, bringing with it a new approach to health care in the community.

As well as caring for you when you are ill, the focus of the PHO is on keeping people well or treating them earlier in their illness. Health providers will work more closely together to address the health needs of all people in the community.

This means a range of primary health care services will begin to work together to tackle issues like

heart disease, diabetes and smoking-related illnesses.

So what will all this mean for Wairarapa people? You will continue to go to your family doctor or nurse as you always have. However, over time, new initiatives will be introduced which will result in better-coordinated and affordable health care. Initial benefits include:

- Lower-cost doctor visits for young people aged 6-18 years (maximum of \$19). Children under six years old remain free or very low cost.
- Maximum of \$3 for prescriptions for the above age group from 1 April this year.

- Low-cost healthcare for people over 65 will be introduced during the next 12 months
- Maximum of \$3 for prescriptions for people of the age of 65 from 1 July this year.

It's really important that people enroll and stay with a primary health care provider, such as their family doctor, who will be their regular point of contact and care. That way, health providers can get to know their patients and better understand and cater for their health needs. It also makes it easier to coordinate services with people who need assistance from several places at once to maintain their health and well-being.

Taking health care to the community



'All New Zealanders deserve the same quality of health care, but the method of delivery needs to differ for some groups in order to be truly useful' says Dr Cath Becker who, in June 2002, founded the GP Clinic at Wairarapa's only total immersion Maori language school, Te Kura Kaupapa Maori O Wairarapa. Students at the school and their families can attend the free clinic held one day a week.

The objective is to reach into the heart of the Maori community to improve accessibility to primary health care. Uncomfortable with or unable to access the mainstream health system, many of the early patients did not have a regular GP. Now, with funding from the Wairarapa District Health Board the clinic has grown into a popular, family-based medical service.

Helping kids to be healthy is an obvious focus for the clinic given its location. Cath Becker takes a holistic view of child health. 'Building trusting relationships and

treating the whole family results in better health outcomes for the children at the Kura. The effects are like ripples on a pond, expanding out from the person treated to affect all members of the family.' This is particularly relevant for weight loss, healthy eating, and smoking cessation - a small health gain for one person in the family impacts positively on all family members.

Other community agencies like Whaiora Whanui, Te Hauora Runanga O Wairarapa, Public Health Nurses, Plunket Nurses and Truancy Officers bring wider whanau to the clinic. Their involvement is critical - patients with treatable conditions are seen early, making intervention much more effective. 'It is heartening see the cohesiveness of all working together' says Cath.

Improved 'health literacy' of the Kura whanau has been a major achievement of the clinic according to Cath Becker. 'People are more confident and assertive about obtaining medical care. There is now a willingness to attend the mainstream medical centres for after hours care, avoiding the inevitable need for emergency department admission' she says.

The recent appointment of an experienced practice nurse, Janine Vollebregt, has strengthened the clinic. Future plans include extending the clinic concept to other parts of the Wairarapa.

And Cath Becker's view of her one day a week at the Kura Clinic? 'It puts medical practice into perspective for me. It is an environment where both the patients and I are entirely comfortable. It is a good place to come to.'

Growing a healthy school

MARTINBOROUGH SCHOOL is about to become the Wairarapa's first Health Promoting School (HPS) under a national programme to create happy, healthy, supportive learning environments for students, staff and families and whanau.

A fruit and vegetable garden planted in October 2003 is the school's key HPS project. 'Children from throughout the school are involved in tending the garden' explains principal

Bruce McMichael. 'Their practical experiences tie in with many aspects of the curriculum like health and nutrition, technology, social studies, literacy and maths.'

'Getting the garden established has been a real community effort' says Bruce. It grew from a parent's idea which was taken up by a senior teacher. Seeds, potting mix, mulch and timber are supplied by local companies. Other organisations like the polytechnic and the South Wairarapa District Council provide support in different ways.

Health Promoting Schools work because they take an holistic approach. The idea is that the school, parents and the wider community all work together to promote the health and well being of staff, parents and students. They may work with local organisations, including health agencies, to achieve this, both within and outside the usual school curriculum.



Does your child's school plan to become an HPS? Find out if you can help!



Healthy Kohanga Reo kids

Picture this – preschool snack time without any junk-food in sight! Hard to believe for parents of sugar-addicted kids, but a nutritious food policy is just one of the health and well-being initiatives at Masterton’s Ngati Hamua Kohanga Reo. ‘We’ve been known to send sugary drinks and snacks with lots of additives back home with the children,’ says spokesperson, Marlene Matiaha.

The aim is to make healthy living and hygiene a habit. Filtered water is the only drink on offer. Sandwiches and fruit are the preferred lunchbox fillers. All kids are taught to use the toilet properly, wash hands and blow runny noses. ‘Seeing the older kids modelling these behaviours to the younger ones makes you realise it’s really working’ adds Marlene. Health issues are also worked

into the curriculum. ‘For example we include sun protection into our topic on summer’ explains Marlene. The Kohanga works with Te Hauora Runanga O Wairarapa to bring specialised health services on site. Plunket does Well Child checks twice a year. Choice Health tests hearing and vision regularly and returns for follow-up with individual children. Maori health provider Whaiora

Whanui holds aerobics classes once a week and follows up on children registered with them. Parents are encouraged to enrol their children at the dental nurse at the neighbouring school and with the Kura Kaupapa Maori health clinic.

‘Healthy children also need healthy parents’ notes Marlene. ‘We try to get the families into the Kohanga Reo as much as possible, especially when the health agencies visit.’

The Kohanga Reo has also run courses for parents on alcohol awareness, asthma, road and driving safety and cervical screening.

The results? ‘Our kids are generally quite healthy and robust’ says Marlene. ‘More importantly they’ve learned basic skills and an awareness of how to keep healthy.’



Taking care of teeth and ears

FLASH THAT SMILE

‘Our messages about the importance of regular dental care and the free services available for children and teenagers up to age 18 are being heard by Wairarapa children and their parents’ says Lynnette Brandt-Shailes of the school dental service at Choice Health.

Wairarapa five year olds have a similar number of fillings to their peers

around the country, but that still means that about 50% of children starting school already have at least one tooth filled or removed. By year eight they have fewer fillings than kids in other areas and the region also has one of the highest rates in New Zealand of adolescents enrolled with a dentist.

As with the rest of the country, Maori children and those from lower socio-economic groups have more holes in their teeth. This year the Wairarapa school dental service is running a trial tooth brushing programme at local schools where children will be supplied with brushes and toothpaste and taught to clean their teeth each day after lunch.

Tips for healthy teeth

- Only put milk or water in baby bottles, never fizzy drinks or cordials.
- Brush your teeth with fluoridated toothpaste twice a day.
- Don’t share your bugs – use another spoon to test or taste baby’s food.
- Have sweet treats or sugary drinks at one time, not spread over the day.
- Choose lollies and snacks that don’t stick to your teeth.

