



SERVICES AND SUPPORT FOR FAMILIES AND WHĀNAU IN CHRISTCHURCH

Focus groups research and
Māori focus group research

Our purpose

The Families Commission's purpose is to increase the use of evidence by people across the social sector so that they can make better decisions – about funding, policies or services – to improve the lives of New Zealanders, New Zealand's communities, families and whānau.

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Focus groups research and Māori focus group research: Services and support for families and whānau in Christchurch – an overview

The research seeks to understand the kinds of services, support and information that Christchurch families and whānau affected by the earthquakes need to maintain resilience and aid their psychosocial recovery. It also focuses on identifying the most effective channels, access points and referral pathways required to reach families in need.

The research aimed to gather new information regarding a group of people about whom relatively little was currently known. It explores the needs of families and whānau who were less likely than others to have had experience with government agency support services prior to the earthquakes but, because of the stressors resulting from the earthquakes, may now need to connect with those services and are inexperienced in doing so.

The chosen research method and this report give voice to the parents who shared their stories of families and whānau living through extraordinary times. Taken together, the focus groups provide a collective personal narrative as to what has worked and what has not worked to date for the selected group of Christchurch families and whānau, including from the perspective of those providing services to these people.

The Social Policy Evaluation and Research Unit (Superu) within the Families Commission contracted Opinions Market Research to conduct six focus groups with families and whānau living in the most damaged areas of Christchurch, with 6-10 participants in each group. In addition, two focus groups were conducted with representatives of 12 current providers of support services in Christchurch. The focus groups were convened during May and June 2014. Two complementary reports were produced, one of which summarises the kōrero of the whānau focus group and the Māori service providers' focus group. Both reports are included in this publication.

The small samples were drawn from people who were currently experiencing one or more stressors as a result of the earthquakes (in terms of housing, education, relationships, mental health, financial and childhood/behavioural issues). People were selected on the basis of whether they considered themselves currently to be coping or not coping with their set of circumstances. Given that the research was focused on uncovering and exploring the needs of parents who currently had issues, the sample was deliberately weighted towards the latter.

All the participants in the five families focus groups were home-owners and parents, in families with incomes of less than \$120,000 p.a., where at least one person was in paid employment, and with dependent children aged up to 17 years. Participants in the whānau focus group met all the same criteria except home ownership. All but one of the Māori parents participating in the whānau focus group were living in rental accommodation.

Research findings

Families represented in this study were strongly affected by ongoing housing, accommodation and home insurance issues, nearly four years after the first earthquake in September 2010. Some had had to relocate several times. Overcrowding of whānau homes, although not uncommon pre-quakes, had become a necessity rather than a choice. The lack of control around these issues caused frustration and emotional stress.

The research shows that many aspects of family wellbeing - e.g. health and safety, family relationships, economic security, social connections - have been disrupted as a result of the earthquakes. This disruption is impeding the ability of some families to move through the recovery process effectively. Their need for support varies. Some parents whose families have the most complex needs are so fatigued that they need intensive support. Others don't know where to start looking for help or have given up after looking unsuccessfully. The findings indicate that families need a coordinated services approach that pro-actively offers support to the whole family.

The two reports have very consistent themes about the nature of the services and support needed by families and whānau at this stage of the recovery process. These are:

- › community based
- › multi-faceted or wrap-around or with the ability to work collaboratively with one another
- › individualised to help navigate through the myriad of issues
- › mobile - the services come to you.

The research found that community-based support services are vital for the need of families to feel a sense of ownership and control over the services, support and information from the 'bottom-up' rather than 'top down'. They are seen as the "next best thing" to family support. Families talked of the importance of being able to trust the source of advice for them to want to engage with the services. Being treated with respect and having a relationship of trust was particularly important to participants in the whānau focus group. Having the right kinds of people delivering the services was essential. Staff should be responsive, understanding, empathetic, non-judgemental, and treat you like a person not a number.

The whānau group was aware of and could describe services provided by Māori service providers and the churches but was less aware of other family support services. Two community supports that were most identified across the focus groups were local schools and Red Cross.

Parents identified informal channels using existing structures such as schools as being the most likely way for them to engage with support. Social media are also an important way of communicating with other people in similar situations, particularly on issues related to earthquake-related insurance claims.

Conclusion

The recovery process currently underway in Christchurch provides a good opportunity for both government and non-government service providers to consider new ways of working. The findings of these two reports highlight that many families still need support and long wait times are a significant barrier for families to access services.

While a wide range of support services are being provided, more could be done to engage families and to ensure appropriate services and supports are available to meet their needs. Consideration should also be given to how to raise awareness and increase the use of existing services and community support systems by families and whānau.

A significant gap in current services has been identified - 'holistic' wrap-around services for families with complex needs which could incorporate health and well-being (including counselling), advocacy services for housing issues, and access to financial advice. Families described the ideal service as one that could come to them. While this might be relatively costly, it indicates that locally-based, easily-accessible and mobile services are important to engage and support this group.



FOCUS GROUP RESEARCH:
SERVICES AND SUPPORT
FOR FAMILIES IN
CHRISTCHURCH

1. Introduction and background

This report documents the findings of a series of focus groups involving families of Christchurch and service providers conducted by Opinions Market Research on behalf of the New Zealand Families Commission.

The main aim of this research was to identify in-depth insights on the types of service, support and information needed by families in Christchurch currently negatively affected by the earthquakes, to assist their psychosocial recovery and to identify effective channels, access points and referral pathways to reach them.

The focus groups were intended to provide a collective personal narrative as to what has worked and what has not worked to date for the selected group of Christchurch families, including from the perspectives of those providing services to these people.

Six focus groups were conducted with families and whānau¹ living in greater Christchurch in order to, firstly, identify the stressors currently affecting family life and quality of family life and, secondly, to understand their psychosocial service, support and information needs. This research focused on the needs of families and whānau that were unlikely to have had experience accessing government agency support services prior to the earthquakes.

¹ The whānau research is reported separately.

2. Main research findings

2.1 Framing the problem

This section of the report details the impacts of a range of stressors resulting from the Christchurch earthquakes on the lives of 36 local families. The research identified an important difference among families currently affected by earthquake-related stressors. Families that have been living in damaged and unhealthy homes for as long as four years now and who are unable to move on with their lives in a healthy way because they cannot resolve their home insurance claims are experiencing multiple and complex physical and emotional stressors that are adversely affecting the mental health and wellbeing of family members and causing family instability. For some of these families, the impacts have doubled due to the existence of a second and additional layer of stressors unrelated to housing, eg financial, mental health and wellbeing (adults and children), parental concerns about children's mental health and wellbeing and high levels of parental responsibility. Families affected by these secondary stressors can lack energy (especially the parents) and spend less family time together, parents may have adopted more restrictive styles of parenting, parents may be drinking excessively and family members may have developed mental health issues.

Families living in unaffected homes and without earthquake-related insurance claim issues can be affected by the same non-housing/insurance-related stressors. Overall, the impacts of stressors on these families were found to be comparatively less, but nonetheless significant.

The aim of this section of the report is to detail the various stressors currently affecting family life, and in doing so to provide the necessary context for understanding the types of service, support and information identified as necessary for Christchurch families in order to assist with their psychosocial recovery.

2.2 Different levels and types of family stressor

A number of general overall observations can be made about the focus group discussions.

Every family had experienced changes to their family life since and as a result of the earthquakes, and most had seen their family lives deteriorate in some way or another. Only a minority reported positive changes, eg closer emotional bonds between siblings and a greater appreciation for spending quality family time together.

The stressors highlighted in the focus groups fell into four broad categories, with each comprising a variety of sub-issues:

1. Poor physical environment

- › Damaged living environment (unresolved home issues)
- › Unhealthy homes
- › Deteriorating neighbourhoods
- › Christchurch roads.

2. Mental health issues (adults and children – triggered by the earthquakes)

- › Ongoing anxiety
- › Depression
- › Behavioural and/or developmental abnormalities (children).

3. Increased instability and loss of control

- › Unresolved issues with family home
- › Finding somewhere affordable and suitable to live
- › Uncertainty about the future
- › School closures
- › Decisions (or lack of) imposed on families, especially by authorities.

4. Increased family and/or work demands/responsibilities

- › Resolving home issues
- › Managing children's increased stress and anxiety
- › Managing elderly parents' needs
- › Work pressure
- › Loss of family supports
- › Financial difficulties.

Every family situation is unique in terms of the type(s), extent and number of stressors they are currently experiencing, and therefore it is not possible to list the broad themes in any particular priority order.

The research provided considerable evidence to suggest that the effects of the earthquakes on family life vary along a spectrum. Whilst all families have been affected in some way or another and therefore all need support, some appear more severely affected than others simply due to the greater number and more complex nature of their stressors.

*"You just can't catch your breath."
(Families, dependent children 0-5 years)*

Evidence from the research suggests that families may be predisposed in terms of their susceptibility to the impacts of stressors, and that this has a bearing on their responses to stressors when they do occur. Families were found to fall into three types:

1. Never experienced high levels of stress before but current levels are manageable
2. Never experienced high levels of stress before and current levels are not manageable
3. Vulnerable before the earthquakes and therefore ill-equipped to deal with any level of stress.

Service providers reported seeing a new group of families emerging post-quakes; families who in 'normal times' would not need help and support.

*"We're seeing people who I would say we wouldn't normally see; these are people who normally have fairly good coping mechanisms and family structures, with extended families, that's been levelled with the earthquakes in that everybody has needed everybody."
(Service providers)*

Housing appears to be the single most common factor determining the extent to which families are currently affected by the earthquakes. Some families are still living in badly damaged and unhealthy houses² four years on from the earthquakes because their home insurance claims have yet to be resolved. A raft of housing-related stressors are significantly affecting these families. The stressors both have impacts at individual and societal levels and are causing family chaos and instability.

Furthermore, the research identified a range of additional non-housing-related stressors, eg work pressures, mental health problems stemming from the earthquakes, financial pressures, family disintegration and loss of connection, closeness and support, driving on Christchurch roads and a

² This includes families whose homes are affected by flooding.

lack of empowerment. These stressors have a number of adverse impacts for families: fatigue, lack of family time together, more restrictive parenting styles, adult mental health problems and risky driving behaviours.

Arguably, the less complex non-housing-related stressors are relatively easier for families to deal with, but no less significant. Conversely, the more complex housing-related stressors are harder and more complex for families to deal with because they are interrelated and multifaceted and can compound over time if left unresolved.

“My daughter is sick; we find every week, there’s a different challenge. This week there’s flooding in this room. Then mould. Then rats. Then back to flooding. And there’s a pothole at top of driveway. It just kind of cycles through. What that means for my daughter, is that, and then insurance stuff, it means that, it’s frustrating for her. She’s continuously being told ‘later’. We’re damaged in September 2010. Three and a half years of her life. For all of our children, it just never ends.”

(Mothers)

“Normal life hurdles are compounded by what’s happened ... It certainly wears your resistance down so you get that straw that breaks the camel’s back. Things you would normally be able to deal with quite comfortably without any problem; because they’ve been stacked on top of all this other stuff, becomes a major issue as well, you get the resulting effects of that being treated as a big stress.”

(Families, dependent children 13–17 years)

Family issues do not simply go away when a family home is eventually rebuilt or a family moves into a new home. When the time comes for the house to be rebuilt and the family has to find temporary alternative accommodation, certain issues remain and other ones can emerge.

The difficulties facing these families, regardless of the state of housing, are not happening in isolation from other ‘everyday normal’ problems. At least one parent per focus group reported problems such as the loss of a parent or sibling and serious health issues in the family, including extended family. These factors further exacerbate the difficulties for earthquake-affected families.

“They talk about the most stressful things that can happen in your life are death in a family and moving house. And we’re trying to do all these things at the same time as well as cope with the kids.”

(Families, dependent children 13–17 years)

The remainder of this section examines the key stressors affecting family life and is divided into property-related issues and their impacts on family life and non-property-related/single issues and their impacts on family life.

2.3 Families with the most complex needs

“We had no toilet all week last week. The sewerage was all blocked up down the end of driveway. It took a week [to fix].”

(Mothers)

The research identified that families living in earthquake-damaged³ homes yet to be fixed are experiencing a raft of issues that have a considerable and significant number of impacts on family life. These issues affect family life at both individual and societal levels. We believe it is important

³ This includes houses affected by flooding.

to clarify this distinction as there are significant implications for the delivery of effective services, support and information.

Families experiencing unresolved insurance claims are experiencing multiple stressors at both individual and societal levels, each of which is listed in Table 1 below. Each stressor can have one or more negative impacts for the family concerned. Because these families are experiencing multiple stressors, the overall impacts on family life are substantial.

Table 1: Multiple stressors for families with unresolved housing issues

Individual	Impacts
<ul style="list-style-type: none"> › Unhealthy home environments › Parental concern about anxiety and/or behavioural issues among children due to earthquakes › Home insurance claim settlement and process, eg lack of control › Uncertainty about the future 	<ul style="list-style-type: none"> › Fatigue (mental and physical) › Anger and frustration › Mental health problems, eg depression, anxiety › Relationship problems › Less effective parenting, eg distracted › Increased alcohol consumption › Decision to have more children
Social	Impacts
<ul style="list-style-type: none"> › Decisions imposed on families, eg school closures and mergers › Deteriorating neighbourhoods 	<ul style="list-style-type: none"> › Less community connection, closeness and support › Less sense of personal safety › Less encouragement for children to engage in independent local outdoor play › Less certainty about the future, loss of hope, and despair

Families affected by housing-related stressors are also vulnerable to any one of a number of the other (secondary) earthquake-related stressors (detailed fully in section 2.4). Each of these additional stressors serves to further intensify family problems.

2.3.1 Individual stressors affecting families living in damaged and unhealthy houses

The individual stressors affecting families living in compromised housing encompass poor physical environment, children’s mental health issues arising from the earthquakes, the home insurance claim process, financial pressures, uncertainty about the future and general instability due to changes to their personal environment, eg school closures and deteriorating neighbourhoods.

2.3.1.1 Home environments are unhealthy and unsafe

“It’s draughty and we had to get a dehumidifier because of mould. The kids’ bedrooms have got cracks, kids’ wallpaper falling off the walls. The house just feels rundown and gross.”
(Mothers)

Homes damaged by the earthquakes are cold, damp, draughty and/or mouldy. Some homes in flood-prone areas of Christchurch are also contaminated by effluent and this is a reoccurring issue in the winter months. This makes the family home both unpleasant to live in and unhealthy. Parents reported an increase in ill health (physical) in family members, eg asthma, coughs and colds. The worry this creates for parents contributes to the poor quality of family life, and can manifest in emotional issues for the parents, eg anger and depression. Families living in these conditions also report a loss of enjoyment in their homes, with some saying the houses in which they live no longer represent a 'home'.

"My eight-year-old has struggled since the EQs. She has a lot of issues with school and everything, she just hasn't adjusted. I think because your home is your security, and knowing your home is damaged and might not be there at the end of the day is quite hard on them."

(Families, dependent children 0-5 years)

"He doesn't sleep; he spends most of his time in our bed, which means I sleep in his bunk. The two kids are in our master bedroom because one room's sunk so low it's actually got frosted carpet."

