

# SOCIAL SERVICES IN MASTERTON: THE VIEWS OF FAMILIES AND WHĀNAU

AUGUST 2010



**families** commission  
kōmihana ā **whānau**

➤ Giving New Zealand families a voice *Te reo o te whānau*

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### **Acknowledgements**

We thank the people of Masterton who generously shared their views with us through interview and questionnaires, including family members, staff of social service organisations, and other key people in the community.

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## EXECUTIVE SUMMARY

### Purpose

This report responds to your request to provide a snapshot of all the social service providers in the Masterton area, how families know about them and which services they do, and do not, rely on when they need help.

The report provides you with the views of families and, to some extent, the views of providers on the questions you posed. It is not an evaluation of the effectiveness of the programmes, except in the sense that it tells you what families like and do not like about social services.

Although our snapshot of social services is broad, including medical and educational services and policing, our main emphasis throughout most of the report is on parenting and family support services.

### Main conclusions

Ordinary Masterton families are generally strong and resilient, yet often use social services. They do so to address their needs and keep themselves strong. The services are generally adequate, although some adjustments could be made to operational practices, and the service mix should be reviewed at the local level to prioritise funding for essential services and close the gaps in service provision.

### How we collected information for this report

We collected information on service providers using the internet and a questionnaire; interviewed some provider staff; surveyed Masterton families; and interviewed families and whānau with dependant children and which faced multiple challenges.

### This report is not about hard-to-reach families

There have been some tragedies in the Wairarapa arising from family dysfunction. These have occurred in families which were isolated from extended family or whānau, and from the community. They appear to avoid social services despite their problems. Realistically, there are probably some remaining hard-to-reach families in the Wairarapa, but it is unlikely that any of them would have participated in our survey. Nor would they have been included in our interview sample, because we linked with the sample through social service agencies. Consequently, this report does not address the circumstances of these hard-to-reach families, the extent to which they are still present in the Wairarapa, nor the risks of future tragedies.

### The Masterton context

The Masterton population is older, a little poorer, and less ethnically diverse than the New Zealand population.

### Resilience in Masterton families and whānau

Most of the families and whānau we interviewed tried first to deal with problems themselves, or within their extended families, before looking for outside help, sometimes only doing so when they became desperate. Examples of the support given by extended family and whānau included assistance with finances, housing, childcare, and transport.

### Wairarapa social services

There is a large number of community agencies providing a wide range of family, community and health support services, and there is a smaller number of providers working with families with multiple needs, usually working intensively with families.

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Most providers indicated that there is unmet demand, and they could expand their services with more funding and staff. Families were able to access some services immediately, whereas there was a wait of six months for other services. The survey of families, however, did not demonstrate that there was unmet demand, and suggested the most common needs of families are being met. The providers would be more able to identify unmet demand of a more specialised nature, which would not have shown up in the survey of families.

Providers primarily work with mothers and their children. No provider we contacted indicated that they work specifically with fathers.

Most families used medical services. Most frequently after that, families used the non-medical government services. Approximately one in three families used one or more of the following: Work and Income, the police, the District and Family Courts, or Child, Youth and Family.

Parenting support services were the next most frequently used non-medical service. Nearly a quarter of families used a parenting support service within a six month period. These are services such as Plunket, Parents as First Teachers, and Parents Centres.

One in seven families used a family or community support service such as Whaiora<sup>1</sup> Health and Social Services, Relationship Services and Budget Advisory Services.

Although there is a plethora of social services in Masterton, there are very few apparent overlaps. Almost every service has a unique role. Many of these services, however, cater to a small number of families. The very number of services, and the fact that gaps in services have been identified (see below), suggests that there should be a review of services at the local level to ensure essential services are funded, and the use of funding is optimal.

#### **How do families know about social services**

Families commonly found out about services through 'word of mouth', particularly from families and friends. Social service agencies often inform families about other services, or refer families to them.

Families did not find out about services from a printed or on-line directory of services (despite the availability of two on-line directories), nor from a telephone-based information service.

#### **What sort of services do families rely on**

The families that responded to our survey generally expressed positive views of all the social services. We got more finely tuned information on what the families liked and did not like from the interviews with vulnerable families.