PROTECTING YOUR CHILD’S EARS

In the Wairarapa 18.5% of three year olds fail glue ear screening tests. With glue ear the middle ear is completely blocked with sticky fluid and the child simply can’t hear you clearly. The loss of hearing

that can result from glue ear can affect a child’s speech, play, development, learning at school and behaviour.

‘It’s really important that children are seen by their doctors and get follow up treatment or their hearing can be permanently damaged’ says Lyn Tankersley of Choice Health. It is free for children under the age of six to see a doctor and help with transport is available. Masterton Hospital has recently launched an Ear Nose and Throat Service. If your child needs to have grommets inserted to drain their ears, this can be done at

Breast is best

International research shows that the best food for babies for their first six months is just breastmilk. But breastfeeding rates in the Wairarapa are among the lowest in New Zealand.

'In our experience, the reasons for low breastfeeding rates in the Wairarapa are the same as for other parts of the country - deprivation and problems with accessing breastfeeding support' says Esther Read, Operations Manager for Wellington/Wairarapa Plunket. 'There needs to be a coordinated focus on promoting breastfeeding in all our communities.'

'Support and information are the keys to continued successful breastfeeding. Many women live away from their extended family, or in small towns with limited access to Plunket, La Leche or Parents Centre groups. That's where a caring community comes in.'

About 500 new babies are born each year in the Wairarapa. Although breastfeeding is a natural process it doesn't mean all women (or all new babies) know everything about it. That's why our Wairarapa community must learn how to support more women to breastfeed their babies for as long as they can.

Masterton Hospital is working towards becoming a Baby Friendly Hospital, a World Health Organisation initiative in which a hospital takes a coordinated approach to breastfeeding. Baby Friendly Hospitals follow ten steps to promote successful breastfeeding. This means educating all staff in contact with babies about supporting breastfeeding, including doctors, cleaners, orderlies, receptionists, nurses and midwives. It also means working closely with our community, alongside La Leche League, Plunket and Maori providers through the Maori advisory group Te Roopu Tautako Whanau.

Although the Wairarapa DHB actively encourages all mothers to breastfeed it also acknowledges the right of women to choose.



Beating the breastfeeding blues

By the time she got to baby number three, Carterton's Debbie Julian thought she had breastfeeding under control. But baby Jorgia was completely different - she cried constantly and seemed to want milk all the time.

'For the first two weeks I just didn't want to feed because of the pain' recalls Debbie. 'My nipples were cracked and sore, I had huge

contractions - worse than labour - each time I fed and I was exhausted.'

Debbie turned to Plunket for help. 'They suggested I feed three hourly rather than demand feeding as I had done for my other children' says Debbie. 'This practical suggestion, plus the reassurance that there was nothing wrong with my baby made all the difference.'

Breastfeeding rates in the Wairarapa are among the lowest in New Zealand. Why is that and what can be done about it?

WHY BREAST IS BEST

- **COMPLETE NUTRITION** - your baby gets the best possible mix of nutrients through breastmilk.
- **PERSONALISED CUISINE** - breastmilk composition changes to meet the needs of your baby - for example mothers produce a different mix for premature babies than term babies.
- **BUILT-IN BUG BUSTERS** - antibodies are passed from mother to child through breastmilk, bolstering your baby's resistance to infections and disease.
- **LOWERS THE RISKS** - of food allergies, infections, diabetes and obesity. Mums have lower risks of ovarian and breast cancer, and osteoporosis.
- **THE ULTIMATE FAST FOOD** - breastmilk is always in stock, ready to use, clean and consistently the right temperature.
- **VALUE FOR MONEY** - it's free!
- **BETTER THAN A PERSONAL TRAINER** - breastfeeding helps you get back into shape after the birth by burning calories and stimulating contractions that shrink your uterus back to pre-pregnancy size.

Masterton Hospital from early 2004 rather than having to travel outside the region as before.

Tips for healthy ears

- Take your child for Well Child checks at Plunket or Maori health providers until they are four years old.
- Breastfeed if you can and always feed in an upright position.
- Be smoke free in your home and car.
- Teach children to blow noses properly to keep the nose and ear passages clear of mucus. Blow them four times each day even when the child doesn't have a cold.
- Finish all medicine prescribed for your child's ear problem even when the child seems better.

Obesity & nutrition

*One in three Kiwi kids aged 5-14 is overweight or obese. This is just one of the startling findings of New Zealand's first national nutrition survey.**

If we don't address this issue now, as a community, we're creating a host of future health problems when these children grow into adults' says Wendy Woodhouse of Choice Health.

As they grow up, overweight kids are more likely to suffer from heart disease, diabetes, osteoarthritis, gout, lower back pain, sleep apnoea, some cancers and reproductive disorders. Obesity also limits developmental, educational and physical opportunities.

So what are our kids eating?

Too much fat and too much sugar, according to the 2002 Children's Nutrition Survey. Most children did not eat enough fruit (at least two pieces per day) but more met the recommended vegetable intake

(three or more serves a day). Chicken is the most commonly eaten meat and white bread is favoured over other varieties. Noodles were the favoured convenience snack.

Interestingly the survey found that as children grow older and start making their own food choices, their choices tend to become less well-balanced and they become less active. 'Are influences like advertising and peer pressure overtaking the healthy eating habits learned at home?' questions Wendy Woodhouse. It will always be important for parents to provide nutritious food, but the wider community may also need to reconsider the messages it sends to young people about what it is desirable to eat and drink.

* 2002 National Children's Nutrition Survey



... as children grow older and start making their own food choices, their choices tend to become less well-balanced and they become less active ...

Healthy children need:

- ✓ **Many different foods.** Children need a variety of foods from the four food groups daily -vegetables and fruit, breads and cereals, meat and meat alternatives, and dairy products.
- ✓ **Nutritious snacks.** Children have small stomachs so they eat frequently to get enough energy and nutrients. Choose snacks low in fat, salt and sugar and try not to replace meals with snacks.
- ✓ **Treat foods only now and then.** Foods that are high in fat, salt or sugar are best left for occasional treats. Keep takeaways, muesli bars, sweets, fruit leathers and roll-ups, potato chips, chocolates, sweet biscuits, fast foods and fizzy drinks out of lunch boxes.
- ✓ **Plenty to drink.** Water is the best drink - it's cheap and easy to get. Milk is a good drink for children because it is highly nutritious. Fruit drinks and juice can be diluted to reduce their sugar content. Tannin in tea and coffee prevent children getting the iron they need from food. Avoid 'smart' drinks and drinks containing guarana (a form of caffeine).

Kick-starting the day

Providing a nutritious breakfast is one of the best things we can do for children every morning, when their bodies are more in need of nourishment than at any other time of the day.

Going without breakfast can lead to tiredness, headaches, dizziness and reduced physical, mental and emotional performance.

Ask any teacher - children who

eat a good breakfast perform better mentally through the day and feel more energetic. Promoting this message is Choice Health's Breakfast Programme which has been run at least once in every Wairarapa primary school over the past 10 years.

'The children love it' says Wendy Woodhouse of Choice Health. 'Teachers, parents and students all



Let's Get Physical!

Are your children or teenagers doing at least three sessions of 20 minutes of vigorous activity per week as well as 30 minutes of moderate activity on most days?