(Families, dependent children 0-5 years)

Service providers are seeing the same impacts as a result of the poor housing conditions.

"This particular family, the mum was pregnant this time last year and had gestational diabetes; she had to take her blood each morning with a machine that she pricked herself with. That machine that you would plug into the electricity would only work if it was at four degrees. Most mornings it wouldn't work because that's how cold that house was. And all those people were living in it, and all the moisture was running down the walls because everybody breathes, as we do as people. That is where, there are people who are at the bottom of the heap, and no one is coming to help them. No one. And they are working, so they're our working population."

(Service providers)

The longer that a home insurance claim remains unresolved, the more distraught the parents become about not providing a healthy and comfortable home environment for their children. Families living in flood-prone areas of the city are particularly vulnerable and worn down emotionally because the flooding is ongoing for them and therefore the deterioration of their homes is more significant, especially in the winter months. At the time of the focus groups the Christchurch City Council was just about to make a decision about temporary measures to address flooding in homes.

2.3.1.2 Parents are concerned about their children's mental health and wellbeing

Parents and service providers agreed that a significant stressor for parents living in damaged homes is concern for the current safety, health and wellbeing of their children. Children are contracting a greater number of respiratory illnesses due to the damp and mouldy conditions; some believe that poor housing is contributing to their children's anxiety issues or they have noticed 'abnormal' behaviours, eg bedwetting, sleep disturbances and increased anger. Some children are fearful of living in damaged houses, believing they could fall down and hurt them.

"Any loud noises and she won't sleep. She's been awake all night. When we had that wind storm, she didn't sleep."

(Families, dependent children 6-12 years)

“They are concerned about the children’s behaviours, they’re identifying behaviour changes for children, around their sleeping, around anxiety, it can be around not wanting to go to school, all of that.”
(Service providers)

2.3.1.3 The home insurance claim settlement process is extremely stressful

“No one’s accountable. It’s a fight. It’s a rollercoaster ride because you get through the first assessment then you get some numb nut that doesn’t know what they’re doing; then you have to fight through emails and phone calls, then you finally get into some prick’s mind at the end of the phone that you don’t want a dollar amount, because you know it’s going to take a year or so.”
(Fathers)

Families find the process of reaching settlements on their home insurance claims very onerous because they are required to deal with more than one organisation, each of which appears to work disjointedly, and the onus is on the home owner to try to find common agreement. Parents are resentful of the insurance claim process and the organisations involved because of substantial existing responsibilities, eg providing a family income, holding down a job, caring for elderly parents and taking care of a home. Managing the insurance settlements eats into any spare time and they often feel their time is being wasted due to poor customer service.

Home owners feel they are being punished for doing the ‘right’ thing, eg purchased home insurance or paid taxes (the latter scenario only applies if the insurer happens to be EQC).

“We feel we’ve been bloody ripped off. You’ve paid your taxes, your rates, your mortgage, insurance premiums, and the people that are there to help you are the people that are there to screw you out of every penny, and that puts the boot in really ... Makes you f...ing angry.”
(Fathers)

The process of reaching settlement on an insurance claim is usually managed by one adult in the household, as this helps to ensure a measure of continuity across the process. However, this places considerable responsibility on one party who may not feel supported in this.

2.3.1.4 Family instability

Life for these families lacks stability because of the stressors, and these are causing any number of issues: fatigue, anxiety, depression, anger, relationship problems and excessive consumption of alcohol.

Instability comes from:

- › a lack of certainty about the future, eg home and/or school location, neighbourhood safety, financial position, children’s quality of life and futures (due to the length of time that insurance claims are taking to settle; several years is common)
- › changes to the family routine, eg a move to temporary alternative accommodation, which may mean that schools are farther away and more travel time on Christchurch’s damaged roads is needed and/or families live farther away from their usual support networks (eg grandparents), children have to get used to a new school and could lose friends and have to make new ones

“In some ways it’s a bit like moving overseas really, for the kids, because they were used to going to nana and granddad’s place, but that’s no longer there, so it’s a bit, you’re almost a foreigner in some ways ... There’s nothing that’s the same. Everything’s changed.”
(Families, dependent children 13–17 years)

“I used to live next door to my mum, so that’s been a big change, it’s a big disadvantage for the kids.”

(Families, dependent children 13-17 years)

- › an inability to accept and reconcile the earthquakes and the subsequent impacts on families’ lives

“I wonder who my child is going to be and I wonder who my child was supposed to be. I wonder how he’s going to cope with life, how he’s going to cope with finances and stress.”

(Mothers)

- › fewer support structures available due to neighbours and neighbourhood children moving away, unwelcome changes in the neighbourhood environment, school closures and loss of social contact with known support networks.

Many parents appear to lack the skills and knowledge to navigate this confidently and successfully, and this can lead to the consideration of extreme behaviour.

My backup plan, and this sounds completely nuts, all the stuff for me, is because EQC are evil bastards. I will actually go on a hunger strike and it will cut our fight. And it’s actually the most logical. My stress and the way it’s affecting my family will not go away until we sort out the EQC. How long can I go on being this stressed for and it affecting my children, and I can’t afford \$100,000 to go to the High Court myself. The logical option is to do something extreme like a hunger strike.”

(Families, dependent children 6-12 years) 1

Parents feel that their children are being ‘robbed’ of their childhoods, which causes resentment.

“Our kids see friends of theirs who have gotten their places fixed and say, ‘When are we getting ours fixed?’; they see people moving on with their lives. And we’re stuck. I think they’re feeling frustrations we’re feeling.”

(Fathers)

2.3.2 The impacts of individual stressors

The stressors outlined above have significant negative impacts on family life.

Many families are overwhelmed by the high number of problems, namely fatigue, anger, mental health problems, parenting issues and relationship problems. These issues are outlined below and supported by comments made by service providers.

“Before the earthquakes and after the earthquakes, there was a real clear delineation. It is like another life existed; we all know that experience ourselves and then there is an afterlife. We are still in the very early stages of that emerging for families.”

(Service providers)

2.3.2.1 Parents are physically and emotionally exhausted and losing hope

“My husband is just burnt out. Seriously burnt out. Fiery.”

(Mothers)

“I feel like I’m always trying to get to that next place, whether it’s a children issue or moving or whatever it is, I’ve just got to get there, then I have got to get on to another thing.”

(Families, dependent children 13-17 years)

“We just can’t really see a light at the end of the tunnel, there’s no hope.”

(Families, dependent children 6-12 years)

“I want to be patient, but I’m just so bloody tired.”

(Families, dependent children 6-12 years)

Extreme fatigue is common among parents who cannot resolve insurance claims and are living in seriously compromised homes. They are physically and mentally exhausted by a number of factors:

- › The additional layer of responsibility brought about by the house damage, eg having to live in a damaged house and keep it liveable and the occupants healthy, resolving the home insurance claim, and finding suitable and affordable alternative rental accommodation during the house repair process, especially in a market that is currently experiencing a housing crisis

“We have a family that have had to move five times, I mean their house was supposed to be built in 20 weeks, well that is a laugh. So five times and nine months out of their home and it’s really impacting on the couple and all the children and it’s like that whole cycle is continuing.”

(Service providers)

- › Stress and worry about children’s mental health and wellbeing, eg anxiety and behavioural problems
- › Financial problems, eg higher heating bills due to draughty houses, increased car repair bills due to damaged roads, and bond payments associated with rental accommodation
- › Continued and long-term uncertainty about their future
- › In some cases, the loss of social support, eg due to family members, friends or neighbours moving away (this can also occur when a family moves into temporary rental accommodation while their home is being fixed).

2.3.2.2 Fathers are angry

“When this eventually comes to an end, and I hope it bloody will, I will look back and say this was the most stressful period I’ve ever been through ... It’s constantly making a conscious decision to keep anger in check.”

(Fathers)

“I have horrible patience. I’m trained in martial arts and it’s about controlling your issues, and controlling yourself, but it’s getting to the point where I’m not, I’m losing that.”

(Families, dependent children 6-12 years)

Many parents, fathers in particular, are angry about their situations, particularly because they are having negative impacts on the health and wellbeing of their children and partners. Much of their anger is directed at the insurance and building companies because of the length of the settlement process, several years in some cases. Many reported finding the settlement process unfriendly, and said their insurers made them feel dishonest.

“It’s like having to prove to people that have this default attitude that they don’t believe you and think that you’re going to rip them off. And it’s not the case. We just want what we’re entitled to.”

(Fathers)

Consequently there is a lot of mistrust for the insurance companies and a common fear that the insurance companies will not offer fair financial settlements, leaving families at a financial disadvantage.

This situation is particularly hard for fathers because they regard themselves as the main family providers, and as a result they can end up feeling weak and powerless. This is resulting in anger. Sometimes their anger is directed at other family members, including partners and children, and it can be at other motorists. They do not always feel in control of their anger, and may even consider their anger in a positive light when ‘going into battle’ with their insurers or builders.

“I kind of feed off my anger at the moment, it keeps me going, I’m so bloody angry it’s given me a lot of strength.”

(Fathers)

Angry fathers also worry about the potential long-term impacts of their anger on their children.

“I think we’re bringing up kids that are going to be very angry because they’ll have long-term effects of what we’re transferring through, of the fighting; with the legal system ... They’re taking on our anger.”

(Fathers)

Interestingly one of the service providers who worked in the area of supporting home owners to settle insurance claims reported coming across clients who had become so angry as a result of fighting with their insurance providers that, even when agreeable settlements had finally been reached, they could not hear the ‘good’ news, and the service provider needed to remove them from the room in order to get the home owners to listen to what was being said.

“I’ve had other ones who get a little bit of progress, which is what they are actually wanting, but because they’ve waited so long and don’t trust anyone they can’t actually believe that little bit of progress is not some dirty deal somehow. So the celebration is what they really need, they need some good news and I would like to talk to the newspaper reporters who probably need to start reporting good stuff as well. When you get a bit of good news it balances the bad, but they are not feeling it and celebrating it and seeing it and seeing an end in sight.”

(Service providers)

2.3.2.3 Stressors are causing parents to experience mental health problems

Many parents, especially mothers but some fathers as well, reported feeling low moods or depression because of the issues they are facing. Some participants, both men and women, were visibly struggling to cope with their emotions during the focus group discussions.

The parents are feeling overwhelmed by the enormity of their problems, in particular unhealthy home environments, including the resulting impacts on children’s health and wellbeing, and financial problems.

“Whenever your children are affected it impacts every part of your life, because you’re putting your energy into worrying about them and trying to help them.”

(Families, dependent children 13-17 years)

Women reported feeling hopeless and helpless about their current situations. Some parents were also uncertain about the future, and this contributed to their despair.

“I really can’t see a future in Christchurch. It’s taking so long.”
(Fathers)

“There’s nothing I can do to help them, there’s nothing they can do to help us. There’s just nothing. We just can’t really see a light at the end of the tunnel, there’s no hope.”
(Families, dependent children 6-12 years)

Many parents felt that few people understood the enormity of the current plight of some Christchurch families, and this made them feel very isolated and uncared for.

Some mothers appeared to be less emotionally attached to their children since the earthquakes. Some mothers were aware of this but others were not (this issue is outlined in more detail below).

2.3.2.4 Couples are experiencing relationship problems

“The normal stability of the relationship is being tested to the maximum and causing breakdowns in communication, causing reactive, rather than proactive, responses.”
(Service providers)

The difficulties associated with living in damaged homes and unresolved earthquake insurance claims are causing relationship issues within families.

Most parents reported an increase in arguments with their partners and tension in the households since the earthquakes.

“I was about ready to pack up and go, but that’s when the arguments started because I want to go but my husband wants to stay. We get on most of the time, but if there’s going to be an argument, that’s what it’s going to be about.”
(Families, dependent children 6-12 years)

Some reported a loss of intimacy in their relationships.

“X and I fight about stupid stuff and we’re both on edge all the time. There is no romantic life. We don’t do anything together. We tag team parent. It’s horrible.”
(Mothers)

“My husband and I are just really good flatmates now, there’s nothing there. We love each other, and we wouldn’t leave each other, but there’s just too much other stuff going on that there’s no time for us.”
(Families, dependent children 6-12 years)

Arguments between couples typically arise due to:

- › differing opinions about how to address housing/insurance issues, eg one partner may want to move away from Christchurch but the other partner wants to stay
- › financial problems
- › one partner adopting greater responsibility for sorting out the home insurance claim but feeling a lack of support from the other partner.

Some parents were concerned about the long-term viability of their relationships because of stressors related to the earthquakes. Other parents described the current state of their relationships as 'challenging' but felt confident they would recover in the future.

"I don't even know if my marriage is going to survive after this. It's difficult to get perspective on your relationship when it's three, four years of intense stress. I look at photos pre-earthquake and I don't recognise that family, it's too long ago to be able to connect with."

(Families, dependent children 6-12 years)

A minority of parents felt that their relationships had strengthened as a result of their experiences post-earthquakes.

"With the issues we have with our daughter, we've got closer because we're trying to do whatever we can to help her."

(Families, dependent children 6-12 years)

2.3.2.5 Parents are parenting their children less effectively

"I'm not the mother that I know I can be. I'm not on the case with what my children need. They're missing out big time with my keeping up with their homework and things like that and encouraging them on to the next independent steps and all those things."

(Families, dependent children 6-12 years)

All parents who had not resolved their home and insurance problems reported having felt at some stage distracted from their children, and this could occur when the children were exhibiting 'abnormal' behaviours, eg bedwetting and anxiety.

"I'm not capable enough, because I am so bogged down by that to do that for my children. I need to be out of this shit situation so I can step up as a mum."

(Families, dependent children 6-12 years)

Service providers were aware of this too.

"It's not only the children, it's the parents and how they're coping; they seem to be feeling they've lost their parenting skills. Because in actual fact they've got their heads into EQC, CERA and everything else and they can't focus on parenting any longer."

(Service providers)

"You see that a lot. The children are actually parenting the parents because their parents are no longer able because they're so distracted with financials and all of it. And it's so out of whack for families. It is like reintroducing to parents that they can parent and they parent well and children can be children."

(Service providers)

Emotional distraction (due to mental and physical fatigue) can mean that parents are less able to meet children's basic needs. Several parents freely admitted that they were providing children with less healthy diets, poorer oral hygiene routines and less emotional connection than they felt they should.

“At my daughter’s preschool, I’ve noticed it. Mums don’t have time to do the day-to-day basics for their kids. We’ve got girls in there, with teeth rotting and falling out because mums haven’t brushed their teeth. Have to pull their teeth out. A lot of kids getting sick.”

(Families, dependent children 6–12 years⁴)

Service providers reported seeing more children since the earthquakes with developmental issues.

“Also you have parents that are preoccupied with their own issues and the stress. Where the stresses before the earthquake are magnified, so they’re not talking to their own children in a way that the children need to learn the language. They don’t know their colours; don’t know how to do anything but follow instructions when they go to the classroom. Some aren’t even toilet trained.”

(Service providers)

In terms of their levels of proactive parenting, the parents who spoke to us appeared to fall into three groups based on a combination of factors such as emotional literacy, mental health and wellbeing, and financial resources.

Group One: These parents have realised their distraction and taken remedial actions to prioritise their children’s needs over everything else; this can range from settling insurance claims without a ‘fight’ to accepting financial losses in order to move on, to actively seeking professional help, eg counselling.