Families will rely on a service when: it meets their needs, especially their whole-of-family needs; the service provides them with clear information, and there is good communication; they can develop good, trustful relationships with staff within that service; the staff are professional, and confidentiality is respected; the procedures within the service are organised in such a way that the families do not have to repeat information about themselves to different personnel whenever they contact the service; and the services are either free or the families can afford the charges.

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<sup>1</sup> Whaiora is a large Kaupapa Māori provider. They offer a range of services, including Family Start. Many non-Māori families also attend Whaiora programmes.

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Services are most effective at meeting families' needs when they are well linked into their communities and coordinated with other service providers. Service providers suggested the following services as examples of services that met these criteria: REAP<sup>2</sup>, Whaiora, Te Hauora<sup>3</sup>, Masterton Christian Childcare Centre, PAFT<sup>4</sup>, and Makoura Teen Parent Unit.<sup>5</sup> Some providers are not linked into existing provider networks, and thereby miss out on opportunities to address all of the needs of the families they see by referring them to other services, eg some church-based service providers.

### **Māori preferences for services**

Whānau strongly expressed their preference for dealing with Māori staff, fluent in Te Reo, and working within a kaupapa Māori environment. Two of the kaupapa Māori agencies in Masterton, Whaiora and Te Hauora, were also favoured by many non-Māori because they were able to cater for a wide range of family needs (that is, a whole-of-family approach).

### **What sort of services do families not rely on**

Families do not rely on services that: Are imposed on them; where they constantly have to repeat their stories; where they do not have a consistent contact person; where they have doubts about the professionalism and confidentiality of the staff; where they suspect they could be reported to Child, Youth and Family; and where there is a lack of service flexibility so that appointments are made without regard to families' work and care responsibilities.

Cost is an issue for families. A number of families indicated that they only pay to go to the doctor or dentist when driven to do so by pain or the seriousness of their problem. Many families we spoke to used free services if they could.

### **Other Issues**

#### ***Funding***

The primary sources of funding for providers are the Ministry of Social Development (MSD), the Wairarapa District Health Board (DHB), Community and Philanthropic Trusts, Government Community Organisation Grants (COGS) and other grant schemes. Some providers rely entirely on grants and fundraising. Differences between the way that MSD and the DHB fund services lead to administrative and reporting complexity for providers – families often did not fit into the different government agencies' funding models. Providers prefer a high trust contracting approach, which gives them more flexibility, and a better opportunity for dealing with all of a family's needs. Other funding approaches do not cover the costs for providers when they find that families have complex and multiple needs. Government funding can also be insufficient for staff supervision and training, coordinating with other services, and following up with families.

#### ***Encouraging Access to Services***

Families and whānau could be assisted to access services through practical help, such as help with transport. Advice and practical help from extended family can also facilitate their use of social services. Social service staff can reduce barriers if they take into account, when making appointments, the distances families need to travel, and families' work and care responsibilities.

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<sup>2</sup> Rural Education Activities Programme, and REAP links families with services in the Wairarapa, and coordination of services.

<sup>3</sup> Te Hauora is the common name for Te Hauora Runanga O Wairarapa. This report generally uses the shorter version. It provides kaupapa Māori health and support services.

<sup>4</sup> Parents as First Teachers

<sup>5</sup> This does not preclude the possibility that other services also model best practice or provide key services.

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### *Gaps in Services*

Very few of the survey families indicated that more services were required. Service providers identified a number of gaps in service provision:

- mental health services for those with moderate needs
- services for sexual offenders
- programmes on how to parent older children and teenagers
- affordable housing (Housing New Zealand does not provide housing in the Wairarapa)
- programmes for young fathers
- programmes for young people under 17 years who have left school but are still in the family home.

Service providers might not be completely objective about this. On the other hand, they would be better able to identify families with unmet needs than we could using our survey. The number of such families are comparatively small and unlikely to be included in the sampling for our survey and our interviews. The service providers collectively deal with a large number of families, and would be well-placed to recognise unmet needs. Our interviews with families reinforced that some struggle to obtain affordable and appropriate housing. Some families also felt that there should be more counselling support for traumatised or disturbed children.