These are the recommended levels of activity for growing kids - developing such habits now can help keep your children healthy for life.

New Zealand's young children are a pretty active bunch. But worryingly, kids slow down considerably during the teenage years. Consider these statistics from a Hillary Commission survey:

- 69% of people aged 5-17 are active (three half hours of physical activity per week)

and 31% are inactive.

- Almost all young people (92%) take part in some sport or physical activity, but not necessarily more than 2.5 hours a week
- About 25% of 13-15 year olds are inactive, but this jumps to 50% from 16-17 years.

By becoming more active, New Zealanders can reduce their risk of developing a host of serious diseases from heart problems to cancer, lose weight and improve their mental health. The gains are even greater for those who combine exercise with a healthy diet.

Lifelong activity needs to start in childhood, and it has to be made fun so the sport habit will stick. Sport can play a huge part in a young person's physical and mental development. The benefits include physical development, leadership skills, social skills and self-esteem.

So how do we turn our kids on to exercise? 'To be successful, our sports programmes need to



With breakfast

sit down together in the school hall for a simple nutritious breakfast - cereal, porridge, toast, flavoured milk and an apple for morning tea.' Activities like a healthy eating quiz with healthy food rewards reinforce the good eating message.

The breakfast programme is part of a nutrition education programme which Choice Health

provides in 4-5 Wairarapa schools each year.

It is a community effort, with involvement from Choice Health, the Heart Foundation, Cancer Society, Masterton Hospital and Iwi providers Whaiora Whanui and Te Hauora Runanga O Wairarapa, as well as businesses which sponsor the food.

be structured so all children can participate' says Doug Bracewell of Sport Wairarapa. 'Parents need to get involved as role models and play an active part in encouraging children into physical activity that is fun and enjoyable' adds Doug.

Exercise in Education

Schools have an important role to play in shaping children's attitudes to physical activity. Masterton Intermediate School actively makes sure all students take part. 'If children have a positive attitude towards physical activity they will have a healthier attitude and be more likely to continue this into adulthood' says Principal Frazer Mailman. 'Exercise is particularly important at age 10-12 when children are going through their second most important growth spurt.'

As well as participation by all MIS students in the core physical education programme, 75% play Saturday morning sport and go to their weekly training session. All are encouraged to be involved in a lunchtime sports programme which offers different activities. 'Having many kids involved in lunchtime activity means they are not idle and the social interaction is a real benefit' says Frazer Mailman.

A 'Super Sport' programme sees more competitive athletes competing against other intermediate schools in 12 different sports. All staff are involved with the school's physical education in some way and the school's deputy principal coordinates most of the sport in school.

'You need a skilled and enthusiastic person to make it work well' says Frazer Mailman.



There is a range of programmes and support services which offer assistance and information on how to become more active. Here are just two examples.



GREEN PRESCRIPTION

Under the Green Prescription scheme GPs and practice nurses are trained to prescribe physical activity to patients rather than medication. 53% of all GPs in New Zealand are now prescribing Green Prescriptions. It works like this - the GP or nurse gives their patient a paper prescription with a suggested programme of physical activity. Or it is a suggestion which can be explained by a qualified patient support person from Sport Wairarapa. They provide advice on the activity to the patient and then ongoing support and encouragement. The prescription lasts for three months and is free.

SPORT WAIRARAPA

Do you have a good idea for a physical activity programme? Perhaps you're keen to introduce a new sport at your local school or community centre. Call Sport Wairarapa. They may be able to help out. Sport Wairarapa works with local agencies to set up and promote physical activity and nutrition programmes. In schools it helps plan physical education, sport and health programmes and assists with teacher training. They also coordinate Push Play groups and have a database to make sure people have access to a wide range of physical activities.



The diabetes 'explosion'

THE WORLD HEALTH ORGANISATION has declared obesity to be an epidemic in both children and adults. And New Zealand is no exception. A recent study has shown that one third of New Zealand children aged 5-14 are overweight or obese.

'There has been a corresponding explosion in the numbers of people with type 2 diabetes - not only in adults but we are now starting to see type 2 diabetes appearing in teenage years' says Masterton GP, Dr Matt Smith, formerly a hospital practitioner in diabetology for 11 years in the UK.

'By far the most common risk factor for developing type 2 diabetes is obesity' says Matt Smith. 'A large proportion of obese children will become obese adults who are very much at risk of developing type 2 diabetes in future years.'

Diabetes is a condition where the body has difficulty handling the sugar levels in the blood due to problems with insulin. Insulin is a

hormone found in the blood, which helps reduce sugar levels by pushing it into our body stores. Sometimes the body becomes resistant to the action of its own insulin or is simply unable to produce enough insulin.

There are two types of diabetes, type 1 which generally affects younger people and is due to insulin deficiency, and type 2, which usually appears in middle-aged or older people and is usually due to insulin resistance associated with obesity.

About 120,000 New Zealanders have diabetes, with about 100,000 of these being type 2. Unfortunately, almost half of people with type 2 diabetes don't yet know they have it - the 'silent epidemic'.

Diabetes affects virtually every organ in the body. Poorly controlled diabetes can lead to heart, artery, eye, nerve and kidney problems. However these risks can be dramatically reduced with the right treatment and self-management and diabetics can live very full and active lives.

So what can be done about the increasing problem of type 2 diabetes in both young people and adults?

'Preventing and treating obesity in kids is really important if we want to prevent type 2 diabetes in adults' says Matt Smith. 'It is much easier to do so in children than adults. Not only may you prevent future diabetes but also hypertension and high cholesterol which can cause premature cardiovascular disease.'

'A community-wide effort is therefore needed to prevent childhood obesity in the hope of preventing type 2 diabetes' says Matt Smith. Schools, health providers, councils and other agencies need to be involved in promoting healthy eating and a wide variety of physical activities which are affordable, available, accessible and attractive to both parents and children in an attempt to reduce the risk of childhood obesity. We all have a critical part to play.

Immunisation is protection

Vaccinations could save your child's life or prevent them becoming seriously ill with one or more of nine life-threatening diseases. But not enough Wairarapa kids are being immunised against them. 'A vaccination rate of 90% or more is crucial for the population to be protected' says Paula Minto, Immunisation Coordinator at Choice Health. 'The rates in the Wairarapa are below this.'

Vaccinations against Hepatitis B, Diphtheria, Tetanus, Whooping Cough, Haemophilus Influenzae type B, Polio, Measles, Mumps and Rubella start at six weeks of age with the final vaccination at age 11. 'Because of the success of childhood immunisation programmes in

many places, most people have forgotten what these diseases are like and don't realise the distress caused and dangers for people who get them' says Paula.

'The only way to stay on top of these diseases is to make sure children's vaccinations are all done'. Some parents choose not have their children immunised because of concerns about access, cost or potential side effects.

But Did You Know.....?

- Children are much more likely to be harmed by the disease than by the vaccine designed to prevent it.*
- Most reactions to vaccines are minor and treatable.
- Studies comparing immunised and non-immunised children have found either no relationship or a decreased risk of cot death among immunised children.
- Young children are especially at risk of disease because their bodies have not built up enough of the defences needed to fight infection.