“I had postnatal depression, which we were kind of expecting due to the previous one, but I think it was exacerbated by everything else that was going on. So I had counselling for that. And my husband, through his work, they encouraged everyone to see counsellors. He’s also ongoing with a mentor. That’s good. That’s helped us refocus and talk about what we should be talking about, or try to. But I’m not saying it’s fixed everything.”

(Families, dependent children 0–5 years)

Group Two: These parents have some awareness of being distracted and may feel guilty about this, but are so caught up in ‘fighting’ their insurance companies that they feel powerless to do anything about their children’s ‘abnormal’ behaviour. They are not thinking about the potential long-term consequences of not addressing children’s emotional and behavioural problems. They have a tendency to think, “If I can just settle the home insurance claim and fix the house then our family problems will disappear” or “If I could just have some free time and clear my head then I could begin to address these issues”.

Group Three: These parents are not aware they are distracted.

Comments made by service providers supported this issue. Some of the parents they are seeing are not setting appropriate boundaries for children, and they attribute this to the parents either being distracted with resolving home insurance claims or experiencing mental health issues.

“There is so much stress going on. Their basics have gone; there are no boundaries in place. A lot of parents after the earthquakes had their kids close, felt that sense they could have lost their children, which you do if you go through this stress thing, so they almost became jellyfish parents: “Oh you can have that and it doesn’t matter about that”. So all those boundaries flooded out of the way, all these kids’ behaviours started happening.”

(Service providers)

⁴ This parent was a teacher.

2.3.3 Multiple social stressors are causing family instability

A series of social stressors is also affecting the families living in damaged housing, creating family instability.

2.3.3.1 School closures and mergers are the last straw

“My children are losing friends constantly. It’s really distressing for them.”
(Families, dependent children 6–12 years)

School closures and mergers have been, and to an extent continue to be, a significant stressor for families affected by the Christchurch earthquakes.

“That was a big stress when they were talking about the mergers and the closures.”
(Families, dependent children 6–12 years)

“Burwood and Windsor [schools] have amalgamated, which is the stupidest thing, because now they’ve split their friends, they’ve split families, and now we’ve got one side of the friends, one side of the family going in two different zones.”
(Families, dependent children 0–5 years)

Schools are integral to local communities; they are a place where families connect with their communities, especially those with children at primary and intermediate school age. Parents are upset, angry and cynical about the timing of the school closures and mergers in Christchurch.

“That was the final kick in the guts really.”
(Families, dependent children 6–12 years)

2.3.3.2 Deteriorating neighbourhoods feel less family friendly, and unsafe

Many families living in the more severely damaged parts of Christchurch described them as depressing; however, they may not want to leave their local communities or have no option but to stay because either their insurance claims have yet to be settled or they may have limited financial resources.

Neighbourhoods are becoming increasingly rundown, according to some parents, and they are concerned about their families’ safety. Parents attribute a certain amount of this to an increase in the number of local homes being bought for the purpose of renting rather than occupancy, and believe it is damaging the neighbourhood atmosphere, thus causing them to feel less safe. Parents reported an increase in local neighbourhood fights, excessive alcohol consumption, drug taking, bad language, loud music, noisy cars, late-night disturbances and unfriendly dogs.

“There’s been a lot more car crashes outside my house; we’ve been burgled, at 6:30 in the morning, while we were in the house. There was an arson two doors down. Linwood’s not the best place, but that kind of stuff didn’t happen. My kids are scared.”
(Families, dependent children 6–12 years)

“You tend to get a more transient population, which can be a concern in itself because you don’t really know who’s there and who’s not.”
(Families, dependent children 0–5 years)

“Living in a cul-de-sac, the house next door had children that my kid would be able to play with quite happily in the street, now one of those houses is rented by a group of young tradesmen that have quite vicious dogs, so my children don’t go out the front gate now.”

(Families, dependent children 6–12 years)

One parent felt that the deteriorating neighbourhood atmosphere was exacerbating their child’s anxiety.

“My daughter, her issue is the anxiety that’s come up post-earthquake, from the earthquake. Her issue is loud noises, and we’ve got a lot of loud noise around our house now.”

(Families, dependent children 6–12 years)

Furthermore, parents who felt that their families were more under threat were less inclined to encourage their children to play outdoors in the local areas.

“They don’t have that natural range of social skills developing because their mother, or their parent or their nana or aunty rather, are right there because a wall could fall on you. I worked with families who weren’t even going to the clothesline without their children going with them. That is the reality.”

(Service providers)

Damaged suburbs close to red zone areas, where many properties have yet to be demolished, look derelict, with broken windows, graffiti and unkempt gardens.

“A lot of workers have moved in, and partying until the wee hours in the morning ... It sounds like snobbery, but so many broken-in homes, nobody’s looking after them any more, things are getting overgrown, what was a pretty suburb ... the prettiness seems to have gone.”

(Mothers)

“You notice it in the neighbourhood too; people haven’t kept their gardens the same after the EQ. You just think, oh well, you’re not bothered.”

(Families, dependent children 0–5 years)

Moreover, living close to large areas of unkempt (previously built on) land can eventually start to make the local residents feel bad about themselves.

“It makes you feel like crap. It makes you feel like somebody doesn’t care.”

(Families, dependent children 0–5 years)

2.3.3.3 Families and communities are less well connected and residents can feel more isolated

Some extended family units have become dispersed because of having to leave damaged properties, and they can have fewer support networks as a result.

“We lost all our neighbours. Before Feb shake we were all quite close, but now they’re all gone.”

(Mothers)

“And if they have to move, because of housing, then they quite often, that support structure and network breaks down; because they have had to move they have to move schools, away from close family and friends so all that relationship and support goes.”

(Service providers)

“Before the quake, my side of the family was living here, and now none of them are. So now the kids don't really see the grandparents.”

(Families, dependent children 13-17 years)

One parent reported that every single family in his extended family was now living in a different house from the one in which they lived before the earthquakes.

In addition, neighbourhood and community social connections have been severed.

“For us all the neighbours have changed. The community's changed. The school's changed. They've split it in half ... We were the same, that immediate, we did the same as the others, went to family in North Canterbury. But people, those neighbours and friends, they've had to move on to sort their own situation, but it just seems to me now that it's more transient, plus the street's busier because there's a diversion now; it's quite a different neighbourhood now.”

(Families, dependent children 0-5 years)

“The community has kind of disappeared, it's watered down. It's fragmented. So that's a security feeling, it's not what it was.”

(Families, dependent children 0-5 years)

Families living in damaged parts of Christchurch, especially in the eastern suburbs where the loss of property and local amenities such as shops, businesses and schools (not replaced because red zoned) has been considerable, reported feeling more socially isolated.

“Even your local fish 'n' chip shop is gone. It's a fish 'n' chip social as I call it. The people you'd see on a Friday. Your local dairy is gone.”

(Families, dependent children 0-5 years)

Families were also concerned about a lack of locally available leisure facilities and the higher transportation costs associated with accessing facilities that are now located farther from home, especially those parents living in the eastern suburbs that enjoyed the use of Queen Elizabeth II Park prior to the earthquakes.

“There's lots of talk about the CBD rebuild, and that's important, and we've all got our own house issues and all that, but there's got to be things to do when you're a teenager. And not everyone's a skateboarder. Not everyone plays basketball. I don't know what the solution is, but there's got to be more things that don't cost money to do, when you're a teenager.”

(Families, dependent children 13-17 years)

“QE2. All that east aquatic stuff. Everyone in the east still doesn't have anywhere to go. Just need stuff to do with our families.”

(Mothers)

Perceptions of increased social instability due to school closures and perceptions about deteriorating neighbourhoods are causing families to feel less connected to the communities and, in some instances, less safe.

“The community has kind of disappeared, it’s watered down. It’s fragmented. So that’s a security feeling, it’s not what it was.”
(Families, dependent children 0–5 years)

2.4 Other family stressors and the implications for families

The research also identified another set of stressors that can affect any family, regardless of the current state of housing.

Table 2: Single stressors

Stressors		
Family type	Type	Impacts
<ul style="list-style-type: none"> › Families with multiple stressors and complex needs 	<ul style="list-style-type: none"> › Financial pressures › Mental health and wellbeing (adults) › Concerns about children’s mental health and wellbeing › Driving on Christchurch roads › Greater adult responsibilities, eg responsibility for elderly parents, work pressure 	<p>Stronger impact overall</p> <ul style="list-style-type: none"> › Fatigue and lack of family time › Altered parenting styles › Adult mental health problems › Poor driving behaviours › Lack of control
<ul style="list-style-type: none"> › Families with fewer stressors and less complex needs 	<ul style="list-style-type: none"> › Financial pressures › Mental health and wellbeing (adults) › Concerns about children’s mental health and wellbeing › Driving on Christchurch roads › Greater adult responsibilities, eg responsibility for elderly parents, work pressure 	<p>Less impact overall</p> <ul style="list-style-type: none"> › Fatigue and lack of family time › Altered parenting styles › Adult mental health problems › Poor driving behaviours › Lack of control

Furthermore, this other set of stressors appears to affect families in different ways depending on the existing levels of stress the families are experiencing. Most significantly, they further compound the impacts of existing stressors for those families living in substandard accommodation and yet to resolve home insurance claims, ie they represent a second layer of stress. Families living in unaffected homes and therefore not affected by the stressors associated with resolving earthquake-related insurance claims are affected by these other stressors. Moreover, the impacts can be significant, but in certain respects the impacts are comparatively less because the families are arguably in a better position to address the issues, eg unlikely to be as highly fatigued and/or quite as out of control as those families living in substandard accommodation and yet to resolve home insurance claims.

The remainder of this section details each of the other stressors listed above and explains the impacts on families.

2.4.1 Financial pressures are commonplace

Financial problems can affect any family, but they are particularly problematic for those families living in unhealthy houses and experiencing higher living costs as a result of:

- › increased electricity costs due to the need for more heating or dehumidification

“Our biggest electricity bill has been \$700 for one month. That’s only one month of the winter, the other months were like \$500. Before the earthquakes they were more like \$200. That’s a solid chunk of money we weren’t expecting.”
(Mothers)

- › additional expenses associated with rental accommodation, eg bond payments, rent (when families need to rent alternative accommodation whilst waiting for the family homes to be rebuilt or repaired and their insurance cover is not enough).

Financial pressures can be disempowering and lead to increased family instability.

“We were forced to buy a house before we were ready financially because the rental prices were getting ridiculous. My son has real bad asthma. Prices were going up and we were getting crappier and crappier houses as options to live in. He was sick all winter last year, lost a lot of weight, had to go on nutritional supplements, because we were living in such a damp house. Now we’ve almost doubled our rent to buy a house. The house we were renting went up \$200 a week to rent, after we left it. We had to do it because otherwise we’d be paying the same amount for rent and probably living in a crappier house.”
(Mothers)

Some families simply do not have the necessary finances to pay for counselling services or can only fund a limited amount of support. This occurs regardless of a family’s current housing situation.

“She’s had her free counselling, now what do I do? What are my options? I have no idea. And it’s horrendously expensive. There’s no way I can afford it.”
(Families, dependent children 6–12 years)

As already mentioned, financial pressures can cause relationship problems.

“Financial stress is the worst thing for relationships. Bottom line in all our dealings is the financial outcome of where we’re going to be in a couple of years’ time, if we’re going to be worse off, puts pressure on relationship.”
(Fathers)

2.4.2 Parents and children are having issues with their mental health and wellbeing

“Some things never go away, and you notice that if you’re sitting in the lounge watching television or something and feel a slight tremor, you see the eyes flick up, how bad is this going to be, only a little one, there’s always that wee instant of recognition. It’s never far away from our minds.”
(Families, dependent children 13–17 years)

Children's health and wellbeing as a result of the earthquakes, both now and for the future, is a current and serious concern for many parents and service providers. The main concerns they reported were sleep related (eg disturbance, co-sleeping with parents), behavioural problems at school, separation anxiety, excessive anger and general anxiety.

"[She was] a little anxious after the first earthquakes, but it was actually after the Wellington earthquakes, when she realised it could happen there so it could happen here again."

(Families, dependent children 6-12 years)

"There has also been a lot of co-sleeping with parents and there's been a lot of referrals come through for young children, trying to get children back in their own beds. For me, it is the question of can this be dealt with on a community level or is it clinical level intervention? So there is a bit of a line."

(Service providers)

"We have issues with very tired parents. The daughter is getting up repeatedly at night because she's terrified of the loud noises, which makes everyone tired and grumpy."

(Families, dependent children 6-12 years⁵)

"If there's a loud noise she flinches and covers her head and cries. She makes a horrible whining noise."

(Families, dependent children 6-12 years)

"What we picked up last year... All the little five-year-olds that were coming in were two [years of age] at the time of the quake and their skill base is so different."

(Service providers)

"Or ... it has regressed, because of stress."

(Service providers)

"We have got children that were on the toilet during a quake, and they have associated the toilet with something scary so those skills don't develop for a long time while we build that up."

(Service providers)

Children are becoming stressed during strong, windy weather conditions, if they hear loud noises and even if they hear about earthquakes occurring in other parts of New Zealand. One child has been diagnosed with formication, a stress anxiety disorder whereby the sufferer believes they can feel insects crawling over their body. Service providers supported the reports made by parents and also mentioned they were seeing more children with post-traumatic stress disorder.

"Any loud noises and she won't sleep. She's been awake all night. When we had that wind storm, she didn't sleep. She's always been a bit of an anxious child, not majorly. She never would have stayed awake all night."

(Families, dependent children 6-12 years)

⁵ This particular parent was also employed in the social services sector.

Most parents associated children's mental health issues with children of primary school age (approximately eight to eleven years of age), and there was a perception that it was not happening with younger children, ie those aged 0–5 years. The service providers believed differently; they have noticed a significant increase in developmental delays among children in the 0– to 5–year age range. Moreover, service providers believed that parents experiencing multiple stressors were unable to identify the issues for younger children because they were too tired and stressed.

“When you unpack, it’s not only the children, it’s the parents and how they’re coping; they seem to be feeling they’ve lost their parenting skills. Because in actual fact they’ve got their heads into EQC, CERA and everything else and they can’t focus on parenting any longer.”

(Service providers)

Many parents were very concerned about the potential negative impacts that children's problems might have on their children's futures, including mental health and wellbeing, eg educational attainment, social development and mental health, eg are children more likely to be at risk of suicide in the coming years?

“You’ve got to wonder what the impact of that is early on. I think it’s really worrying. Those early years are so important, with their brain development and everything like that.”

(Families, dependent children 6–12 years)

One parent was extremely worried about her eight-year-old son, who had expressed suicidal thoughts.

The worry and concern for children are leading to fatigue, worry and frustration among parents.

“When parents are that tired, and kids want to go to the park, parents just can’t do it.”

(Families, dependent children 6–12 years)

Moreover, their children's problems are having adverse impacts on parenting behaviours (eg loss of patience, and anger) and the quality of family life through reduced enjoyment and fewer positive experiences. Although children and their parents may demonstrate issues in different ways, their behaviours are linked and each is a reflection of the other.

Many parents either did not know where to seek help in order to recover from mental health issues and lacked the time to investigate, or lacked adequate financial resources to afford the necessary amount of professional help.