### *Imposed government services*

Government services are often imposed on families, or the family has no option but to use them, and so they form a special category. The families appreciated government services where the service was provided in a professional manner and they were able to develop a relationship with the people with whom they dealt. Some in the community do not view government services positively, particularly police and Child, Youth and Family. Sometimes families avoid these services because of the families' negative attitudes or previous negative experiences, possibly to the extent of missing out on financial and other support.

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## INTRODUCTION

This report responds to your request in the letter of expectation to the Families Commission in March 2010 to complete the Masterton project including providing a snapshot of all the social service providers in the area, how families know about them and which they do, and do not, rely on when they need help.

### Background

Following discussion with you in December 2009 and again in March 2010, the Families Commission undertook a report on families' experiences of services in Masterton and the surrounding region.

### What we did

To respond to your request, we:

- collected readily available descriptive information on Masterton social services from the internet and other readily available sources
- conducted a questionnaire survey of providers;
- interviewed seven key providers that provide services for families;
- surveyed Masterton families' views on services;
- survey of 400 families with dependant children in Masterton;
- carried out in-depth interviews with vulnerable families and whānau,<sup>6</sup>
- conducted further interviews with social service agencies that work with vulnerable families.

Further information is provided in the methodology section of this paper.

### Scope of the report

The information we collected was specifically targeted at the questions you asked. In brief, we focused on describing the social services environment in Masterton, and the experiences of families of those services. The information we collected does not allow us to evaluate the effectiveness of these services, except in the restricted sense that we have found out what families like and do not like about them.

Defining social services is difficult. Our initial purview of services in Masterton has been broad, and has included medical, policing, and educational services. The report does not, however, deal with these three social service areas in any depth. Most of the detail in the report is about services that provide parenting or some other form of family support. This includes, in places, the Teen Parent Unit and early childhood services, but not schools generally.

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<sup>6</sup> a) In this report, the term vulnerable families has been used throughout to refer to the families that we interviewed. These were families who had dependant children multiple challenges. There is a further discussion about these families on page 33.

b) The majority of these families were Māori, and the phrase 'families and whānau' is used whenever possible when referring to them, whereas in the rest of the report, 'families' by itself is used for simplicity.

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As we explain on page 33, we are unable to report on those families that are arguably the most vulnerable and most at risk. This would likely include families most similar in risk profile to those that have experienced the deaths of children through neglect – tragedies which have led to considerable media focus on the Wairarapa in recent years. These are the families that are often described as hard-to-reach. Although it was our intention to include some of these families in our investigations, we found that we could not contact them. We were connected with families through social service providers and it appears that these hard-to-reach families, as the name implies, avoid social services.

### **The structure of the report**

The report first presents contextual information on the Masterton population, the Masterton social services, and the use that families make of them. It then presents the views of families on their experiences of these services, followed by a more in-depth look at the views of vulnerable families and whānau. This is followed by an analysis of the issues that this project has uncovered, and our conclusions.



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## METHODOLOGY

We used a mixed method research design – combining quantitative and qualitative approaches to collecting, analysing, interpreting, and reporting data, complemented by desk-based data analysis. This design incorporated the strengths of qualitative and quantitative approaches and provided a comprehensive view of families' experiences and options. The approaches used to gather data are briefly outlined below. All work was undertaken during April to June 2010.

For the purposes of this report, we defined social services broadly as any service offered by government or non-government agencies; funded by government, donations, or grants of some sort, or provided unfunded by volunteers; that are designed to help individuals or families by providing assistance of some sort. This definition would capture policing, health services, education, social work, parenting training and support, justice services, some of the services provided by local authorities, much of the pastoral activity of churches, and much more. Any definition of social services is inexact, and judgements have to be made about what is to be included or excluded. For example, we have not included spiritual guidance as a social service, despite it fitting our definition.

### 1) Snapshot of Masterton services

Information on service provision in Masterton was collected through online searching using:

- The Ministry of Social Development's Family and Community Services National Directory (using the key words 'Masterton' 'Wairarapa' and 'services')
- [http://www.wairarapa.wikispot.org/family\\_parents\\_support](http://www.wairarapa.wikispot.org/family_parents_support)
- A Wairarapa network group contact list
- Google

We captured the key features of each service eg geographical coverage, target group, charges per programme/service, methods of referral, delivery methods and funding sources (if available). The services were categorised under the following key headings: Family and Parent Support, Family/Community support, Health Services and Support, Māori services. Wairarapa schools, Local Government, GP practices and medical centres were also included.