- Vaccinations for the nine life-threatening diseases (above) are free for children.
- This year, Choice Health and Whaioara Whanui will offer

immunisation at home for children whose families have difficulty in getting them to a doctor at the right times.

**Source - World Health Organisation*

Immunisation Update

- A new booster vaccination for some diseases was introduced in 2000 for 4-5 year olds.
- From 2005, Wairarapa young people under the age of 20 will receive free vaccination against the deadly disease, Meningococcal B.
- Flu vaccinations are free for children with chronic illnesses like asthma and diabetes.



Managing asthma

ONE IN EVERY FOUR CHILDREN in a Wairarapa classroom is estimated to suffer from asthma. Sometimes it is very mild, others sometimes need emergency treatment in hospital.

With asthma, the tubes, or airways, in the lungs can easily become irritated, making them red and swollen. This makes them tight and narrow making it hard to breathe.

'There is no reason why a child with asthma shouldn't be well' says Mollie Kainuku, one of two Asthma and Diabetes Nurse Educators at Choice Health.

HAVE A PLAN

'Having an asthma management plan can make a huge difference and can stop children ending up in hospital' says Mollie. The plan has a clear set of actions to help the child manage and control asthma together with parents and health professionals involved.

'What we can't stress enough to parents is that they know their child better than anyone. Parents can usually recognise early symptoms in their child such as a runny nose and coughing or tightening of the chest.' Action can then be taken immediately according to the management plan.

The Nurse Educators work with children and their parents and schools to help them manage asthma. They also work with children in their homes and in hospital. Other local services include a support group (CORD) which meets weekly and Learn 'n Live camps for children with asthma sponsored by the Asthma Society.

WHAT TRIGGERS ASTHMA?

Different people have different triggers for their asthma. They include:

- temperature changes
- colds and flu
- allergies
- pollen
- exercise
- stress
- house dust mites
- pets
- cigarette smoke

Summer is here with kids and families out and about enjoying the great outdoors. But spare a thought for safety amongst the fun. Everyday items like hot water and BBQs, household poisons and vehicles can seriously hurt or even kill children who don't understand the dangers.

Consider these statistics:

- Accidental injuries are the main cause of death and disability for NZ children aged 1-14 years.
- Accidental injuries are the second leading cause of hospitalisation of children.
- The Wairarapa has a high level of hospital admissions for injuries in 5-14 year olds.
- Young Wairarapa children are almost twice as likely to be hospitalised for burns and poisoning than children in the rest of the country.
- In the Wairarapa, deaths of 15-24 year olds in motor vehicles accidents is 40% above the national average and hospitalisation is 75% above the national average.
- 30% of the presentations at Masterton Hospital's Emergency Department are children.

Here are some suggestions to help keep your kids safe.

BANISH POISONS

Many common chemicals in our homes could harm young children. Cleaning fluids, medicines, alcohol, gardening sprays and some plants are all hazards.

- Keep poisons and medicines out of children's reach.
- As an extra precaution use safety catches where you keep household cleaners.
- Teach your children never to eat plants and berries from the garden.

BEAT THE BURN

- A burn can happen very quickly. Kids are curious, and may not understand something

is hot. Keep hot water below 55 degrees Celsius. (Ask a plumber or electrician about adjusting your hot water cylinder.)

- Use the back elements on your stove and fit a stove-guard.
- Use short or curly cords on hot appliances like irons or electric jugs and kettles.
- Keep matches and lighters out of children's reach.
- Keep hot drinks away from children.
- Minimise the damage - immediately cool burns for 15 minutes with cold water.

ATV ALERT

In NZ each year an average of at least 60 children are seriously injured on All Terrain Vehicles (ATVs). International research shows that riders under the age of 16 have a one in three chance of having an ATV related injury during the average lifespan of the vehicle. Children do not have the body size, weight, and perception or coordination skills to ride ATVs safely.

- It's not safe for people under the age of 16 to ride adult size ATVs, even as passengers.

TRAFFIC SAFETY

- Teach children how to cross the road safely. Hold their hands when walking near traffic and try to use controlled crossing points like pedestrian crossings.
- Talk about 'sneaky' driveways where it is hard for children to see vehicles go in and out and drivers may not see small children.
- Always wear your seatbelt. Remember children under the age of five are legally required to travel in a car seat. Both Plunket and Whaiora Whanui have car seat rental schemes.

BE PREPARED - LEARN FIRST AID

Despite all the precautions, kids still have accidents. Parents and caregivers who know first aid basics like CPR and how to treat burns can save lives. Red Cross and the Order of St John run courses.

Biking to and from school is a way of life for many Wairarapa children. It's a great way to stay fit and for children to develop their independence.

But the safety of these junior cyclists is becoming an issue - between 1996 and 2000 cyclist casualties in the Masterton District alone were more than double that of similar areas or New Zealand as a whole. Most crashes happened just before and after school and over half the people were under 20 years of age. With a number of Wairarapa schools merging this year, children face longer travelling distances to school and may be more likely to be involved in an accident.

The Young Cyclist of the Year Competition aims to make children safer cyclists. Run by Choice Health, the Police and the Road Safety Council each year, it involves education and skill development in Wairarapa schools to improve cycling skills and safety awareness. This is followed by the competition for intermediate-aged children.



Safe
Cycling

A Violence-free future for Wairarapa kids

'The business of protecting life and people has got to become the whole community's business. At the end of the day kids are the unspoken victims – they have to put up with it' says Glenn Taplin, Youth Offending and Domestic Violence Coordinator for the Masterton Police.

Recent high-profile child abuse cases and killings in the Wairarapa have focussed public attention on domestic violence. Last year 449 domestic violence cases were reported to Wairarapa Police. Experts suggest many reasons for the violence including poverty, breakdown of family support systems and unemployment – none of which is peculiar to the Wairarapa. So what can be done to improve the situation?

Taking an holistic approach to violence is key. 'Violence is a symptom. We need to sort out the causes to have any hope of improving the situation' says Rod Drew, former Wairarapa Area Controller for the Police. A domestic violence call-out to the Police is often the first alert to the wider community of problems that may have been going on for some time. 'In the past we might have attended the incident, dealt with it and closed the case. Now we work with other agencies to follow up, and help and support all family members, especially children, to try to prevent further violence' explains Rod.

The Campaign for a Violence Free Wairarapa is taking this approach in its work. Two full-time coordinators are employed – John Slater to work with non-Maori, and

Rawiri Smith to work with Maori. Sixty-six percent of domestic violence reporting is from non-Maori and 44% from Maori. Together, the coordinators and the Police have been working with young offenders from high-risk families where violence is an issue. Explains Glenn 'the coordinators pull in agencies to support and mentor the family – Police, Te Hauora Runanga O Wairarapa, Sedgley Family Services, Truancy Services, Strengthening Families – whoever is needed.'