“I’m not looking for it, I’m not using the little time that I’ve got when I’m not working or with the family or doing stuff searching for something that I don’t even know what I’m searching for.”

(Families, dependent children 0–5 years)

The research identified a range of barriers and facilitators affecting the likelihood of families actively addressing mental health issues. A list of barriers and facilitators is provided in section 2.5.2.

2.4.3 Increased parental responsibilities

For some families the earthquakes have increased their workloads at home and work. This can have a number of impacts on the families, eg less family time together, and increased parental fatigue and stress.

Some families have taken on greater responsibilities for the care of elderly parents affected by the earthquakes. These can include responsibility for sorting out an elderly relative's house insurance claim.

"I've got an elderly mother who's had to move out of her home initially into a retirement apartment, has now moved into permanent care, but we're dealing with our house damage, and also her damage and contents claims, getting repairs done, moving multiple times, having to actually look after her welfare and other grandparents as well. So you've got your own issues to deal with plus having to deal with those issues as well."

(Families, dependent children 13-17 years)

Various forms of work-related earthquake stressor are putting added pressure on families:

- › Since the earthquakes some parents have had to work longer to make up the shortfall in money required to mitigate increased bills due to the earthquakes, eg electricity, rent, car repairs and petrol.
- › Some parents are having difficulty dealing with normal workplace pressures because of the stress they are experiencing in their personal lives, and in some instances are taking time out to recover.
- › Some parents have an increased workload because their work is connected to the rebuild, eg architects, tradespeople and construction workers.
- › Employees are sometimes required to shift offices or work in buildings that are exposed to a lot of noise and/or other issues.

2.4.4 Driving on Christchurch roads

All parents cited the poor state of Christchurch roads as a current source of frustration and stress. The large number of road works and detours is increasing journey times and causing some drivers to lose patience with other drivers. Road works and poor roads are a particular issue for those residents living in the worst-affected areas of the city.

Road and driving stressors have less significance than most other issues raised in this report; however, they can have a cumulative effect when combined with other stressors. Therefore, they are more likely to be stressors for those families that are already experiencing a range of other problems.

2.4.5 The impacts of non-housing-related stressors

The research suggested that the earthquake-associated stressors unrelated to the housing issue (eg stress and anxiety, excessive alcohol consumption and more restrictive parenting behaviours) can affect families in a number of significant ways.

"I have a wife who can't go without a wine ... Even in the nights she says, 'Don't give me wine tomorrow', she'll just give me a look. She's tired and grumpy in the mornings, she knows she's drunk too much so says it out loud, she admits it."

(Families, dependent children 0-5 years)

As already mentioned, some parents are wary of another substantial earthquake and therefore are less likely to encourage their children to play independently outdoors within close proximity to home. Parents are frightened of not being in close proximity if another earthquake happens.

Service providers reported reluctance among some parents to encourage independent children's activities, and believed this was restricting children's social development.

“They don't have that natural range of social skills developing because their mother, or their parent or their nana or aunty, is right there because a wall could fall on them.”

(Service providers)

Parents are also less likely to engage in physical activities with their children or to encourage them to do so independently due to fatigue related to parental workloads; instead they are more likely to engage in sedentary activities, eg watching television.

“A lot more, and a lot more complete silences. Not out of anger. Too tired, too depressed. To have nice family time is a concerted effort.”

(Families, dependent children 6–12 years)

Some parents reported an increase in their alcohol consumption since the earthquakes.

“I started drinking a lot straight after the earthquakes. I've stopped now. It's quite easy to just polish off a couple of bottles ... My husband said the earthquakes have made me drink.”

(Families, dependent children 0–5 years)

2.5 Facilitators and barriers

In spite of the family difficulties outlined earlier, some families (a minority in our sample) are clearly coping significantly better than others. The research identified a number of facilitators and barriers.

Some families can stand back and reflect on their problems in a positive way.

“My kids' relationships are a lot stronger. They don't fight really at all. They used to fight, they're just very loving and respectful, and it wasn't like that a few years ago. There was a lot of friction. That's great. They've got each other more now.”

(Families, dependent children 13–17 years)

Some families proactively seek solutions to their problems using a variety of methods, the most common being physical/outdoor activity:

Physical/outdoor activity includes:

- › cycling around Christchurch instead of driving
- › increasing the amount of physical activity in the outdoors, eg running, cycling, and shooting in the countryside
- › taking up a physical challenge, eg Catch Fitness 22 event
- › continuing old routines, eg children's weekend sporting activities
- › planting flowers.

Other solution-seeking behaviours are:

- › seeking professional counselling services to deal with children's or own anxiety or relationship issues
- › engaging in more proactive parenting behaviour, eg reprioritising the level of importance given to parenting and spending time with children
- › increasing the amount of family time, eg weekend away, family holiday and outdoor activity
- › being more proactive about relationship with partner
- › taking time out for oneself

- › addressing problems proactively, eg contacting Inland Revenue to negotiate alternative repayment terms due to financial problems
- › getting a dog.

2.5.1 Self-empowerment and the implications for parenting

An analysis of the focus group discussions suggested that self-empowerment plays a significant role in a family's ability to address their own problems.

Individual levels of self-empowerment varied considerably across the families who took part in the focus groups.

"You wouldn't have got me talking in front of strangers, even though I have a social life and talk to people, I wouldn't have opened up. What this earthquake has done, from a bloke's perspective, has just said it's okay to cry, it's okay to feel like crap."

(Families, dependent children 0-5 years)

"My husband is a very private person. No way in hell he'd talk to anyone at work about what's going on at home. And because he's in management, he doesn't even tell them about house issues or anything."

(Families, dependent children 0-5 years)

"I wear a bag on my back as I call it and every bit of stress is a brick and I just throw it in my backpack, which is almost like throwing it out the back of my head. So I can get rid of it, but my backpack's probably the size of the Port Hills."

(Families, dependent children 0-5 years)

These different levels of empowerment can be linked back to the three groups of parents mentioned earlier, who have different levels of awareness and proactivity towards addressing children's psychosocial needs.

The Group One parents, who appear better able to address family problems effectively, also appear to possess a stronger sense of self-empowerment.

"I'm concerned about my daughter's anxiety and whether it's going to be a long-term issue. She's had one round of counselling."

(Families, dependent children 6-12 years)

The Group Two parents, who have some limited awareness of their parental distraction and the negative effects of earthquake-related stressors on their families' way of life and quality of life, and the Group Three parents who have no awareness of this, both appear to have a more limited or no sense of self-empowerment, eg have not accessed any professional help.

"Denial of some things. I can really relate to that, denial. I won't let my mind go there, I'll just handle this today."

(Families, dependent children 13-17 years)

Again, based on our analysis of the group discussions, it appears that self-empowerment can be attributed to a number of factors:

- › Emotional literacy

“I’m accessing as many resources as I can to help. Like counselling, free courses. Last year I phoned IRD [Inland Revenue], and said we’re in the shit, please negate our bill for that year and they did. Anything. Even coming here. Anything I can do to help with the family. Any resources I can tap into. That’s a coping strategy for me.”

(Mothers)

- › Knowledge of and access to relevant supports, eg via church, connections to community groups, known health professionals (eg family member working in health sector) or social media

“I sit on a computer pretty much all day every day. I Google. There’s no resources online that I can find. I try and actively look for stuff. I know my way around a computer; I should be able to find it pretty easily. I can’t find anything. You find something, and it’s so extreme that you’re not quite there.”

(Families, dependent children 6–12 years)

- › Trust in known services, eg through word of mouth, referral from GP
- › Ease of access to services, support and information, eg via workplaces in work time, or direct approaches by support agencies (does not require effort on the part of the parent who is open to obtaining support).

2.5.2 Additional barriers

A number of other practical and emotional barriers that impede families in addressing their problems are detailed in Table 3.

Table 3: Additional barriers impeding families in addressing issues resulting from the earthquakes

Impacts of stressors on family life	Additional barriers impeding resolution of family problems	
	Practical	Emotional
<ul style="list-style-type: none"> › Children’s impaired social development and mental health issues, eg bedwetting, sleep problems, fatigue, anger, anxiety › Fatigue (children and adults) › Loss of family leisure time/fun › Lack of active parenting › Adult mental health issues, eg anxiety, depression (hopelessness and despair) › Anger (especially males) › Relationship problems, including lack of communication (resulting in silent tension and arguments) › Relationship breakdowns › Greater isolation/less family and community connection 	<ul style="list-style-type: none"> › Limited spare time (due to lengthy time needed to resolve home insurance claims, work etc) › Worn out, inability to think clearly and logically, loss of hope, and despair › Financial restrictions › Ease of access to available service provision, eg lack of awareness, limited availability, poor previous experiences (off-putting) 	<ul style="list-style-type: none"> › Lack of knowledge of and skills and experience in dealing with these sorts of issue › Stigma associated with mental health issues – reduces likelihood of seeking help › A belief among parents that they need to appear strong for everyone else in the family (own needs considered less important and can carry negative connotations of weakness)

Service providers believed that the lack of funded access to family support was impeding engagement with their services.

“We continue in the NGO [non-government organisation] sector to plug away at it and try to do the best that we can at a community level. We have capacity issues within the NGO sector, I know of several agencies who have three- to five-month waiting lists and families can’t access services when they need to at the time. It’s not always about pouring money into situations; however, it’s about having enough money for people to do their jobs in a fruitful way.”
(Service providers)

Parents also raised the issue of barriers to accessing services.

“I went to a doctor because she was keeping us awake ... He was wonderful. He gave me a phone number, unfortunately they were completely booked up for at least six weeks, minimum wait, but they gave me another number. It took about five goes until I found someone that could see her that week. That was September last year, and now with the wind, her anxiety has come back.”

(Families, dependent children 6–12 years)

2.6 Meeting the needs of vulnerable families: developing and delivering effective services, support and information

This section of the report identifies the key service, support and information requirements of Christchurch families currently struggling to deal with the impacts of earthquake-related stressors. The information provided encompasses services (including information and support) and delivery channels (referral pathways, access points and communication). The information contained in this section comes directly from the focus group discussions and a subsequent analysis of those discussions.

In writing this section of the report, we have sought to address the earlier highlighted issues underlying proactive and reactive parenting behaviours, as well as the facilitators and barriers.

2.6.1 The need for support varies across families

The needs of families for help and support vary according to both the nature of their current situations and its level of severity:

- › Families currently living in damaged homes need a greater level of help and support due to multiple stressors and complex family situations.
- › Other families, especially those dealing with stressors unrelated to living in damaged homes, need relatively fewer interventions overall and their needs tend to be much more specific, eg the main need for some parents might be to do with relationship problems, whereas for others it may be about anger management.
- › Men are more likely to need help specifically to address anger issues.
- › Women are more likely to need help specifically to address depression.

2.6.2 Specific issues for families with multiple stressors and complex needs

The families most affected by the earthquakes need support to address a range of specific but complex and dynamic issues:

- › Resolving earthquake-related home insurance claims
- › Fatigue
- › Mental health problems, eg depression
- › Anger
- › Relationship problems
- › Parenting advice for families where children have emotional issues due to the earthquakes
- › Alcohol consumption.

2.6.3 The nature of support and services for families with multiple needs and complex issues

The following support and service needs have been identified based on our analysis of the focus group discussions with families and service providers:

- › Intensive support is needed because the parents are worn out both physically and mentally, eg a wrap-around service.
- › Most parents are unsure how to address their problems and would welcome the support of professionals with expertise in psychosocial recovery and families; to listen to their concerns, non-judgementally, list their needs and formulate recovery plans.

“To me you’d have someone who knew exactly what you wanted, who could almost be your voice. You’re not strong enough emotionally to deal with it, but if you had that one person with you who could try to solve that problem.”
(Families, dependent children 13-17 years)

“If you don’t know if you need to see the doctor or the builder or the lawyer you’re really stuck. You’re going in circles.”
(Families, dependent children 13-17 years)

“It’s like going down to the library at the information racks. And you’re never quite sure unless you pick up every information sheet and read right through it. You end up just giving up. Too much information.”
(Families, dependent children 13-17 years)

The issue of families not knowing where to start addressing their issues was echoed by service providers.

“One of the things that he thought was really good ... he actually had a support worker from Southern Response come to meetings with him or come to meetings with them at Southern Response, and apparently that was the shift because there was someone sitting there that wasn’t insurance, EQC or anything else, but a support person who understood that process and could take that walk with him on that. That made a shift for him.”
(Service providers)

- › Services, support and information need to be taken directly to these particular families and be available from within their communities, because they are too worn out and time poor to be proactive.
- › A combination of door knockers and support that links in with existing structures (eg schools⁶, early years education providers, community and/or church-based groups) will increase accessibility and help to engender a sense of trust.

“I would really want someone to knock on my door, sit down, and actually work out what is going on in my specific family situation, and just actually address every single thing. Just actually seeing. A service provider perhaps, not necessarily doing it all for us, but that conversation of listening.”
(Families, dependent children 13-17 years)

⁶ Service providers and parents raised concerns about the wellbeing of some teachers (and health professionals). They felt that some teachers were emotionally and physically worn out and had little more capacity to give because of the demands for their support by local families since the earthquakes.

“It’s something ... you could have people going around, asking mums, is there anything you need access to? Are there any services? It’s more of a manpower thing, but sometimes the only way to reach people is to actually go to their homes. That’s why I’m here tonight, someone knocking on my door, and here we are.”

(Families, dependent children 0–5 years)

- › The issue of relationship/marriage problems is a sensitive topic, and not one that adults want to discuss with strangers who have knocked on their doors; however, it is something they would be willing to discuss once relationships with service providers have been formed.

“You certainly don’t want someone knocking on your door asking if you have a relationship problem.”

(Families, dependent children 13–17 years)

- › To be empowered, families need to feel a sense of ownership and control over the services, support and information from the ‘bottom up’ rather than ‘top down’⁷. Connecting with other families that are experiencing the same issues can provide that.

“That sense we’re all together in it, a bit of an ease from your day-to-day life when things may not be changing or getting better but you can share a meal, have a laugh, be together, and a change of scene.”

(Families, dependent children 13–17 years)

“Parents love having other parents around, and say, ‘Ah I’m not the only one going through this!’”

(Service providers)

- › Both families and service providers agreed that having an opportunity to share one’s own story with other people in the same situation helps to engender a sense of support and trust, hence acting as a catalyst for one to start talking about one’s feelings and to gain comfort.

“You also sometimes would get more out of being with other people than you can just out of a counsellor because everyone’s been through things differently, but sometimes you can pick up, by being in a group situation, pick up a little snippet here, whereas counsellors often won’t have been through any of that, so they can hear it all, but hearing and experiencing are two totally different things.”

(Families, dependent children 13–17 years)

“It’s a relationship you can trust. It’s reliable, it’s free. It feels good. It improves your family.”

(Service providers)

“Our neighbourhood in Shirley is looking after itself and each other. Since the last flood there’s this unofficial network that makes sure no elderly person is unchecked, or people with young babies. Everybody gets looked in on. That’s happened informally, and by itself. And if we can find a way of replicating that.”

(Service providers)

- › The workplace is also considered a local community of sorts, and some parents (not all) said they would find it helpful to access support via their workplaces, especially if it could be provided during work hours and free of charge.