### 2) Provider questionnaire

A questionnaire was sent to 50 Masterton agencies that provide services to families with children under the age of 18 years. The questionnaire requested information on:

- service provisions
- families receiving these services
- geographical service coverage
- capacity
- type of service (home based, centre based)
- funding
- costs to the family
- referral methods
- primary delivery methods

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- staffing levels and roles
  - service capacity
  - waiting lists
  - referrals to other agencies.

33 responses were received.

From this provider list we undertook face-to-face interviews with seven providers, to learn which families use their services and whether there are perceived gaps in services. We selected these providers to reflect a range of service type and level of intensity of the services they provide to families.

- Relationship Services
- PAFT
- Masterton Christian Childcare Centre
- REAP
- Budget Advisory Services
- Plunket
- Masterton Community Church

### **3) Masterton families' views on services**

We contracted a market research company to undertake a ten minute telephone survey of 400 families in Masterton and the surrounding region. Households were randomly selected using Random Digit Dialling (RDD). The survey gathered the experiences and perceptions of families who have accessed a range of social services, and took place during April and May, 2010. Survey participants were all caring for at least one child under 18 years of age.

The response rate for the survey was 41 percent. The maximum margin of error for the total sample of (n=400) is +/- 4.9 percent at the 95 percent confidence level.

In reporting the findings, data drawn from families' perceptions of services have been aggregated by service type (eg Parenting Support Services). This was done because the small sample sizes for many of the individual services mean that the margin for error is large and the results unreliable.

### **4) In-depth interviews with families and whānau with multiple challenges**

Qualitative interviews were undertaken with 38 families and whānau with multiple challenges which have had contact with service providers. (Further details are provided on the methodology for this part of the investigation on page 33.) Participants were given the option of being interviewed together or separately and the interviews took place at a time and in a location of their choice.

These interviews were complemented by 39 interviews with Māori families and whānau carried out by a Māori researcher from the local iwi.

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The family and whānau participating in the interviews were asked to provide information on:

- their family context (eg family composition, age, disability status, expectations of child's future health and development needs)
- the key challenges faced in managing the disability
- interactions with service providers over the last six months (eg extent of/reasons for contact, experiences and perceptions, future service needs).

A small number of interviews were also undertaken with people who work with families with multiple challenges, selected on the basis of their ability to provide a broad view of what makes services accessible and effective for these families.

## 5) Masterton demographic profile

Drawing primarily on Statistics New Zealand and MSD databases, we undertook a desk-based analysis of demographic data, families' needs, statistics (eg deprivation, teen pregnancy and truancy rates) to describe the overall status and needs of the Masterton community.

### Ethics approval

The project team gained ethics approval from the Families Commission's Ethics Committee for the in-depth interviews with families with multiple challenges and the provider questionnaire.

## Limitations of the Masterton project

### Snapshot of Masterton services

Every effort was made to identify every social service in Masterton. The social service scene is complex and evolving. It is possible that we might have missed some service, or there has been a name or more substantive change since the report was written.

We did not attempt to evaluate the effectiveness of the individual social service providers as that was out of the scope of this project. However we asked in the questionnaire whether evaluations had taken place. Few providers had undertaken formal evaluations and none were recent.

### Colmar Brunton report – telephone survey

Four hundred interviews were carried out in the Masterton local calling area. Telephone numbers in the Pahiatua and Featherston/South Wairarapa local calling areas were not included in the survey.

Only families which had a home telephone line were able to participate. Some families, particularly the poorer families, do not have land-line phones. Most of these rely on cellphones which are mostly used for texting, to keep the cost down. The families that were contacted, therefore, may not have been representative of the Wairarapa families generally. This may have had some impact on the results we report, both in terms of the extent of their use of social services, and their experiences of them. We are unable to suggest the direction of this impact.

The response rate for the survey was 41 percent. There would be a variety of reasons for families refusing to participate. Among these, it is likely that being too busy, and being over-surveyed would be common. Again, we are unable to suggest what impact this would have had on our results.