Results are starting to come through. Glenn gives the example of one family that had reported 15 domestic violence incidents in six months. Since working with Rawiri the reporting has stopped. 'In the first four months of the current year domestic violence repeat offending is down 18% – this is partly due to a change in recording, partly to Police work and credit must also go to the work the coordinators and agencies have been doing to help the whole community work together to make a difference' says Glenn.

RISE ABOVE IT
WE CAN BEAT VIOLENCE

STOPPING VIOLENCE CAMPAIGN

TWO YEARS AGO a group of community leaders founded the Campaign for a

Violence Free Wairarapa with the slogan 'Rise Above It' to tackle violence in the Wairarapa.

'Any form of violence is unacceptable – that's our key message' emphasises Bob Francis, spokesperson for the campaign. The definition is wide – physical violence, bullying, intimidation, threats, verbal abuse, sexual violence, abuse of animals, violence in sport, or violence associated with alcohol. 'We want to use education to drive home the idea that there are alternatives to violent behaviour and that there is help and support out there for both the victims and perpetrators' says Bob.

There is strong emphasis on children. 'Many kids in violent situations get help too late, if at all. They fall off the cliff, and the lucky ones find an ambulance waiting. We want to build a fence across that cliff top. Plus we want the kids way back from the cliff, looked after in the village' says Jo Douglas of the Masterton Safe and Healthy Community Council. A safe home environment makes all the difference in a child's life. Kids from happy homes generally progress successfully in the school system. As adults they tend to be a happier, more confident and successful members of their community.

So how do you tackle such a huge issue? 'As a community' summarises Bob. The campaign aims to strengthen the sense of belonging to a community, so that people look out for each other. 'Support services like crown agencies and community organisations now meet on a regular basis and share information in a more coordinated way' says Bob.

How violent homes affect children

- Children may see or hear attacks and become extremely fearful, anxious and unhappy.
- They are learning that it is normal to be violent. As adults they risk repeating the pattern of using violence to control others.
- There is a likelihood of emotional and even physical neglect as children's needs are overlooked.
- Children's natural affection and respect for their parents is distorted.
- They may blame themselves for being unable to prevent the violence.
- Children may be forced to keep family violence a secret and become ashamed of their families. They are afraid to get help and learn to lie to cover up the truth.

Source: Womens Refuge

A safe home environment makes all the difference in a child's life.





'I decided to leave when I saw the look on my kid's face as I was being hit.'

Relationship Services

'I decided to leave when I saw the look on my kid's face as I was being hit.'

Louise Jackson of Relationship Services hears this statement time and time again from women who turn to her organisation for help.

Relationship Services provides courses and counselling for women and children involved in violent relationships.

The **Women Alone** programme is for women who have come out of an abusive situation and want to stay violence free. 'Many of these women get caught up in returning again and again to violent relationships. This course gives them the skills to get out of that cycle' says Louise. It is free and open to anyone. Women who have taken out a protection order are eligible for the **Domestic Violence Programme** funded by the Court System. Working with a qualified counsellor these women work to strengthen their self-esteem and understand the patterns which kept them in an abusive situation.

The **Relate Programme**, facilitated in schools by Relationship Services staff, teaches kids how to communicate rather than resorting to violence. Relationship Services can also provide **counselling for children** up to the age of 18 who have been the victims of violence.

Stopping Violence Services Wairarapa

'I'd estimate that about 60% of the men on our stopping violence programmes have kids in their lives' says Jeremy Logan of Stopping Violence Services Wairarapa. A frightening thought given the effects of kids growing up in violent homes - the possibility of physical injury, higher risk of repeating violent behaviour patterns as adults and emotional damage as the children don't get the attention they need when the adults are grappling with a violent relationship.

Stopping Violence Services runs **one-on-one and group programmes for men who are perpetrators of violence.**

The partners, former partners and children of these men are contacted by a family support worker who looks out for their safety, provides advocacy, feedback on programme attendance, safety plans for the family should violence happen again and liaison with other agencies like CYF and Womens Refuge. Families can also access **support and education programmes for women affected**

by violence, programmes for children who are victims of/witnesses to family violence and programmes for young people that address abusive or violent behaviour.



Back to school

The Makoura Teen Parent Unit gives young mums a second chance at education and a brighter future for their kids.

About 29 New Zealand babies in every 1,000 are born to teenage mothers. In the Wairarapa the statistics are even higher - around 34 in every 1,000.

Most young mums drop out of the education system. Unskilled and unqualified, many end up unemployed and on benefits.

Masterton's Makoura Teen Parent Unit aims to break this cycle. Besides providing formal education it offers practical support for students trying to manage the pressures of parenthood and study. 'Our pupils develop life skills and gain qualifications that will enhance their self esteem and future prospects for themselves, their children and ultimately society' says head teacher Rae McKenzie.

Opened in 2002 with just eight pupils, the Unit has quickly grown to 20 students aged 14-19. Each student has a flexible study programme tailored to their individual goals. Aside from correspondence and mainstream subjects, there are also classes in computing, life skills, parenting, budgeting, crafts and sexual health.

'Working with local agencies and the community has helped us to succeed' says Rae McKenzie. 'Our pupils need a comprehensive array



of services to empower them to improve their own situations and best raise their children'. For example Maori health provider Whaiora Whanui and Parents as First Teachers (PAFT) provide tuition in health and childcare. Family Start and Plunket assist the young women individually with their children.

Most of the children attend the neighbouring crèche but limited places mean some small babies must remain in the classroom with their mothers. The Ministry of Education has now approved a purpose-built teaching unit and childcare facility to be built at Makoura this term. This will enable the Teen Parent Unit to take up to 30 students.

In 2001 16-year-old Rachel Brooking was stuck at home with a newborn baby, feeling unconfident and cut off. 'It was hard to accept that I couldn't have a normal life' recalls Rachel.

Today she is one of Makoura TPU's success stories - a fulltime student with plans to train as a teacher this year in Wellington. 'I know now that I can accomplish something even though I've got a child. Before it all seemed too difficult' says Rachel.

Rachel's long-term goal is to have a regular income and a happy life. 'I also want to get my

daughter Briar through her education and give her opportunities.'

Makoura's parenting support has been crucial for Rachel. Briar has thrived in the crèche. 'She now has a regular routine which she didn't have before and that has helped us both. Interacting with other kids has given her great social skills and she is very independent.'

Rachel also highlights the regular visits and advice from PAFT, Choice Health, Plunket and other agencies. 'There is good support for parents out there and we are really lucky to have them come to us.'

Safe Choices

MOST YOUNG PEOPLE become sexually active between the ages of 12 and 24 years. For some, the upshot is not what they planned, wanted or imagined - pregnancy and/or sexually transmitted infections (STIs) including HIV/AIDS.

Consider these New Zealand statistics:

- Studies suggest that 10-30% of young people have had sexual intercourse by the time they are 15, and at least half have by the time they are 16 or 17 years old.

- Each year about 20 in every 1,000 girls aged 15-19 gets pregnant and has a child, and 23 in every 1,000 girls aged 15-19 gets pregnant and has an abortion.
- One study has shown that by age 20 years, 7.5% of men and 15.9% of women reported ever having had an STI (however more women do attend clinics for checks).