⁷ Bottom up means service delivery comes from within the local community. Top down refers to it coming from a central point, eg government.

“You’re going there anyway, so it’s not a difficulty. I didn’t have to look for it. It wasn’t a resource I had to find.”
(Families, dependent children 0–5 years)

- › If support cannot be taken to families, the next best alternative is some kind of community-based hub or one-stop shop.
- › There needs to be a financial element to support; to meet practical needs and to increase access to support services, eg free access to counselling. Moreover, funding levels need to be adequate so they can support families with significant and complex problems.

“With the flooding, they just offered us a grant which ended up being really practical. I lost my car for two months. When your policy doesn’t cover a rental, to actually have some practical financial assistance for all the things you didn’t count on.”
(Families, dependent children 13–17 years)

Parents felt that informal channels that use existing structures would have the greatest impact in terms of triggering word-of-mouth referrals. They wanted the support to feel genuine and natural, not a ‘hard sell’, and were more likely to trust people with whom there were established relationships.

“You trust your friend is going to tell you the truth. And even if it’s a Facebook friend you’ve never met you still trust they’re going to tell you the truth.”
(Mothers)

“There is not always a solution immediately but we are part of the community and people feel that there are other people listening and we can offer real, practical solutions.”
(Service providers)

Referrals need to involve trusted sources, eg GPs, schools or churches. Service providers also identified the significant role that schools play.

“That’s one area that most parents trust – the school. They all have a connection to that school. They may not like or feel a bit inept in going to the school but they will trust the school process, the framework of the school.”
(Service providers)

Parents already perceived social media as a significant point of reference and discussions about issues relating to unresolved home insurance claims. Many parents actively engage with websites (eg Facebook and Trade Me Community) with a specific focus on the issues of earthquake-related home insurance claims, eg the TC3 Residents Group, Flockton Residents Action Group. These types of website and their content are trusted because they originate from people who have common problems and therefore are expected to be able to understand the issues.

0800 numbers tend to be a secondary consideration as they require a proactive stance, and many families that are struggling at the moment do not have the spare energy and/or clarity of purpose to be proactive.

Service providers also mentioned traditional media channels such as television, radio, newspaper, billboards and bus advertising, but they largely dismissed mass media because of the cost versus perceived lack of return. The parents did not specifically mention mass media channels; however, one mother did mention the All Right? social marketing campaign⁸ but felt it was not targeted at families with the most extreme problems.

Many parents found the focus group experience quite cathartic in itself and appreciated the opportunity to share their stories with other similar people; being listened to and providing a channel through which other people could benefit in the same way.

“Like tonight, you got to hear about other people’s stories, how they responded, it was positive.”

(Families, dependent children 0-5 years)

Some parents are also reaching out through Facebook in the same way. The concept of informal group meetings may be one that could be developed and offered to parents.

In addition to this, the support should aim to:

- › provide parents with both leadership and inspiration to be the kind of parents they want to be

“I would need something to be very obvious and inspirational and just right there.”

(Families, dependent children 6-12 years)

- › offer some light relief using humour and entertainment, eg Nigel Latta type events
- › give parents opportunities to spend time with their partners (if applicable) away from the children.

Finally, these families need a service that helps to settle their home insurance claims. This needs to be from a continuous, single point of contact and the support personnel need to have empathy with the individuals they are helping.

Families’ specific information needs, based on our assessment of the information they shared in the focus groups, are detailed in Table 4.

⁸ Launched in 2012, the All Right? social marketing campaign is about ensuring that wellbeing is at the heart of the recovery for the residents of greater Christchurch. It is designed to help people think about their mental health and wellbeing. Moreover, it is about helping people realise that they’re not alone, encouraging them to connect with others, and supporting them to boost their wellbeing. The campaign is a Healthy Christchurch project that is being led by the Mental Health Foundation and the Canterbury District Health Board.

Table 4: Specific information needs for families experiencing complex multiple stressors

Identified need	Specific information needs
<ul style="list-style-type: none"> › Parents are distracted from meeting their children’s mental health needs 	<ul style="list-style-type: none"> › Some children are developing mental health issues as a result of their experiences of the Christchurch earthquakes › Parents play an important role in their children’s physical, mental and social development › Parents need to report unusual children’s behaviours to their family GPs › Left untreated, relatively minor issues can develop into more serious problems in later life › If you notice your children acting differently or you are worried about their mental health, the best thing you can do is talk to your family GP
<ul style="list-style-type: none"> › Children’s mental health and social development are impaired 	<ul style="list-style-type: none"> › Some children are developing mental health issues as a result of their experiences of the Christchurch earthquakes › These issues can include excessive anxiety, bedwetting and sleeping problems › Children’s mental health issues need to be addressed promptly (reasons for this outlined in previous section 2.5.2 Table 3)
<ul style="list-style-type: none"> › Some parents are distracted from meeting their children’s physical health needs 	<ul style="list-style-type: none"> › It is important to meet children’s needs for oral hygiene, health eating, physical activity etc
<ul style="list-style-type: none"> › Parents are less likely to encourage independent activity outdoors due to fears for their children’s safety 	<ul style="list-style-type: none"> › It may not be easy to let children out of your sight or outdoors to play when you are worried about their safety, but it is important to do so (reasons for this outlined in previous section 2.5.2 Table 3)

2.6.4 Meeting the needs of families with less complex needs

Families not affected by complex, multiple issues relating to housing issues generally tend to have more limited needs for service, support and information. Moreover, their needs tend to be about specific issues:

- › Anxiety (children and adults)
- › Parenting advice for families where children have emotional issues due to the earthquakes
- › Taking care of mental health and wellbeing (a reminder of the importance and addressing issues such as excessive alcohol consumption).

These families also need financial assistance in order to access services, support and information.

2.6.5 The nature of service delivery for families with less complex needs

The support for families with less complex needs can be more discretionary compared with that for parents with complex needs.

“Those evenings, where you can go along if you want to.”
(Families, dependent children 13-17 years)

These families need to feel they are not alone in their problems and that support is available, and shown how to access the support (if they want to).

“I think what would be useful would be for parents to know what is a normal reaction and what is abnormal and when they need to seek help and where they can go to get help.”
(Families, dependent children 6-12 years)

The support needs to address general issues such as mental health and wellbeing and specific issues about parenting for families still anxious about earthquakes. Some support (not all) needs to be available locally so that families can access it easily and fit it into their busy lives.

Mass media advertising does have some relevance for these families, particularly in terms of general awareness-raising about the key issues identified for them, eg the All Right? social marketing campaign.

“TV campaigns make a big difference to those sorts of things. Mental health, family violence.”
(Families, dependent children 0-5 years)

Key access points within communities are schools, pre-schools and Plunket.

The workplace is an appropriate setting in which to deliver services, support and information for the same reasons as detailed earlier for the other family group.

Posters and leaflets at doctors' practices and a website with a directory of support agencies are desirable.

Specific information needs are outlined in Table 5.

Table 5: Specific information needs for families experiencing less complex problems

Identified need	Specific information needs
People in Christchurch need to look after their mental health and wellbeing	<ul style="list-style-type: none"> › It is normal for people (adults and children) to develop issues with their health and wellbeing as a result of their experiences of the Christchurch earthquakes › Issues vary and include fatigue, excessive anxiety, anger, low moods, depression, relationship problems and changes in children's behaviour › Provide individuals with the rationale for why they need to look after their mental health and wellbeing

Educational events that use light humour and an engaging style of entertainment are of interest to these families, eg Nigel Latta type events. The other family group is also interested in these.

These parents would also value a directory of support services specifically aimed at families in their types of current situation. Service providers reiterated this.

“They need to know where to go for certain services, awareness of what is out there. As a worker I still don’t know what is out there. It sort of comes and goes; it’s hard to keep up to date.”
(Service providers)

“I have thought about since then, how helpful it might have been to have a folder of information, because you’ve got a lot of really good information coming through the letterbox, a pamphlet, a flyer, a leaflet, a document from the Government or whatever. Wouldn’t it be great to have it in one place? I know that’s a massive undertaking by whomever. A directory of help would be great, because you have to try to figure out who would be the best approach, and you might not know about someone who might have been even better.”
(Families, dependent children 0-5 years)

Appendix 1

Research objectives

The overall objective for this research was:

To identify in-depth insights around the kinds of services, support and information that target families need to assist psychosocial recovery, and effective channels, access points and referral pathways to reach them.

Specific areas of questioning in the general public focus groups were:

- › to uncover, explore and understand the needs of the target group specifically in terms of the current stressors
- › to identify and examine the impacts that the identified stressors are currently having on family life and quality of family life
- › to establish what level of awareness and understanding there is among parents and caregivers of services aimed at supporting them
- › to explore and understand attitudes towards current services, support and information
- › to identify the facilitators and barriers to accessing support services
- › to identify requirements in terms of services, support and information provision and determine any apparent gaps
- › to identify effective channels, access points and referral pathways.

Specific areas of questioning in the service provider focus groups were:

- › to identify the types of family issue that service providers are dealing with, the types of family currently accessing support and services, and the extent to which service providers are seeing the same sorts of issues identified by families in the general public focus groups
- › to explore with service providers what services, support and information should ideally look like
- › to explore with service providers the most effective referral pathways, access points and communication channels.

The full discussion guides are appended.

Appendix 2

Methodology

This research employed a qualitative approach and comprised a series of group discussions involving parents and service providers. It focused specifically on Christchurch families who are currently experiencing one or more stressors as a result of the earthquakes, are in paid employment (at least one in the household employed), own their own homes and are on incomes less than \$120,000 per annum. Essentially these are people who in 'normal' times are less likely to access services and support from beyond the family but, because of the stressors resulting from the earthquakes, may now need to connect with those services and support but are inexperienced in doing so. The research excluded parents who currently receive some form of state benefit because considerable evidence already exists about their attitudes and behaviour with regards to accessing services and support. The aim of this research was to gather new information about a group about whom it was felt little is currently known.

A range of stressors was identified as relevant to the sample: housing, education, relationships, mental health, financial and childhood/behavioural.

In addition to the above sample criteria, we selected parents on the basis of whether they considered themselves at the time of the research to be coping or not coping with their current sets of circumstances. Given that the research was focused on uncovering and exploring the needs of parents who currently have issues, we weighted the sample towards the latter. We used questions from the CERA Wellbeing Survey to help identify copers and non-copers at the recruitment stage.

The duration of the group discussions with parents ranged between two and two and a half hours and they took place in an informal-style meeting room at the offices of Opinions Market Research (Opinions) in central Christchurch. Most groups comprised 6 to 10 participants, but one had only five⁹. The service provider focus group comprised seven individuals from a range of charitable organisations and NGOs operating out of greater Christchurch.

The mainstream general public focus group discussions, including the one with service providers, were moderated, analysed and reported by a specialist qualitative researcher at Opinions. The Māori whānau and service providers' focus groups were moderated, analysed and reported by an independent Māori researcher working in collaboration with Opinions. The group discussions took place between 19 May and 12 June 2014.

For ethical reasons the participants were provided with a support sheet detailing a list of health- and wellbeing-oriented professional service contacts at the end of the group discussion.

The discussions were audio recorded and subsequently transcribed for the purposes of coding.

⁹ This was the group of fathers. Fathers proved particularly difficult to recruit, which in itself is significant.

Appendix 3

Sample

In total, six group discussions were conducted. Five focus groups were carried out with members of the general public and one with Māori whānau; these findings are reported separately.

A further two focus groups were conducted with service providers in order to uncover what they are noticing among the types of family represented in the general public focus groups and to identify and explore the most suitable types of service approach, information and delivery channel for these particular families. One of the service provider groups comprised mainstream providers and the other one comprised Māori-specific service providers. Again, the findings from the Māori service provider focus group are reported separately.

The general public participants were randomly recruited from various locations throughout Christchurch via a mix of on-street face to face (eg outside PAK'nSAVE Wainoni Road)¹⁰ and telephone networking. A number of attitudinal and behavioural criteria¹¹ were used to select the general public sample:

- › Parents with dependent children aged between 0 and 17 years
- › Home owners
- › Males and females
- › Aged 25–54 years
- › A mix of ethnicities
- › Currently in full- or part-time paid employment or unpaid looking after children
- › Incomes less than \$120, 000 per annum
- › Currently experiencing difficulties attributable to the Christchurch earthquakes, eg problems resolving home insurance claims, children's behavioural issues, relationship problems and financial difficulty
- › Most self-classified as not coping 'very' or 'at all well' with their current set of circumstances due to the earthquakes (an additional one or two participants per group self-classified as coping 'all right' and were included in the focus groups to allow for the opportunity to identify coping facilitators).

The focus groups comprised between 6 and 10¹² participants and each lasted for between two and two and a half hours. The group discussions were semi-structured to provide the opportunity to delve deeper into areas of interest and relevance to the research objectives, and were based on a discussion guide approved by the Families Commission.

The mainstream service provider focus group comprised seven participants and the Māori service provider group had five people in attendance. In both focus groups service providers represented a range of charitable organisations and NGOs from greater Christchurch. The findings from the service provider focus group have been incorporated into the document as and when they are applicable.

¹⁰ Permission was sought from and granted by the supermarket management.

¹¹ The CERA Wellbeing Survey informed the selection of questions in the recruitment process.

¹² The fathers group comprised five participants.

The general public group structures were as follows:

Focus group no:	Individual criteria	General criteria
1	<ul style="list-style-type: none"> › Dependent children aged 0–5 years living in the household › Male and female 	<ul style="list-style-type: none"> › Parents/Caregivers aged 25–54 years › Dependent children living in the household › Household income <\$120,000 per annum › *Home owners (including some with experience of having relocated households due to earthquake issues and/or for whom the temporary accommodation finance expired prior to their re-entering their permanent home) › Living TC3 or temporary accommodation › All with experience of psychosocial difficulties since the earthquakes, eg housing, employment/income, health and wellbeing (parents and/or children) › Two or three parents/caregivers (per group) who feel they are coping (based on attitudinal statements taken from the CERA Wellbeing Survey) › One or two parents for whom their faith is an important part of everyday life
2	<ul style="list-style-type: none"> › Dependent children aged 5–12 years living in the household › Male and female 	
3	<ul style="list-style-type: none"> › Dependent children aged 13–17 years living in the household › Male and female 	
4	<ul style="list-style-type: none"> › Mothers/Female caregivers › Dependent children aged 0–17 years living in the household 	
5	<ul style="list-style-type: none"> › Fathers/Male caregivers › Dependent children aged 0–17 years living in the household 	
6	<ul style="list-style-type: none"> › Māori whānau › Dependent children aged 0–17 years living in the household <p>*Home ownership was deemed non-applicable for this group</p>	

The service provider group structures were as follows:

Focus group no:	Individual criteria	General criteria
1	› Māori whānau service providers	<ul style="list-style-type: none"> › NGOs, community groups, church based › Representative of a wide range of service delivery channels, eg 0800 number, website, drop-in, referral
2	› Mainstream service providers	



MĀORI FOCUS GROUP
RESEARCH: SERVICES AND
SUPPORT FOR WHĀNAU
IN CHRISTCHURCH

1. Introduction and background

This report documents the findings of one Māori whānau focus group and one Māori service provider focus group conducted by Opinions Market Research on behalf of the New Zealand Families Commission.