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### In-depth family interviews

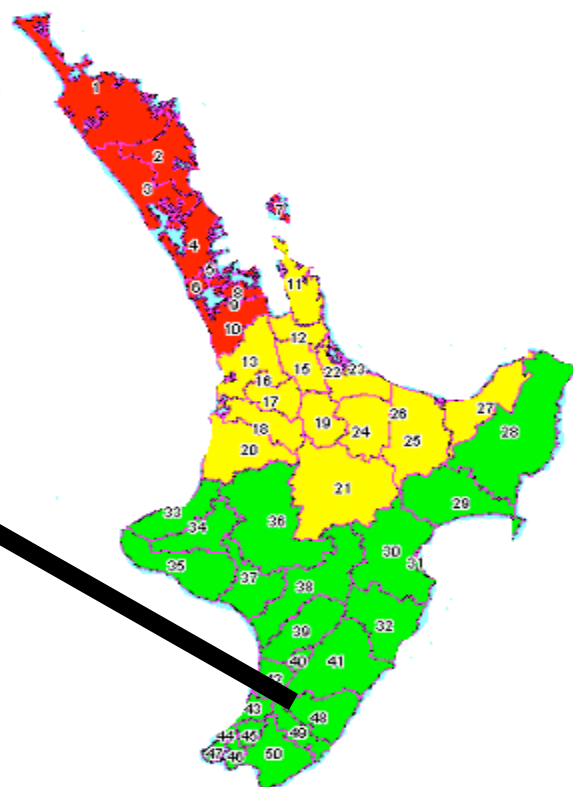
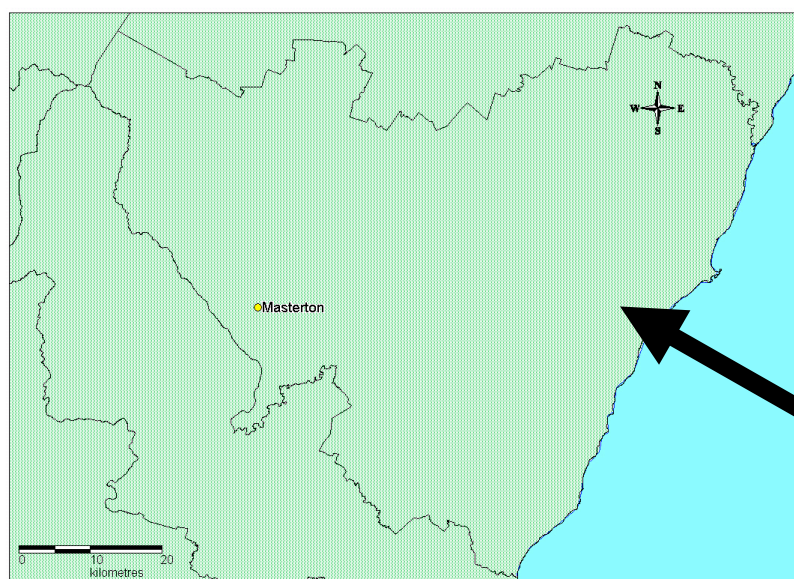
Thirty nine families were included in our qualitative sample. Families were identified through providers and using a snowball technique. These families were not intended to be representative of Wairarapa families generally. This component of the project aimed to gain in-depth information about the experiences of families which have multiple challenges. The snowballing method poses some risk of the sample comprising like-minded families.

As already explained, we were unable to include a sample of the most vulnerable families in these interviews.

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## THE MASTERTON CONTEXT

This section presents contextual information on the people of Masterton, the social services that are found there, and the use that Masterton families make of these services. It shows that the Masterton population is older, a little poorer, and less ethnically diverse than the New Zealand population. Masterton has relatively high employment – only 3 percent receive the unemployment benefit. There are a large number of social services in Masterton, most of which are used by a small proportion of families.



### District Description<sup>7</sup>

The Wairarapa district includes three Territorial Local Authorities (TLA's) Masterton, Carterton and South Wairarapa. It extends from the Rimutaka Hill in the west to Ocean Beach in the south and Mount Bruce in the north, a total of 5,936 square kilometres. The area forms part of the Greater Wellington Regional Council.