STIs often cause embarrassment but can also have serious physical consequences, particularly for young women.

Pelvic Inflammatory Disease as a result of an untreated infection can result in infertility. HIV/AIDS and hepatitis are dangers to all who partake in 'at risk' behaviours. Regular checks are encouraged for sexually active young people.

Sex continues to be a taboo subject in our society. The challenge we have is to create an environment for safe open communication to improve knowledge and decrease unwanted pregnancies and STIs. Students receive in-depth

information in the classroom as part of the health curriculum. Parents, who may not have had the same level of education, need support so they feel confident to discuss issues with their young people.

Choice Health has a range of resources to help parents talk to their teenagers, not just about sexual health, but also about making safe choices. Family doctors and practice nurses are also good people to talk to for advice and information.

Turret House – Supporting Wairarapa Parents

TIRED, STRESSED and trying to deal with the challenges of childrearing? 'You're not alone' reassures Leanne Brown, Manager of Turret House in Featherston.

'Most of us become parents without any training or support' says Leanne.

'Raising kids in the Wairarapa can be doubly hard.' Parents can feel isolated and unable to easily access the normal avenues of support in the community. Smaller towns don't have the full range of social service providers and lack of public transport hampers travel to the larger centres.

Turret House provides courses and counselling for children, adolescents and adults on relationship building, life skills, personal problems and parenting.

Many Wairarapa parents have been through their highly successful **Parent Education Course**, which is now being replicated around the country. 'Our main objective is to facilitate a positive relationship between parents and kids from toddlers to teens' explains Leanne. 'But the last thing we want to do is lecture people. We get parents to interact with each other, reflect on their own upbringing and consider alternative approaches.'

Topics covered include child development (what to expect at different ages), how parents can tailor their communication depending on the age of their child, the importance of play, different parenting styles, boundaries/rules/limits, punishment vs discipline, sexual development/behaviour and the impact of domestic violence.

Turret House also offers **one-on-one counselling** to individuals and families and runs an **Early Childhood Development Group** for children aged 2-5 years who typically have behavioural issues.

Healthy Minds

'Everybody has mental health and everybody has mental health down days' says Dr Susan Perry of the Child Adolescent and Family mental health service at the Wairarapa District Health Board. 'Mental health problems, worries and anxieties often start in childhood and our job is to help the children and their parents to master these rather than let them rule their lives' says Susan Perry.

According to the World Psychiatric Association, 20% of children and adolescents under the age of 18 have a diagnosable mental disorder, such as depression or anxiety.

But only about three percent of mental health issues become a serious illness. 'Even if a child is found to have a mental illness the outlook may not be as serious as assumed' says Susan Perry.

Parents may ask - 'should I be worried?' 'Assessment is the best way to sort it out - parents can self-refer their children to us and often talking to someone can be very helpful' explains Susan.

'Sometimes the problem turns out to be related to a stage of development and is not an illness at all.'

'Many young people have a strong sense of direction but there are a large number who seem to lose their way - the challenge is helping them to find a strong direction. 'Helping young people build on their strengths is the key' says Susan. Treatment can be in the home and inclusive of the whole family if required.

Very often there are children more at risk of mental illness - factors that make life tougher

can make mental health more fragile and it is important people know that help is available to address problems. 'Childhood depression does exist and kids need help with that - so do their families' Susan Perry adds.

Masterton Hospital's mental health crisis team is on 24-hour call to deal with serious concerns if parents are worried. The crisis team works very closely with the Child Adolescent and Family Service and would be in touch with them as soon as possible.

The Child Adolescent and Family Service is just one Wairarapa service that can help with mental health issues for children and young people. Sedgley Family Centre, Strengthening Families, Te Hauora Runanga O Wairarapa, Turret House and King Street Artworks are just some of the other agencies providing counselling and related services.

The art of community

Located in Masterton, King Street Artworks is a community arts workshop with a difference. King Street serves all in the Wairarapa community, including those with physical and mental health issues. Its inclusive open-door policy aims to destigmatise mental illness, keep people busy and broaden their social networks.

Artists can choose from a range of art media - painting, drawing, pottery, photography, stone sculpture, woodcarving, papier mache, felting and jewellery. Tutors hold weekly workshops where artists can learn different skills and a shop front gallery displays and sells artists' work.

'A hugely diverse range of people, both young and old, come here to

do their work' says Stephanie Turner of King Street Artworks. 'This diversity and the interaction between young and old help create a real sense of belonging to a community - something which not everyone experiences otherwise.'

One project, supported by the Martinborough Youth Trust, brought three college students into the centre once a week to design a mural for their school. For these

under 16-year olds who were unhappy at school and too young for tertiary education, it was a chance to utilise their existing 'tagging' skills while picking up new skills with other art mediums.

Wananga Toi Maori, traditional Maori arts-based workshops, are also run several times a year. King Street's South Wairarapa outreach is held each Tuesday at the Featherston Community Centre.



A TIME TO TELL

'If anyone is worried a young person might be suicidal or wanting to harm themselves they should always take this worry seriously and seek help' says Susan Perry of the Child Adolescent and Family Service at Masterton Hospital.

Suicide is second only to motor vehicle crashes as the main cause of death in the 15-24 year old age group. About 7.5% of young New Zealanders aged 21 report having made suicide attempts in their lifetime. Wairarapa has a high rate of hospitalisation for self harm in young people.

A young person most at risk of suicide is likely to:

- have a psychiatric disorder. This broad definition includes depression and substance abuse. About 90% of people who die by suicide or attempt it have a psychiatric disorder. Depression is the biggest single cause of youth suicide.
- have attempted suicide before.
- have had mental health problems in the past.
- have experienced a stressful life event such as relationship breakup.

- be from disadvantaged background with troubles at home and/or school.

'A person doesn't have to be obviously mentally ill to have a psychiatric disorder and often it can be difficult for parents or friends to notice anything' says Susan Perry.

'Often the causes of suicide are multiple - for example depression, alcohol and drug use combined with a relationship breakup. A stressful life event may be the trigger for suicide but often people look only at the event as the cause, not the depression that was already there.'