The main aim of this research was to identify in-depth insights around the types of service, support and information needed by Māori families in Christchurch currently negatively affected by the earthquakes, to assist their psychosocial recovery and to identify effective channels, access points and referral pathways to reach them.

The focus group research is intended to complement other research activities of the New Zealand Families Commission, which include an environmental scan of current services and an analysis of the Christchurch Earthquake Recovery Authority (CERA) Wellbeing Survey data for this group.

Furthermore, the focus groups were intended to provide a collective personal narrative as to what has worked and what has not for the selected group of Christchurch residents, including from the perspectives of those providing services to these people.

2. Sample structure

The Māori whānau group participants were identified through existing formal and informal networks. Owing to the structure of the local Māori community and the small sample required for the project, this was the best approach to get a good cross-section included in the sample.

Issues such as limited focus groups, a feeling of being over researched/surveyed, and the location and timing of the one group held prevented a representation reflective of the diversity of the Māori community. A larger sample would have been preferred in order to provide a comprehensive picture.

The Māori whānau sample was open to home owners as well as long-term renters, as the majority of Māori in Canterbury are not home owners and it was important to recognise this in order to provide the best picture of the Māori experience.

It is important also to recognise that Māori realities are diverse and therefore the information gathered is largely indicative of the experience of participants on the day.

Focus group	Sample structure
Whānau group	<p>Eight participants</p> <p>Female</p> <p>Aged 24–55</p> <p>Seven long-term renters</p> <p>One home owner</p>
Māori service provider group	<p>Five participants from:</p> <ol style="list-style-type: none"> 1. Māori mental health non-government organisation (NGO) services for adults, teens and children, Whānau Ora – support to whānau with the Whānau Integration, Innovation and Engagement Fund 2. Māori health provider, Tamariki Ora Well Child Services, Kaitoko Whānau provider – earthquake support, mobile nurses for 18 years and up, outreach immunisation, PAFT – Parents as First Teachers, Kaumatua Services – older people’s service, breastfeeding services 3. Māori service provider, nutrition, physical activity, employment and transition from the Department of Corrections, community support and Kaitoko Whānau services 4. Parliamentary support for Rino Tirikatene, Constituent Case Manager, Kaitoko Whānau 5. Clinical co-ordinator of an NGO collective, supporting NGOs to provide best service, best practice

3. Main research findings

This section identifies the main findings of the focus groups conducted firstly with a Māori whānau group and secondly a Māori service providers group. The information gained is limited due to the small sample size interviewed, and the amount of data gathered does not give the most complete picture of the Māori community nor the picture of actual need. It is, however, a small glimpse of what some areas of the Māori community are experiencing.

What was abundantly clear throughout all the participants' korero was that issues with housing and accommodation are the main stressors for this community and have been for most of the nearly four years since the first earthquake in September 2010. They were the key theme for whānau group members and Māori service providers alike.

There is a simmering frustration that little is being done and that obvious solutions are not being used. Both the whānau and service provider groups showed similar themes, these being that unless the housing and accommodation issues are addressed, whānau will continue to be unwell emotionally, physically and mentally.

3.1 Identification of current stressors

The report begins by providing a context and a background for understanding the services and support that the Māori whānau interviewed need in order to assist with their psychosocial recovery. The report uses both whānau group and service provider data to compare and contrast and in many cases highlight the similarities in experienced and observed needs.

The report identifies and describes the range of stressors these Māori whānau are currently experiencing. The report also looks at the ways in which the whānau have coped with these stressors, and what current attitudes and behaviours are present in terms of addressing these issues.

Finally the report examines the whānau group's experience of the delivery of services to support families currently affected by the earthquakes, alongside how effective Māori service providers see their services and where they could be supported to be more responsive to the needs of their communities.

3.1.1 Current family stressors: understanding the needs of whānau

This section identifies the key stressors for the participants of the Māori whānau focus group resulting from the Canterbury earthquakes that are negatively affecting family life and quality of life:

- › Housing- and accommodation-related stressors – financial and emotional strain primarily related to housing: stability of tenancy, affordability, delays in repairs, access to and around their properties, and landlord responsiveness
- › Communal living/lack of privacy
- › Getting around the city/road works, extended travel times, detours, delays in repair and road cone fatigue
- › Teenagers bored and moody as nowhere to socialise and/or be active
- › Guilt associated with watching children have 'life experiences' they might not otherwise have had
- › Lack of security for children, leading to behaviour issues and learning difficulties
- › Previous life issues being triggered
- › Struggle with supporting the 'self'.

Most of these stressors are not different from the pre-earthquake pressures normally experienced by whānau; they are, however, intensified as a result of the quakes and others are completely new. What is also clear is that there are often multiple stressors experienced by all participants. It is nearly impossible to talk about one issue without others being layered with it and as such this report is written simply to encompass the poignancy of the struggles faced by whānau and observed by service providers in this post-quake environment.

The key issue arising for these whānau is clearly the broader issue of housing, and stress around the stability of tenancy, cost/cost-prohibitive rent, and a lack of choice and control over living arrangements.

It is also important to recognise that the overcrowding and privacy issues were key issues, and even though this is not uncommon in Māori whānau, the loss of self-determination over living in this way on a short-, medium- or long-term basis was where the frustration was triggered.

3.1.1.1 Housing- and accommodation-related stressors

Many Māori whānau are experiencing significant stress related to housing and accommodation, particularly suitable, affordable and stable rental accommodation. The majority of Māori in Canterbury are not home owners. This group was indicative of that, having just one participant who was a home owner; the rest were long-term renters.

Service providers observed similar issues for their whānau/clients that related to difficulties in accessing housing. This group spoke of numerous cases where whānau were feeling desperate and living in desperate conditions. Again the majority of whānau with which these services work are renters.

Both whānau and service providers felt frustration when attempting to access support from mainstream organisations and there was a theme of differential treatment over the allocation of available support.

“Someone suggested Work and Income, and of course I didn’t really want to go there, but we thought hey why not let’s check and see what’s happening there. But yeah we were kinda treated like well you work, this service is really only for those on benefits, this is what the attitude was that we got.”
(Whānau group)

Housing and accommodation issues were:

- › financial strain – access to affordable housing, loss of work or change of income
- › emotional strain – instability of tenancy, affordability, delays in repairs, access to and around their properties, and a lack of landlord responsiveness
- › overcrowding and lack of privacy
- › reduced choices about geographical locations in which to live, displacement from suburbs that were ‘home’
- › living in damaged and unhealthy homes, lack of suitable housing.

Within the whānau group there was financial strain relating to the expense of relocation, storage whilst repairs were being carried out, loss of tenancy due to repairs and increased rent costs. This inevitably had an effect on relationships between partners, and on children who were experiencing multiple shifts from house to house.

“We are going through quite an emotional time at the moment because we got removal company in and they went bust. So um our stuff is we have just tracked down to all secure in Hornby. We didn’t know that they hadn’t been paying them so we paid them up front and have to pay more money because they are holding our 40-foot container full of our things, so that’s quite emotional. I’m not too worried about the material things, but it’s more I’ve got photo albums and the

kids' certificate folders from when they were first at school so it's more that and I'm a bit on edge. as I can't do anything about it 'cos it's in my partner's name so he's dealing with it, he's getting quite stressed out about it so that's putting quite a strain on us to. That's just another thing."

(Whānau group)

"... this is actually the third place we've been in this year 'cos the house we started living in together needed EQC repairs and we got forced to leave. They said, you know, you could come back, but then told us a week later after only giving us two weeks' notice that actually they were going to sell it as soon as the repairs were done, so that was pretty stressful and we bounced through two or three houses and we're finally settled in a place now, But that took over a year of trying to find a place and stuff, and that was quite a big struggle."

(Whānau group)

Some families were living in overcrowded situations for extended periods of time as repairs took much longer than expected. Some of the whānau even found themselves having to split up to accommodate the changes to their lives as a result of displacements from their whānau dwellings.

"We only took three of the children, my two older boys didn't want to come so one went with his dad to Australia and the other stayed with my grandparents, my parents, his grandparents who their house was fine, they lived over in Hoon Hay. So that broke us up."

(Whānau group)

A number of the participants spoke of frustration relating to dealing with homes that were damaged and the subsequent issues with having to learn to live in altered environments that was made harder by unrepaired damage:

- › Not being able to heat homes sufficiently because of new gaps/cracks, draughts and warped doorframes/doors
- › Not being able to access property successfully due to driveway issues
- › Road works blocking access for prolonged periods
- › Flooding – land had dropped and experiencing new and severe flooding issues when it rained.

Service providers spoke at length about working with whānau who had to find accommodation or turn to living in cars, tents or under playground equipment, and whānau who were forced to live in damaged and unhealthy homes, and described in detail some homes so badly infested with mould and damp that they felt they were just waiting for SUDI (sudden unexplained death of an infant) cases to eventuate, and young single mums being unable to access rental accommodation due to discrimination and/or new Housing New Zealand (HNZ) criteria that effectively excluded many from eligibility for housing.

"... one of our nurses and I had to go into one [house] in order to advocate to HNZ for a home. I opened up the door and quite frankly the dampness and the black mould that was present, and it's very much a reality with a number of our earthquake-affected houses. This was a private rental company, and what they were charging for that house, I could barely breathe, mother, baby, toddler, six-year-old, all sleeping in the living area 'cos that was the only place she could endeavour to keep warm; it was cold, you could see that she tried to scrub the mould off, fearlessly, with Janola and everything else all through the other rooms, you could barely breathe, and you know, here is a recipe for cot death, right there right then."

(Service provider group)

3.1.2 The impacts of earthquake stressors on whānau

Within the group there were a number of impacts on the whānau, mainly related to the living arrangements and how they had impacts emotionally on the children and the parents' relationships. All participants had coped reasonably well or had positive attitudes towards the impacts on their families. Most of the participants had strong support in terms of whānau and/or church. Whānau played a big role for all the participants, whether their whānau were present in the city or elsewhere in the country.

- › Parental guilt associated with being unable to prevent children having 'life experiences' they might not otherwise have had
- › Lack of security for children leading to behaviour issues and learning difficulties
- › Previous life issues being triggered
- › Struggle with supporting the 'self'
- › Teenagers bored and moody as nowhere to socialise or be active
- › Increased alcohol and drugs
- › Violence
- › Prostitution

A number of the whānau group talked about the guilt they experienced watching their children go through life-changing experiences and having views on the world that they would not otherwise have had, and knowing things they wouldn't otherwise have known, particularly around housing issues and insurance.

"But yeah, they know sooo much about process now and about the house process and, you know, what has to be done. How they jack up the foundations and stuff. I sit there sometimes and listen to the eight-year-old talk about, you know, insurance policies and all that sort of thing, and think she shouldn't know about this at this point. But it's just a fact of life."

(Whānau group)

The conversation also included one family member whose son was struggling so much to deal with constant change that he had developed anger and learning issues at school. The school was supportive around both issues; however, when learning difficulties were finally diagnosed through an expensive external assessment process, the family felt very frustrated that they were left with a diagnosis but no support or pathway forward, and any support they knew of was cost prohibitive. The child continues to have high levels of frustration in trying to adjust to his diagnosis, including feeling dumb. They are left with a feeling of helplessness because they don't know where to go or what to do for their son.

Others talked about their teenagers being bored, moody. There was nowhere left for them to socialise and the places that were available were generally overcrowded. Others spoke of family members who just left town. Most of the participants had left town at some point and returned after varying degrees of time away.

Two whānau spoke of having to split up their families in order to cope with accommodation issues. This had been emotionally stressful as they had had no other options at that time. Both whānau had been able to find solutions, but there was clearly strain as a result of the lack of control over their housing situations.

“We found our house the day before we had to move (it was on FB [Facebook]), I just initially rung the storage company to get everything restored and I was going to live out at Rangiora and Jill was going to live in town with her mother and the kids. 'Cos there was no other way we all could all be together, we found out at 11 o'clock the day before. So everything went from we need to get this wrapped for storage to let's just put it in the car and get it around there. 'Cos all of a sudden we have a house to go to, the timeframes are ridiculous.”
(Whānau group)

“So yeah we stayed in Nelson for 10 months and came back. My son was only meant to go to Australia for a couple of months but they ended up living there for two years. So that was really big and yeah it took a lot for me to let him stay there with his dad because he just kept saying there was nothing here for him any more.”
(Whānau group)

The whānau group members on the whole seemed to have coping mechanisms or informal support structures in place. They all seemed to have positive attitudes to the difficulties they had or were facing. In contrast, the service providers, who work with a much wider range of the community, were hugely concerned for the ongoing stress and inequitable struggles their clients were experiencing and spoke of the increase in drug and alcohol consumption, particularly 'synthetics', and the increased violence that accompanied the great stress experienced by whānau when constantly struggling to get basic needs addressed for themselves and their whānau. Service providers also mentioned that they were seeing young women and some children turning to prostitution to either put food on the table or supply new 'synthetics' addictions.

Other themes were people experiencing distress when previous life experiences or issues were triggered as a result of the extra layers of stress caused by the earthquakes, and also how they struggled with support for themselves. One participant talked about how fortunate she was to be able to access support services such as counselling through her workplace employee assistance programme (EAP) and that she accessed it willingly, and how helpful it was for her to have that ability.

4. Meeting the needs of vulnerable whānau: developing and delivering effective services, support and information

What we know is that Māori do not generally access services until health or wellbeing issues are at an advanced stage.

There are a number of issues surrounding why whānau do not access support until their situations are well deteriorated. There is a reticence in the Māori population around asking for support and accessing services, particularly health services. Many Māori experience mistrust for health and social service providers. These historical patterns of mistrust are due to culturally inappropriate services and service providers, and programmes that are aiming to service Māori whānau that haven't been set up to address the 'actual need'. Discrimination and judgement are high on the list of barriers. Continuing disparities in Māori health and wellbeing statistics quite clearly indicate that the current systems of service support are not successful in engaging well with Māori whānau.

The common thread in both the whānau group and the service provider group was that in order for services to be accepted and utilised by whānau affected here in Christchurch, they need to be trusted by the community that they are created to serve.

Whānau talked about the need for services to be community based, mobile and accessible. Services needed to be able to be multifaceted or have the ability to work collaboratively with each other in order to address the multiple issues or layers that people and/or whānau present with.

There was common agreement that there is never just one issue that needs addressing, but often multiple issues, and services need to be flexible enough to pick up these whānau and support them or refer them effectively to other services that can support the range of issues that are present.

Even more importantly, both groups talked about how integral the people employed within those services were. If the staff were approachable, trustworthy and known to the community they were much more likely to build meaningful relationships with whānau and therefore whānau would feel safe to access their services and support.

4.1 Attitudes and behaviour towards actively addressing whānau issues

The majority of the participants in the whānau group had good support through either family and friends or wider networks like churches; those who didn't spoke of their sadness for the lack of it or of their children or siblings not being as accessible as they would have liked them to be. All of the participants were involved immediately post-earthquake in door knocking to check on neighbours or were part of other caring and sharing activities.

Being connected with their family, friends or church and/or having some kind of connectedness with a community of some description was important in the wellbeing of these families and how well they coped with the range of stressors they experienced. One participant provided her undamaged home as a 'marae' for her sisters' families and friends and said this was a way for her to know her whānau were safe even though the home was crowded for an extended period. The church community was a huge source of support for a number of participants.