Masterton is located in the heart of the Wairarapa region of New Zealand. It is about an hour and a half drive from both Wellington and Palmerston North. The surrounding region includes, Tinui, Wainuioru and Mauriceville, and the coastal settlements of Castlepoint and Riversdale. The South Wairarapa boundary follows the coastline from the western end of Palliser Bay in Cook Strait to Honeycomb Rock, east of Martinborough. South Wairarapa includes the towns of Featherston, Greytown and Martinborough which are the main population centres.

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<sup>7</sup> Wairarapa District Health Board District Annual Plan 2009/10

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Rangitane and Kahungunu are the principal Māori iwi in the Wairarapa. Marae are located Masterton (Te Ore Ore, Rangimarie) at Papawai, Martinborough (Hauariki) and Pirinoa (Kohunui).

## Demographic profile

This section presents information on the Masterton community, including benefit statistics, and the Masterton community as compared to New Zealand as a whole. Most of this information is drawn from the 2006 Census.<sup>8</sup>

The Masterton population has been static in recent years, with around 23,000 people in the District Councils' area, and 8,889 households. Most people have access to a phone of some sort and a car, half have access to the internet, and more than two thirds own a home. Twelve percent of the population does not have access to a car. These figures are similar to those for New Zealand as a whole, except for the internet access which is not quite as common in Masterton.

### Age profile

Masterton has a significantly lower proportion of working aged people and a higher proportion of older people than New Zealand as a whole, perhaps explaining why unemployment is low in the Wairarapa.

### Ethnicity profile

Masterton has a predominantly European ethnic makeup with 76 percent of the population identifying as European and 17 percent identifying as Māori. Unlike New Zealand as a whole, only small proportions of the Masterton population are of Pacific or Asian ethnicity.

### Family structure

Compared with New Zealand as a whole, Masterton has a higher proportion of couples without children, presumably reflecting the older age profile of Masterton, but a similar proportion of one parent households with children.

	Masterton	New Zealand
Couple without Children	44%	40%
Couple with Children	39%	42%
One Parent with Children	18%	18%

### Income

The Masterton population on average is a little poorer than the rest of New Zealand. The percentage of the 15+ population in Masterton with an annual income of \$20,000 or less is 46.7 percent compared to 43.2 percent of the New Zealand population. Seventy-two percent of one parent households with children and 27 percent of couples with children have an income below \$50,000.

### Benefits statistics<sup>9</sup>

Since December 2007 quarter, there has been a 15 percent increase in the number of beneficiaries in Masterton. As at March of 2010, there were 286 people between the ages of 18 and 65 receiving an unemployment benefit (approximately 3 percent of that age group), of whom 13 had been on this benefit for more than 4 years, and 53 for between 1

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<sup>8</sup> Later in the report (page 25), we provide information on the Masterton families who responded to our survey of families.

<sup>9</sup> <http://www.msd.govt.nz/about-msd-and-our-work/publications-resources/statistics/benefit/tla-factsheets.html>

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and 4 years. There were 671 people between the ages of 18 and 65 receiving the Domestic Purposes Benefit (approximately 5 percent of that age group), of whom 95 had received it for more than ten years, and 165 had received it for between 4 and 10 years. The number on the unemployment benefit has been falling this year, whereas the number on the Domestic Purposes Benefit has been increasing. The number of Special Needs Grants has increased substantially since the start of the recession.

## Social Services in Masterton

In this section, we report on which social services are provided in the Masterton District, and we provide some information about these services, such as funding, staffing levels, and service gaps. This comes from our canvassing of on-line information, questionnaire to providers, and discussions with providers. We also present information from our telephone survey of families on the extent to which they use these services.

### Overview

There are a large number of non-government agencies providing a wide range of family, community and health support services. Some of these provide services for all families, while others provide more specialised services for fewer families, or multifaceted services for vulnerable families. Almost all of the families we surveyed had used a social service in the last six months, particularly medical services (the survey of families asked about the use social services other than educational services, including early child education services). Families averaged eight service uses over that time. A quarter of families had used a parenting support service, and 14 percent had used a family or community support service.

Providers said that they could expand their services to families but may require further funding and staffing. They also identified gaps in services, namely services for fathers, mental health services for moderately affected people, affordable housing, services for sexual offenders, advice and support for parenting of older children and teenagers, and programmes for under 17 year olds who have left school.