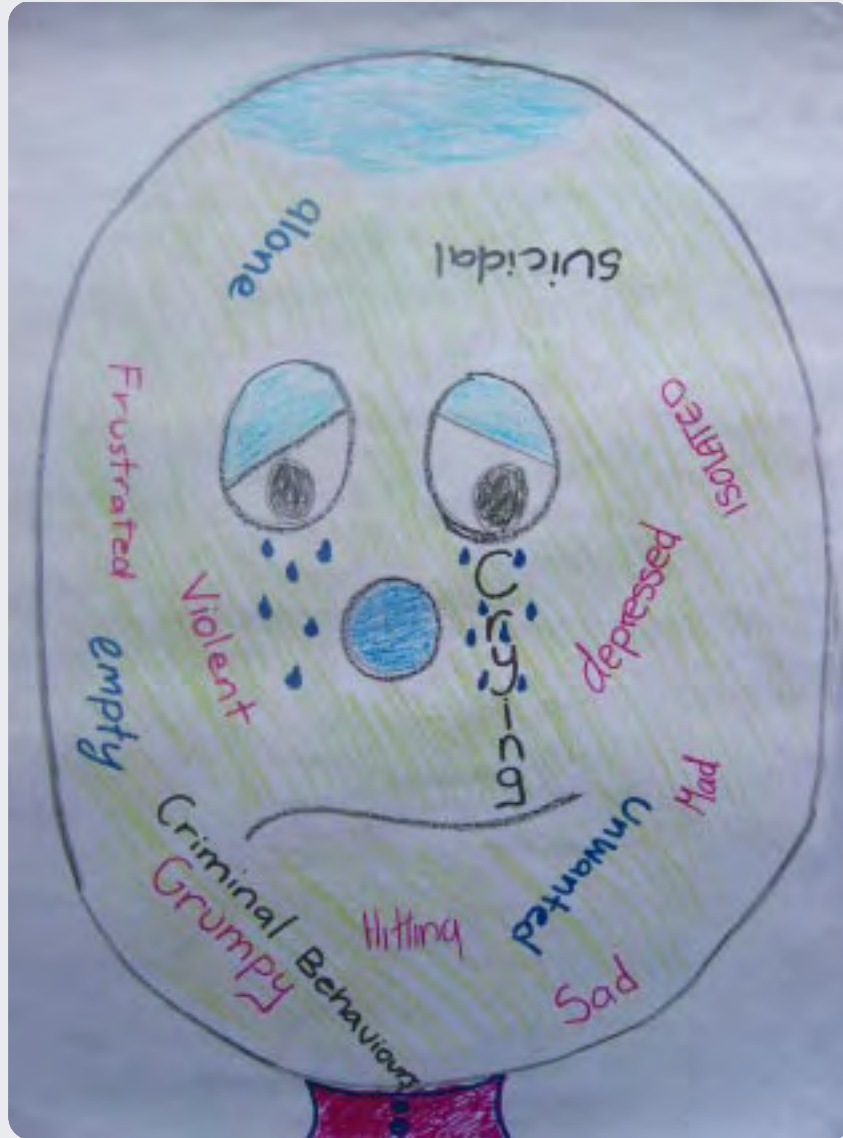
So, what should parents and others watch out for and what should they do if they think a person might be suicidal?

- Sleep disturbances, loss of appetite (or over-eating), becoming withdrawn, irritability and a low mood can all be signs of depression.
- Talk about suicide or self-harm.
- Saying goodbye, seeming to put affairs in order, giving away treasured belongings.
- Hints to friends and other young people.

'Any talk by a young person about suicide must be taken seriously' says Susan Perry.

'A good thing to do is to discuss it with them - try to find out how bad their thoughts about it are and discuss how to get some help. This can be difficult but getting them to a doctor, counsellor or a school counsellor is really important.' If there is an immediate risk the mental health crisis team at Masterton Hospital is available 24 hours.

The message to young friends of people who have hinted at suicide is - 'tell someone'. A life is more important than keeping secrets. Other advice includes watching out for signs in people who may have been close to a person who has committed suicide.



Building stronger families

'Our family was in a mess. My teenage daughter was in trouble and playing truant from school. I found it tough playing the role of Mum and Dad. I was burned out and couldn't even get out of bed. It's now wonder my daughter went

off the rails like she did' recalls Sharon.

Through the Truancy Service, Sharon was introduced to Strengthening Families - a service that pulls together social agencies to work with a family on an agreed plan, usually before a crisis point is reached. Counsellors, teachers and the Truancy Service worked together with Sharon and her daughter, with the focus on the well being of the whole family

not just absences from school.

Facilitated by Strengthening Families, Sharon did counselling with Relationship Services. 'At last I could see light at the end of the tunnel. I went off anti-depressant drugs and did a lot of work on myself. My Dad's death had stirred up emotions connected to my husband's death nine years ago that I had to sort out' explains Sharon. Her daughter also had counselling and chose to go on a Youth Choices Trust course. She is

now a top student there and enjoying life.

'Our family is back together and closer than ever. Strengthening Families helped us access the services we needed, plus they checked on us often and were there anytime we needed to talk' says Sharon. 'Other people in similar situations should know that help is out there - pride might get in the way but you have to ask for help and want to improve life for yourself and your kids.'

Alarming results in Wairarapa youth drinking survey

Parents are the biggest suppliers of alcohol for Wairarapa teenagers and binge drinking is a significant problem here, according to a recent survey of Wairarapa secondary schools.

Thirty-three percent of all 14-17 year olds met the ALAC definition of 'heavier drinkers' claiming they had had five or more glasses on their last drinking occasion.

'These young people are not drinking consistently, but with the sole intention of getting very drunk' says the survey's coordinator Cathy Tawera from

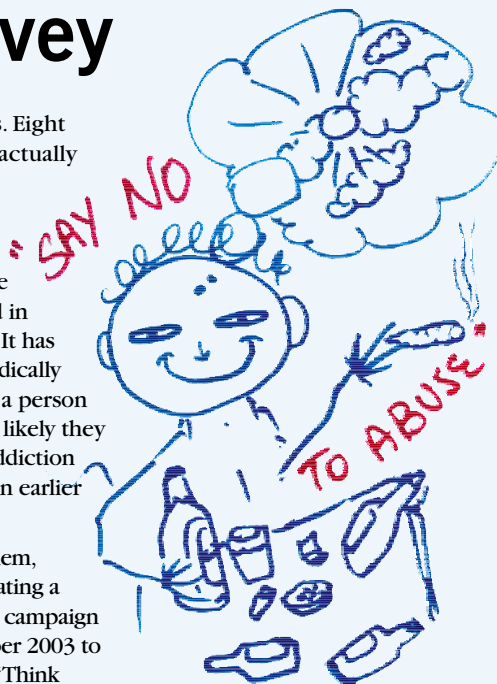
Te Hauora Runanga O Wairarapa. 'They often have no vision of the consequences or serious health issues that can result from binge drinking' she adds. These include alcohol poisoning, comatose state, hypothermia, date rape and the risk of being harmed by others.

Twenty-eight percent of current drinkers aged 14-17 claimed that in the last six months, their parents had supplied them with alcohol to attend a social function not

attended by the parents. Eight percent of parents had actually given their children the money to purchase alcohol.

Denise Allen from Choice Health, was also involved in coordinating the survey. It has been statistically and medically proven that the younger a person starts drinking, the more likely they are to develop alcohol addiction and health problems at an earlier age' she says.

To help combat the problem, Choice Health is coordinating a major public information campaign which started in December 2003 to deliver a clear message - 'Think before you buy drink for under 18s'. Now it's up to us.



'Despite the emergence of 'P' and other dangerous drugs, there are no two ways about it - alcohol, nicotine and cannabis are the major causes of addictions in young people. They can lead to a host of other health and social problems for adolescents' says Mary Freeman of Wairarapa Addiction Services.