Most of the whānau group felt they could find support within their family groups and address issues that arose because of this. One of the participants with most of her family living elsewhere actually enjoyed being able to go home and not have to engage with people, and recognised this as her coping mechanism. She communicated regularly with her family via phone and Facebook in order to maintain connectedness and mutual support. This same person also identified that when she did require support she was fortunate enough to be able to access the EAP programme through her workplace and how valuable that was to her when she found herself needing to access it.

In stark contrast the service provider group talked about clients who were disconnected, either because they were new to the city for the rebuild and were therefore isolated in a town that wasn't ready for them or, in the case of some elderly, because self-isolating behaviours were evident. They spoke of large numbers of families just struggling to do the basic tasks of providing roofs over their families' heads and food on the table and that the capacity to think about seeking other support, mental and emotional, just wasn't even part of the conscious picture. There was also the theme of people not feeling that they deserved help as much as others, so therefore weren't accessing the support they did know about.

“So now in terms of provision of all the psychosocial factors that are happening for our families, how are they able to gauge, how are they able to be in a space where they are able to gauge those tools to be able to take in those resources? They don't have a roof over their head, food on their table.”
(Service provider group)

Most of the service provider group agreed that being Māori often meant they were wearing more than one 'hat' and often were working outside the 'official' parameters of their roles in order to meet the 'actual need' or address newly revealed layers of need in the families with whom they were working.

This also highlighted the high rates of fatigue and burnout being experienced by those working in vulnerable communities, and the obvious need for these providers to be better resourced to be able to increase capacity in order to attempt to meet existing demand.

4.2 Facilitators and barriers to services

Barriers	Facilitators
Lack of connection	Established relationships of trust
Self-isolation	In-home services
Fear of judgement	Mobile services
Lack of trust in services	
Lack of knowledge of what is available	

Service providers talked of the number of families who were new to the city, having arrived to take part in the rebuild, only to find it isolating and challenging. Accommodation and employment have not been as available as they believed, or pre-arranged employment and accommodation have fallen through, and they find themselves in extremely vulnerable situations without connections to a community through which information about services might otherwise reach them.

“Her husband and children have come here and actually accommodation was all set up by the employer and then the workers started arriving and then for whatever reason the landlord pulled the plug and so you got these workers around and this grandmother is so concerned because her daughter is seven months pregnant and with two children already under five and she’s had two risky deliveries, so this is, so you know, and so this pregnant woman’s been going around the GP practices saying I need a doctor and they’ve been saying, ‘We can’t enrol you.’”
 (Service provider group)

The whānau group were coping well using their existing informal supports, but the ones who had tried to access services such as Work and Income had experienced judgement and differential treatment.

“I’m just trying to think, I certainly didn’t like the WINZ [Work and Income] approach, that was definitely not ever somewhere I was going to sort of seek support if we needed it.”
 (Whānau group)

4.2.1 Whānau group knowledge of service providers

Below is a table outlining the response of the whānau group to the ‘List of families service stimulus’ sheet. Four Māori service providers were added at the end to gauge any contrast in their level of knowledge in comparison with the mainstream. There was a clear theme of whānau relating services to people they knew who worked there or because they had experienced positive interactions. The whānau group were quite clear on the range of services provided by the Māori service providers, but less confident when attempting to recognise the mainstream providers.

Service	Group comments
Jigsaw – A not-for-profit organisation focused on the wellbeing of all New Zealand children and their families	<ul style="list-style-type: none"> › Is that a counselling thing? › I think we did something through your work
Skylight – Resources and strategies for those managing the loss and trauma of the Christchurch earthquakes	<ul style="list-style-type: none"> › To do with your roof › Garages
Barnardos – Coping afterwards – helping your child cope in an emergency	<ul style="list-style-type: none"> › Children › Pre-schools › Supervised visits with people who need supervision with children
Plunket – Earthquake support and updates, including helping children cope after a disaster	<ul style="list-style-type: none"> › Yep › Baby checks › Group didn’t know about earthquake support services
Relationship Services – Coping, supporting children, taking care of your relationship	<ul style="list-style-type: none"> › No

SKIP – Supporting families and friends after the earthquake	<ul style="list-style-type: none"> › Young children › Well child books › Resources › Magnets › Group didn't know they supported people after the earthquakes
UNICEF – Helping children through disasters	<ul style="list-style-type: none"> › \$1 a day › What has it got to do with earthquake?
CanCern – St Albans community website, part of St Albans Residents Association, which aims to foster a spirit of community in St Albans. Links to agencies that can help individuals and families affected by the Christchurch earthquakes	<ul style="list-style-type: none"> › That rings a bell but I don't know why › Group didn't really know
Relationships Aotearoa	
Catholic Diocese of Christchurch – The Christchurch earthquakes – where can I get help	<ul style="list-style-type: none"> › Yes I have › Counselling
Red Cross counselling services	<ul style="list-style-type: none"> › Yep › Winter grants › Packs › Warehouse cards › Pack and move grant, some people hadn't heard about this so the group shared how to access via website or call › Storage grant › Pamphlets › Big thing that came through from the group was word of mouth about spreading the information to each other, more informal spreading of the info › Why don't they put the information up at the supermarkets 'cos everyone goes there?
Schools – For example the Queenspark School website had a lot of information about resources, tips and suggested services	<ul style="list-style-type: none"> › It's about the connection that people take the time to make with you. The school was really good for that with our son Olly and they involved Olly in it, he was part of the solution – that really helped › Parkview School
CERA – My Family. Information about families, relationships and how to deal with some of the challenges that families face each day, eg 0800 Canterbury Support Line, Relationships Aotearoa	<ul style="list-style-type: none"> › Yep › Canterbury Authority › They avoid responsibility › They classify where you live › Do they have funds available for community projects? › There is a whole lot of people working for them › Group wouldn't go to CERA to get support; they thought they were about building

The Family Services website provides links to support services, advice and information for those affected by the Canterbury earthquakes	<ul style="list-style-type: none"> › Nope
Methodist Mission	<ul style="list-style-type: none"> › Yep › Food parcels › Counselling
Salvation Army	<ul style="list-style-type: none"> › Yep › Food parcels › Employment relations › Help people find jobs › Youth centre
Te Puna Oraka-Shirley Hub – A new partnership between Barnardos and the Early Start project. It aims to provide a base where families with young children living in Shirley can access services that will assist in parenting and improve health and wellbeing outcomes for children aged 0-6	<ul style="list-style-type: none"> › You used to do work there › Briggs Road › Childcare centre › Early checks for five years › Vegie co-op really good
Family Help Trust – Operates child abuse prevention services for high-risk families in Christchurch	<ul style="list-style-type: none"> › Nope
Purapura Whetu	<ul style="list-style-type: none"> › Dean Te Hae works there › Māori health and social services › Kaumātua group › Have worked with them › Through work
He Waka Tapu	<ul style="list-style-type: none"> › Yes › Counselling › Drug and alcohol › Kia Piki › Screening
Positive Directions	<ul style="list-style-type: none"> › Is it a singing group? › I've seen them, do they have vans for Pacific Island people? › In Shortland Street
Te Puawaitanga	<ul style="list-style-type: none"> › Babies › Māori health services › PAFT – Parents as First Teachers › Māori Women's Welfare League

4.2.2 Delivery of family services and support

When talking about what kinds of service whānau would access when seeking support, it was very clear that being treated with respect and having relationships of trust were key. Similarly, the service providers spoke about the relationships they had with people being their way in the door; if it weren't for the strong relationships with their clients and community, many people wouldn't allow them to help them.

Both groups were clear that multifaceted or wrap-around services that were community based would be something they would like to see. Taking the services to the people and having the right kinds of people delivering the services were incredibly important.

Whānau group service requirements	Māori service providers' service requirements
<ul style="list-style-type: none"> › One-stop shop – A place where whānau can go and address multiple issues › Community based › Mobile units – Take the service to the people, similar to the BreastScreen Aotearoa mobile screening unit › Staff who are responsive, understanding and empathetic, non-judgemental, treat you like a person not a number 	<ul style="list-style-type: none"> › Create an 'uber' service – Multifaceted service, providing wrap-around support for whānau and encouraging collaboration between currently established services › Mainstream funding reallocated to better resource and increase the capacity of currently existing Māori service providers who have established networks and relationships of trust, enabling higher levels of successful engagement and service provision › Community based – Removes barrier to access by being locally based › Mobile units – Removes barrier to access by taking the service to the people › Increase capacity for in-home services › Transport service for clients with limited mobility, physical or geographical › Better resources, eg financially resourced so that: <ul style="list-style-type: none"> – human resource capacity can be increased so service can meet needs of its clients more efficiently – staff capacity can be increased – reduce burnout › Culturally appropriate

The 'uber' service might include any of the current Māori health and Kaupapa Māori providers with services such as Well Child, general practice, mental health support for whaiora and whānau members, counselling, advocacy services for housing, accommodation and financial advice, even a goodwill store to recycle unwanted clothing and household items back into the community. A number of the service providers talked about providing furniture and clothing for whānau who found themselves needing these types of item, and this was a constant part of their work.

It would also be somewhere whānau could go and be confident that the majority of their immediate health and wellbeing needs would be met appropriately and where referrals could be made to other services that are known to be responsive and can support whānau with wider issues. It would be a service staffed by kaimahi who were invested in the community, who had a genuine desire to support them to the best possible outcomes.

“I think what really works with your service is the people who are doing it, the personalities, the you know approaching people (really down to earth and relaxed) so it's not just having that mobile service but the people delivering it is very important.”
(Whānau group)

“I would go to someone in a mobile unit rather than go to WINZ because they have that, what’s that thing where you go in and they don’t treat you like you’re just here to be treated as a person, they treat you like a number. Awh yeah like blah blah blah awh yeah next, it’s like talking to a robot.”

(Whānau group)

“But I have always found over the years government agencies have always had that type of attitude [frustrated] yeah you kinda, it’s almost like you humble yourself enough to go and ask for help and it’s thrown back in your face. And that only ever sort of happened to me other than the earthquakes once when I was younger so I don’t like that... I’d be more likely to go to a community organisation who I think have a better sense of what the community really wants or better connections, better relationships, have an idea, you know been on the ground with the people as opposed to a government agency trying to tell me what they think I want. As opposed to just taking the time to just sit down and just ask people to find out what I want.”

(Whānau group)

5. Conclusion

The overwhelming theme that emerges within this report is that housing and accommodation and the related financial and emotional stressors experienced by the whānau participants and observed, with disturbing regularity, by the Māori service providers, cannot be denied. Although housing and accommodation were not the focus of the research conducted, it was impossible to separate this particular issue when addressing the service needs and requirements of the Māori whānau interviewed in this process. Māori whānau are less likely to be home owners and therefore are more likely to experience housing insecurity, particularly in the post-earthquake environment, which is lacking affordable, healthy housing. Overcrowding, although not uncommon amongst Māori whānau, has become a necessity rather than a choice and it is the lack of control around all these issues that causes the frustration and emotional stress these families continue to experience.

The data collected from the service providers only serves to confirm the scale of the need for urgent action to address the lack of suitable housing, housing affordability, and damaged and unhealthy homes. It is clear that there are still many vulnerable families in Christchurch post-earthquakes and many of them are still struggling to gain the basic necessities for their families, let alone think about accessing support to aid psychosocial recovery. Only one of the whānau group participants had even heard the term psychosocial.

It is difficult to build a complete picture as the sample group was too small to reflect comprehensively the picture of the Māori community in Christchurch.

However, the Māori service provider data was able to support some of the themes within the Māori whānau group. It highlighted the greater picture for the Māori community as they see it on a day-to-day basis. It is clear that there is a paucity of human and financial resources and that Māori service providers who struggled to meet needs pre-quake struggle even more now. One service provider said they used to have a ratio of 20:80 vulnerable to non-vulnerable whānau on their books, and post-quake that has gone to 80:20 vulnerable to non-vulnerable.

There is nothing new in the findings when looking at the requirements whānau would have of services they would choose to access. Community-based, multifaceted/wrap-around services and mobile services brought to the community by respectful, empathetic operators who have relationships of trust with the people within those communities, were described as the most appropriate by both focus groups.

Appendix 1

Discussion guide

NZ Families Commission Services and Support Development

Whānau Group/General Public

Aim: To understand what services, information and support families need to assist psychosocial recovery and to identify the most appropriate channels, access points and referral pathways to reach them.

Services will very much stay focused on the formal and recognised service provisions provided by NGOs with attached funding etc.

We need however to consider the **support** families get from informal networks such as, wider family, community groups etc.

Information can largely stay the same and try and understand where people get their information from

Within this we want to explore the balance between formal and informal services and support systems that help support and build resilience for families.

1. Introduction (5 mins)

Introduce self and company

Introduce topic: This research is being conducted for the people of Christchurch to explore how and what services, support and/or information can help families like yours. Opinions Market Research has been engaged to carry out these focus groups on behalf of the NZ Families Commission.

Housekeeping

- › Explain discussion will be recorded and/or viewed
- › Discussion will last approximately 2.5 hours
- › Everything said will be confidential and reported at an aggregate level
- › No individual person is identified
- › Please be as articulate as possible – no yes/no answers
- › Please turn off mobile phone

Acknowledge sensitivity surrounding topic: We know from previous focus groups among Christchurch residents that many people don't find it easy to talk about issues to do with mental health and wellbeing. I want to acknowledge that tonight and to tell you that it is totally acceptable and understandable for you to feel this way. Also, you are not under any obligation to divulge personal information if you do not want to tonight. I would ask that you do not share any of the information discussed tonight outside of this group. Finally, if by talking about your personal situation tonight this raises any issues or concerns for you let me assure you that I can help put you in touch with agencies that can help you.

2. Background information / warm up (15 mins)

The purpose at this stage of the discussion is to make the participants comfortable, willing to talk and share. It is also a chance for the moderator to gather a context for the remaining discussion.

I am going to ask each of you to introduce yourself, so could you tell me a little about each of the following:

- › Name
- › Family profile e.g. number and ages of dependent children within household, number of adults within household and relationship to children
- › Occupation
- › Home ownership
- › Situation in with regards the earthquakes
 - › TC3 or Red Zone?
 - › Current address
 - › is it still the same as pre-earthquake / community or living in temporary accommodation (renting) whilst repairs take place?
- › How describe the connection between your family and your community
 - › Strong / supportive or not
 - › Close ties or not

3. Identifying and understanding family issues and needs (30 mins)

The purpose at this stage of the discussion is to identify and understand the needs of families.

- › How would you describe your **family / home life** like right now, in May 2014, why? (single words, what does it consist of – your family / home life, what does it look like if I was to spend a typical week with you?)
- › What issues are the earthquakes causing for you and your family?
- › What impact are these earthquakes issues having on your **family / home life** and the **quality of your family / home life** (what are the knock on issues)

MODERATOR: GENERATES A LIST OF THE KEY ISSUES / STRESSORS

- › marriage
- › relationships with children
- › time spent together
- › quality of time spent together
- › In what way(s) is that an issue for **your family and home life**? Who within the family / home is adversely affected e.g. everyone, one individual?
- › Are these issues able to be prioritised in any way, why?
- › Have the earthquakes brought more positives or negatives or both in equal amount, what specifically?
- › Who is experiencing more than one family life / home issue (stressor) just now?
 - › When your family has more than one issue or stress what effect(s) does this multiple stress situation have on your family?