Providers emphasise that it is essential to establish good relationships with the families they work with, and that services are most effective when they are linked into their communities, and well coordinated with other service providers. Some providers believe that the church-based services do not have this link with other services.

Providers experience a number of difficulties with funding, primarily: complex reporting and accountability requirements stemming from differing approaches among government funders; funding which is too specific so that providers cannot meet the range of family needs that they encounter; and funding which does not cover all of a provider's costs. The providers suggest that government funders should use 'high trust contracting', which, among other things, would allow the providers to deal with families in a holistic way.

Some agencies were highlighted by other providers as examples of good practice or providing key services: REAP, Whaiora, Te Hauora, Masterton Christian Childcare Centre, PAFT, and Makoura Teen Parent Unit.<sup>10</sup>

### What services are provided in Masterton (and the Wairarapa)

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<sup>10</sup> This does not preclude the possibility that other services also model best practice or provide key services.

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Through our scan of services in Masterton and the surrounding region we identified:

- 21 that provide parenting support for families with babies, children and young people
- 45 community-based agencies that provide general support services for families
- 9 Māori services
- 22 health related services (including medical and health support) and seven registered counsellors
- 16 helpline and 0800 numbers (four local and 12 national)
- 4 government agencies: the Ministry of Social Development (which is represented through both Work and Income, and Child, Youth and Family); the Ministry of Health (through the Masterton District Health Board); police; and Justice (through the local courts)
- 2 local government authorities
- 17 churches
- 36 schools and 41 early childhood education centres.

These services are described below and Appendix One provides a full list.

### **Non-government services**

#### ***Parenting support for families with babies and children up to five years.***

Plunket provides support services for families with babies and young children from about six weeks until five years of age, and parenting education up to three years of age. Parents Centres services provide parenting training from pre-birth onwards. Family Start (provided by Whaiora)<sup>11</sup> and PAFT work with vulnerable families and programme eligibility is based on a criteria set by the Ministry of Social Development. The Masterton Christian Childcare Centre operate a childcare centre as well as a social support service.

#### ***Parenting support for families with children over five years and teenagers***

These are available for families with children and young people aged between 5 to 18 years who are exhibiting at-risk behaviour. For example, the Southern Wairarapa Safer Community Council operates three programmes specifically designed for young people (Life to the Max, Wairarapa District Truancy Service, and Wairarapa Big Brother Big Sister), and the Seasons Programme provides support for young people who have experienced the separation or divorce of their parents, or the death of someone close to them. Parents Centres also provide parenting education for parents of five year olds through to teenagers.

#### ***Services provided by churches***

Churches provide a range of pastoral care, children and youth activities, and relationship counselling, eg 'Fresh Perspectives' (mentoring). The Learn and Live Ministries Charitable Trust provides 'Kids at Heart', a respite care programme for at-risk children.

#### ***Services for Māori***

A range of services are orientated towards Māori including health, justice, drug and alcohol, and other social services. The services to whom we talked primarily provide a Kaupapa Māori service for whānau that have multiple challenges. Whaiora provides the Tamariki Ora programme for 100 whānau, Family Start for 52 families (including non-

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<sup>11</sup> Whaiora provides Family Start among other programmes. Whaiora was previously known as Whānau Whaiora.



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Māori families), and a range of other services. They also operate a GP service and a smoking cessation programme. Te Awhina provides school holiday programmes, parenting education and cultural and sports programmes to about 30 to 50 whānau; Te Hauora provides parenting, youth development, alcohol and drug counselling. They are funded to work intensively with 12 whānau under the life skills peer support service and three whānau under the youth needs programme. They manage the Family Safety Team initiative. Through a range of other programmes and services Te Hauora has contact with up to 800 other families in a year, eg Rongoa and Mirimiri (Māori medicine and massage). Whānau are referred to these providers by a range of other agencies or self refer into these programmes. Te Hauora indicated that if they had sufficient funding they could see more whānau.