Drug abuse

'Cannabis has become the drug of choice for a lot of young people and they are seeing the effects of alcohol and cannabis misuse - particularly aggression and trouble with relationships' says Mary Freeman of Wairarapa Addiction Services. First time cannabis users are usually aged between 15 and 18 years. By the age of 15, at least 10-15% of young people have tried it at least once. Cannabis use before the age of 16 is associated with juvenile offending, mental health problems, school dropout and other drug use.

Cathy Tawera says cannabis use is increasingly being accepted as 'normal' and is widespread in the Wairarapa. 'Most young people use drugs because they see their parents doing it' says Cathy. 'Changing attitudes and mindsets towards this is a huge challenge.'

Wairarapa Addiction Services, Te Hauora Runanga O Wairarapa and school counsellors work together to offer education programmes in Wairarapa schools.

'It's working to an extent' says Cathy. 'It won't make kids stop completely but it makes them think about how much and what it is doing to them, as well as how to look after their friends.'

Wairarapa Addiction Services provides assistance to families and individuals with alcohol and drug problems and support for parents with concerns.

Quit smoking and smoke free programmes in the Wairarapa include:

- Whaiora Whanui's stop smoking programme, **Aukati Kai Paipa**, provides free patches and gum along with counselling and support in the home for a year. Since October 2001, 180 people have started on the programme. Of those who have been on the programme for 12 months, 30% have remained quit.
- Wairarapa Addiction Services and Whaiora Whanui run quit smoking and education programmes in schools.
- Up to four Wairarapa schools and their students are expected to sign up to become totally smokefree - 24/7, as part of a pilot programme run by Choice Health and the Cancer Society this year. As an incentive, smoke free gear worth \$800 is donated to each school that has signed up.
- The Wairarapa District Health Board has signed up to become smokefree on all its sites, including Masterton Hospital, by May this year.



Kick it in the butt

Smoking and the effects of secondhand smoke are a major cause of illness and early death in New Zealand.

Secondhand smoke is dangerous, especially to children. The more a child is exposed to secondhand smoke, the more likely they are to suffer from asthma, middle ear infections, bronchitis and pneumonia. Each year in New Zealand, it's estimated that exposure of children to secondhand smoke has resulted in:

- hospitalisation of more than 500 children under two
- almost 15,000 episodes of childhood asthma
- more than 27,000 GP visits for asthma and other respiratory problems in childhood
- 1,500 hospital operations to treat glue ear
- about 50 cot deaths.

About 30% of mothers still smoke during pregnancy. Smoking while pregnant not only transfers inhaled poisons to the baby but also starves the baby of oxygen and food. It increases the change of miscarriage, premature birth and stillbirth.

Young people are smoking more. In 2000 about one quarter of 14-15 year old boys and almost one third of girls reported smoking at least monthly. For the same age group, 14% of boys and 16% of girls were daily smokers. Indications show that these figures are higher in the Wairarapa, particularly for girls.

DIRECTORY

FAMILY/PARENT SUPPORT

BABY, TODDLER & PARENT

Barnados Family Daycare	0800 270 200
Family Start/Te Mauri A Iwi	06 370 1800
La Leche League (breastfeeding)	06 378 6323
Parents As First Teachers (PAFT)	06 377 4897
Parents Centre	06 370 8821
Plunket Society – Wairarapa Branch	06 378 7743
Plunket Car Seat Rental	06 378 6101

CHILD, YOUTH & PARENT

Bag of Tricks Programme	06 377 1379
King St Artworks	06 378 9777
Makoura Teen Parent Unit	06 378 6074
Open Home Foundation – Wairarapa	06 378 8157
Relationship Services	0800 735 283/06 377 0920
Sedgley Family Centre	06 377 5716
Strengthening Families	06 378 8900
Social Workers In Schools (SWIS)	06 370 0088
Toughlove Wairarapa	06 377 5656
Turret House Family Support Centre	06 308 8028
Wairarapa Truancy Service	06 378 8900
Wairarapa Youth Choices Trust	06 377 7308
Youth Aid	06 370 0339

MEDICAL SERVICES

Asthma & Diabetes Nurse Educators	06 370 5020
Carterton Medical Centre	06 379 8105
Featherston Medical Centre	06 308 9220
Greytown Medical Centre	06 304 9012
Martinborough Medical	06 306 9501
Masterton Medical	06 370 0011
The Doctors	06 370 0067
Masterton Hospital	06 946 9800
Child Adolescent and Family Service	06 946 9808
Mental Health Crisis Team (24 hours)	06 946 9800

MAORI HEALTH SERVICES

Ko Nga Matua Hei Kaiako Tuatahi	06 377 4897
Te Kura Kaupapa Maori O Wairarapa	06 377 2210
Rangitane O Wairarapa Incorporated	06 378 8653
Tautoko Services	06 376 6082
Te Awhina' Cameron Community House	06 378 9638
Te Hauora Runanga O Wairarapa	06 378 0140
Whaiora Whanui	06 379 8146

HEALTH SUPPORT

Choice Health	06 370 5020
Cancer Society	06 378 8039
Diabetes Wairarapa	06 304 8215

Diabetes NZ	0800 342 238
Health camps	06 370 5020
Health Promoting Schools	04 570 9129
Sexual Health Centre Wairarapa	06 370 5020
SF Wairarapa (mental health support)	06 377 3081
Wairarapa Alcohol & Drug Service	06 377 3156
Wairarapa Asthma Society	06 377 7972

CRISIS HELPLINES & SERVICES

Child, Youth & Family	0508 326459
Lifeline Wairarapa	06 379 8442
National Poison Centre	0800 764 766
Stopping Violence Services Wairarapa	06 377 0933
Victim Support	0800 842 846
Wairarapa Rape & Sexual Abuse Collective	06 370 8446
Womens Refuge Wairarapa	06 377 1717
Youthline (24 hours)	0800 376 633

OTHER HELPLINES

Alcohol Helpline	0800 787 797
Immunisation Advisory Centre	0800 466 863
Kidsline	0800 543 754
Parent to Parent	0508 236 236
Plunket Line	0800 933 922
Quitline (Stop Smoking)	0800 778 778
What's up	0800 942 8787

COMMUNITY SUPPORT

Carterton Community Centre	06 379 7306
Featherston Community Centre	06 308 8239
He Rau Wahine Awhina & Maatua Whaangai Justice Service	06 377 3275
Learn 'n Live Trust	06 372 3516
Marrtinborough Youth Trust	027 284 1970
Masterton Safe & Healthy Community Council	06 378 8900
NZ CCS Wairarapa Inc	06 378 2426
NZ Fire Service	06 370 9550
Oasis Trust	06 378 8789
Southern Wairarapa Safer Community Council	06 304 8804
Sport Wairarapa	06 370 9157
Street Youth Ministries	06 378 8719
Support in the Community	06 370 2367
Violence Free Wairarapa	06 378 8900
Wairarapa Super Grans	06 377 3115
Wairarapa Victim Support	06 377 7308
Wairarapa Womens Centre	06 378 2453