- › To what extent did you feel a sense of 'caring and sharing' immediately after the disaster?
 - › Was that from other family members, friends, and / or community?
 - › How significant / important was that for your family? Why?
 - › Does it still exist today? Why?
 - › How feel about that? Why?
- › How are you feeling right now about the future of your family / home life?
 - › Positive?
 - › Negative? Specific worries and concerns

4. Awareness, understanding, usage and attitudes towards available services, information and support (25 mins)

The purpose at this stage of the discussion is to determine what level of awareness and understanding there is for the current suite of services, support and information. Also to identify what, if anything, they have used and the reasons for this.

MAY NEED TO EXPLAIN MEANING OF SERVICES, SUPPORT AND INFORMATION (PROVIDE EXAMPLES IF NECESSARY)

- › How much do you think about these issues within the family and at home?
- › How able do we feel to address them (very, not very – why is this e.g. not addressing because feel distracted)?
- › What, if any, approach do we adopt?
 - › Head on?
 - › Too hard bin?

Deprivation exercise

Let's imagine for a moment that all the material things were fixed, your house, your neighbourhood, the roads, the schools, the finances etc...where could we go to get help and support to fix the intangible issues/problems in the family e.g. relationships?

Where could we go for help?

What would that help look like?

How would it make us feel?

What difference would it bring to our lives and that of our family?

- › (Spontaneous awareness) What, **if any**, services, information and/or support have you or a member of your family used to date to help with family / home life issues?
 - › Why? How helpful or unhelpful (ideal) was it?
 - › How could it be improved?
 - › How did you become aware of /come into contact with it, i.e. from where?
- › What else are you aware of?

(MODERATOR TO COMPILE A LIST OF KNOWN AND ACCESSED FAMILY ORIENTATED SERVICES, SUPPORT AND INFORMATION)

- › What, if anything, can you tell me about these (check levels of understanding)

SHOWCARD A

- › (Prompted awareness) Have you heard of... SHOW A RANGE OF FAMILY ORIENTED CURRENT SERVICES, SUPPORT AND INFORMATION?
 - › Where from (identify source)?
- › Which of these family services, information and support, **if any**, have you and/or your family **used and not** used?
 - › Why?
 - › What, if anything, would need to happen to make you use it, why?
- › What, **if any**, services have you and your family come across that is specifically **family focused** i.e. provides a holistic wraparound service? Explore
- › As a concept, how appealing is that and what would you envisage it would entail as a service?

5. Identifying how to meet family needs (10 mins)

The purpose at this stage is to identify what, family services, information and support would be most helpful.

- › What would be the 'ideal' service/support/information
- › Does it currently exist?

MODERATOR TO COMPILE A PROFILE OF WHAT THE IDEAL WOULD LOOK LIKE (CAN COMPRISE EXISTING AND/OR POTENTIAL SERVICES, SUPPORT AND INFORMATION)

6. Identifying future family needs (10 mins)

- › What do you foresee to be yours and your family's future needs as a result of what is happening in your family right now? What specifically will those needs be, why?

7. Identifying effective channels, access points and referral pathways to 'ideal' services (50 mins)

The purpose at this stage of the discussion is to identify how best to connect families in need with the types of services, support and information that is best suited to meeting their needs.

USING THE LIST OF USEFUL FAMILY SERVICES, SUPPORT AND INFORMATION PARTICIPANTS (GENERATED AT SECTIONS 5 & 6)

For each in turn:

- › Can you think of reasons why you and/or your family have / haven't connected with that or what would need to happen to ensure you did?

What I would like to do tonight, with your help, is to come up with some ideas for ways to ensure families (like yours) come into contact with useful family services, support and information. You have been given a new job tonight; to head up a task force that has the job of making sure the families in need connect with the services, support and information that will help them achieve what they need.

BREAK OUT INTO THREE SMALL GROUPS AND BRAINSTORM MOST EFFECTIVE / MEANINGFUL WAYS TO CONNECT FAMILIES WITH QUALITY SERVICES, SUPPORT AND INFORMATION (10 minutes). Moderator to say: this exercise is based on a blue sky scenario which means you do not have to be constrained by what you already now to exist.

RE-GROUP TO REPORT BACK (40 minutes)

Thinking about the types of 'ideal' family services, information and support we have been discussing tonight...?

For each in turn:

- › What would be the most comfortable way(s) to make sure families just like yours connect with these valuable family services, support and information, why?
- › What would be the most effective way(s) of drawing the attention of families just like yours to the existence of these valuable family services, support and information, why?
- › If necessary probe:
 - › (communication channels) Examples: Media campaigns, pamphlets, websites etc.
 - › (access points) Examples: Community hubs, websites, 0800 lines, schools etc.
 - › (referral pathways) Examples: the 0800 line to the Residential Advisory Service, GP to a particular service
- › What sorts of people and/or organisations would you expect to be able to discuss these issues with, why?
 - › How would you and your family ideally like to have those conversations, why?

8. Wrap up, check-in and provision of follow-up support services sheet

- › How informed do you feel about the recovery process (especially as it applies to your family's life)

Appendix 2

Discussion guide – service providers

Families Commission Service Development Research Discussion Guide (Service Providers)

1. Introduction (5 mins)

Introduce self and company

Introduce topic: This research is being conducted for the people of Christchurch to better understand the needs of families experiencing difficulties right now due to the earthquakes. Opinions Market Research has been engaged to carry out these focus groups on behalf of the Families Commission.

Housekeeping

- › Explain discussion will be recorded and/or viewed
- › Discussion will last 2 hours
- › Everything said will be confidential and reported at an aggregate level
- › No individual person is identified
- › Please turn off mobile phone
- › The Families Commission will be preparing a summary of the research findings which we will disseminate to you.

2. Background information / warm up (15 mins)

Purpose: to identify background details for each of the service providers.

- › Name
- › Organisation they work for, purpose, aims, services and service delivery mechanisms

3. Current Family Issues (40 mins)

Purpose: to identify, explore and understand the common family issues service providers are seeing currently as a result of the earthquakes

- › What sorts of families are you seeing that are currently experiencing issues due to the earthquakes? Explore any differences from before earthquakes
- › Thinking about the families affected by the earthquakes that you come into contact with, what impact is this having on family life? (negative and/or positive)

- › Might want to explore: (Encourage real examples)
 - › Parenting
 - › Relationships
 - › Communication
 - › Child development
 - › Mental health
 - › Physical health
- › LIST ISSUES ON TO FLIP CHART
 - › Discuss
 - › Prioritise
- › Compare and contrast with findings from general public focus groups

4. The 'ideal' Service (30 mins)

Purpose: to understand what does and doesn't work well in terms of service, channel communication, access points and referral pathways and identify the optimum solution.

- › What currently do you find works best in terms of addressing these types of issues and why? (facilitator to hone in on the top issues identified at section 3)
- › LIST ON FLIP CHART AND ADDRESS ALL:
 - › Type / nature of service provision / set-up e.g. services, support and information
 - › Channels of communication e.g. media campaigns, pamphlets, websites etc.
 - › Access points e.g. community hubs, websites, 0800 lines, schools etc.
 - › Referral pathways e.g. the 0800 line to the Residential Advisory Service or from CanCERN to the WMiR or a doctor to a particular service or range of services
- › Any examples of good practice to share?
- › What would the 'ideal' service look like?
- › What would be the ideal' way to connect families into this service?

5. Thank and close

Appendix 3

Narrative: Māori whānau

“Someone suggested Work and Income, and of course I didn’t really want to go there, but we thought hey why not let’s check and see what’s happening there. But yeah we were kinda treated like well you work, this service is really only for those on benefits, this is what the attitude was that we got.”

(Whānau group)

“We are going through quite an emotional time at the moment because we got removal company in and they went bust. So um our stuff is we have just tracked down to all secure in Hornby. We didn’t know that they hadn’t been paying them so we paid them up front and have to pay more money because they are holding our 40-foot container full of our things, so that’s quite emotional. I’m not too worried about the material things, but it’s more I’ve got photo albums and the kids’ certificate folders from when they were first at school so it’s more that and I’m a bit on edge. as I can’t do anything about it ‘cos it’s in my partner’s name so he’s dealing with it, he’s getting quite stressed out about it so that’s putting quite a strain on us to. That’s just another thing.”

(Whānau group)

“ ... this is actually the third place we’ve been in this year ‘cos the house we started living in together needed EQC repairs and we got forced to leave. They said, you know, you could come back, but then told us a week later after only giving us two weeks’ notice that actually they were going to sell it as soon as the repairs were done, so that was pretty stressful and we bounced through two or three houses and we’re finally settled in a place now, But that took over a year of trying to find a place and stuff, and that was quite a big struggle.”

(Whānau group)

“We only took three of the children, my two older boys didn’t want to come so one went with his dad to Australia and the other stayed with my grandparents, my parents, his grandparents who their house was fine, they lived over in Hoon Hay. So that broke us up.”

(Whānau group)

“But yeah, they know sooo much about process now and about the house process and, you know, what has to be done. How they jack up the foundations and stuff. I sit there sometimes and listen to the eight-year-old talk about, you know, insurance policies and all that sort of thing, and think she shouldn’t know about this at this point. But it’s just a fact of life.”

(Whānau group)

“We found our house the day before we had to move (it was on FB), I just initially rung the storage company to get everything restored and I was going to live out at Rangiora and [she] was going to live in town with her mother and the kids. 'Cos there was no other way we all could all be together, we found out at 11 o'clock the day before. So everything went from we need to get this wrapped for storage to let's just put it in the car and get it around there. 'Cos all of a sudden we have a house to go to, the timeframes are ridiculous.”
(Whānau group)

“So yeah we stayed in Nelson for 10 months and came back. My son was only meant to go to Australia for a couple of months but they ended up living there for two years. So that was really big and yeah it took a lot for me to let him stay there with his dad because he just kept saying there was nothing here for him any more.”
(Whānau group)

“ I'm just trying to think, I certainly didn't like the WINZ approach, that was definitely not ever somewhere I was going to sort of seek support if we needed it.”
(Whānau group)

“I think what really works with your service is the people who are doing it, the personalities, the you know approaching people (really down to earth and relaxed) so it's not just having that mobile service but the people delivering it is very important.”
(Whānau group)

“I would go to someone in a mobile unit rather than go to WINZ because they have that, what's that thing where you go in and they don't treat you like you're just here to be treated as a person, they treat you like a number. Awh yeah like blah blah blah awh yeah next, it's like talking to a robot.”
(Whānau group)

“But I have always found over the years government agencies have always had that type of attitude (frustrated) yeah you kinda, it's almost like you humble yourself enough to go and ask for help and it's thrown back in your face. And that only ever sort of happened to me other than the earthquakes once when I was younger so I don't like that...I'd be more likely to go to a community organisation who I think have a better sense of what the community really wants or better connections, better relationships, have an idea, you know been on the ground with the people as opposed to a government agency trying to tell me what they think I want. As opposed to just taking the time to just sit down and just ask people to find out what I want.”
(Whānau group)

Appendix 4

Narrative: Māori service provider group

“So now in terms of provision of all the psychosocial factors that are happening for our families, how are they able to gauge, how are they able to be in a space where they are able to gauge those tools to be able to take in those resources? They don’t have a roof over their head, food on their table.”
(Service provider group)

“Her husband and children have come here and actually accommodation was all set up by the employer and then the workers started arriving and then for whatever reason the landlord pulled the plug and so you got these workers around and this grandmother is so concerned because her daughter is seven months pregnant and with two children already under five and she’s had two risky deliveries, so this is, so you know, and so this pregnant woman’s been going around the GP practices saying I need a doctor and they’ve been saying, ‘We can’t enrol you.’”
(Service provider group)

“Yeah and they don’t even ask for help sometimes. Even, I’ve often had, ‘There’s somebody out there who’s worse off than me’. All of us have been earthquake affected and we still go out and we do what we do. So it’s just yeah. Letting them know that actually you’re entitled to this, it’s there for you to access. Don’t you know there’s nothing to be whakamā about and you’re not going to be judged, you’re not going to be um put under a microscope in any way. We’ve identified that you have this need. This is what we can do to support you through that. So yeah.”
(Service provider group)

“The implications of schools merging and shutting down have not just affected education, it’s affected mind-sets, it’s affected the way youth actually treat themselves, the increase in synthetics use, alcohol abuse, fighting, self-harm, yeah, violence is huge.”
(Service provider group)

“AT: Closed books.
AB: Closed books! And so you know like, and grandma, grandma is on the phone to me asking, ‘Have you got any jobs available because I need to come and support the whānau?’”
(Service provider group)

“When you go into, one of our nurses and I had to go into one [house] in order to advocate to HNZ for a home. I opened up the door and quite frankly the dampness and the black mould that was present, and it’s very much a reality with a number of our earthquake-affected houses. This was a private rental company, and what they were charging for that house, I could barely breathe, mother, baby, toddler, six-year-old, all sleeping in the living area ’cos that was the only place she could endeavour to keep warm, it was cold, you could see that she tried to scrub the mould off, fearlessly, with Janola and everything else all through the other rooms, you could barely breathe, and you know, here is a recipe for cot death, right there right then. That was my response to HNZ; they may do the phone assessments sometimes, they may not actually see, they’ll have the letters of support but the reality is like, and the other thing is too, here’s a real estate company, property manager, they’re actually charging this person rent, this mum with the children.”

(Service provider group)

“But even the core services like Work and Income, some of the frontline workers there, their interpersonal skills are absolutely appalling, and but for the grace of god they could find themselves in the line there too. It’s about treating people with respect, that’s the bottom line, and how some of our families are judged, that definitely needs to be revisited through government agencies. It really does.”

(Service provider group)

“Such a power over culture over at Work and Income. Right from the top over the next level, the next level, the next level, the case managers sit at the bottom of that hierarchy, I think not particularly supported or respected, a lot of pressure on them eh and then there’s their cat to kick! And it’s the client.”

(Service provider group)

Appendix 5

Glossary of Māori terms

Kupu Māori/ Māori word, name or term	Translation
Aotearoa	Long white cloud – Māori name given to New Zealand – Land of the Long White Cloud
Kaitoko Whānau	Māori-specific earthquake support co-ordinator
Kaimahi	Word to describe the people who do the work
Korero	Speak, speech, to talk or converse
Māori	Name of the indigenous people of New Zealand, word meaning normal or common to
Whaiora	Person or persons experiencing mental illness
Whānau	Family group
He Waka Tapu	Māori service provider in East Christchurch, providing alcohol and drug and stopping violence interventions, also Kia Piki te Ora, Māori suicide intervention programme and women's health, eg cervical and breast screening programmes
Purapura Whetu	Community-based Kaupapa Māori mental health service provider for adults, adolescents, children and their whānau
Te Puawaitanga	Te Puawaitanga Ki Otautahi Trust is a Maori provider within the Canterbury area, delivering health, education, social services and training programmes to Maori/women and their whānau.

Reports are available on the Commission's website or contact the Commission to request copies:

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