### **Other non-government services for families**

Providers offer a range of advice and support (Budget Advisory Services; King Street Artworks – who provide art therapy for people with mental health issues; LifeXchange – family crisis support<sup>12</sup>; and Wairarapa Community Law Centre) through to crisis intervention (Wairarapa Women’s Refuge, Wairarapa Rape and Sexual Abuse Collective). Relationship Services and Wairarapa Addiction Services offer counselling services. Other providers focus on a specific issue, eg CCS Disability Action, Grandparents Raising Grandchildren, Prisoner Aid and Rehabilitation Society (PARS – which includes support for families of prisoners). REAP provides a coordination role linking services with other services, and families with services in the Wairarapa. For example, REAP chairs the Strengthening Families coordination committee.

### **Government services**

The key government agencies that provide services in Masterton include health (Wairarapa DHB), Ministry of Social Development (Work and Income; and Child, Youth and Family), police, courts, education (schools and early childhood education services). The Inland Revenue Department does not maintain offices within the district, but does have active visiting services, including one especially for Māori.

Masterton families need to go outside the Masterton region for a range of other government services such as Inland Revenue, specialist health and mental health services, and youth justice facilities.

The Wairarapa DHB is a key funder of a large number of services including Masterton Hospital, Primary Health Organisations (PHO’s), nurse educators, mental health services (Mental Health Crisis Team, and Child and Adolescent Mental Health Services<sup>13</sup>), and a range of community based services eg Whaiora, Te Hauora, Wairarapa Addiction Service, and King Street Artworks.

One of the services provided by the Ministry of Social Development through Work and Income service is the Integrated Services Programme which provides support for families with high and complex needs and with children aged 0-2 years. The Integrated Services Programme is a pilot programme in the Wairarapa and some other centres, with the overarching aim of providing certain families with the assistance they need. The criteria for families to enter the programme is that they face multiple challenges and have a child under two years old. Work and Income makes a comprehensive assessment of the

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<sup>12</sup> This service is supported by a Christian trust, and has church links, but as it provided from a separate office, has been coded as an ‘Other community service’.

<sup>13</sup> Hereafter referred to as CAMHS

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family's eligibility for standard and special benefits or grants, and connects the family with other services.

MSD also provides support for a range of services including REAP, Wairarapa Free Budget Advisory Service, Makoura Teen Parent Unit, Masterton Christian Childcare, Te Hauora Programme, Whaiora, Kahungunu Ki Wairarapa Charitable Trust<sup>14</sup>, King Street Artworks, Nga Kanohi Marae O Wairarapa<sup>15</sup>, Oasis Charitable Trust Wairarapa<sup>16</sup>, Rangitane O Wairarapa Inc.<sup>17</sup>, Masterton Safe and Healthy Community Council, Stopping Violence Services Wairarapa Inc, Street Youth Ministries Trust Inc.<sup>18</sup>, Wairarapa Community Counselling Centre, Te Whanau O te Maungarongo<sup>19</sup>, Women's Refuge, and Wairarapa Rape and Sexual Abuse Collective.

The Ministry of Justice operates the District Court (Family Court and Family Violence Courts), as well as supporting Te Whanau O te Maungarongo<sup>20</sup>, Stopping Violence Service, Relationship Services, and Women' Refuge.

Police deliver a variety of services such as Victim Support; DARE New Zealand (education against substance abuse, violence, and bullying); interventions that work with youth and vulnerable groups, including working through iwi; support for volunteer groups such as Neighbourhood Watch; and Bluelight which provides activities for youth. The police also fund Te Hauora to provide the Family Safety Team initiative – this provides a coordinated response by government agencies and the community to family violence.

Other agencies such as Corrections and Te Puni Kōkiri are not located in Masterton but provide funding for specific programmes.

There is no Housing New Zealand housing available in Masterton or the surrounding region. In the late 1990s, a community organisation, Trusthouse, purchased the state houses in the Wairarapa region, and operates a housing rental service which substitutes for a government-run scheme.

### Service mix

There is a mix of services available to families in Masterton and the Wairarapa from universal programmes for all families to intensive support for families that fulfil certain criteria.

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<sup>14</sup> Programmes for young people, and stopping violence through involvement in Māori performing arts.

<sup>15</sup> A collective of eight marae with common goals, eg providing trade training.

<sup>16</sup> After School Care, youth services, counselling, food bank, etc.

<sup>17</sup> Provides a range of social and education services, and representation on health bodies.

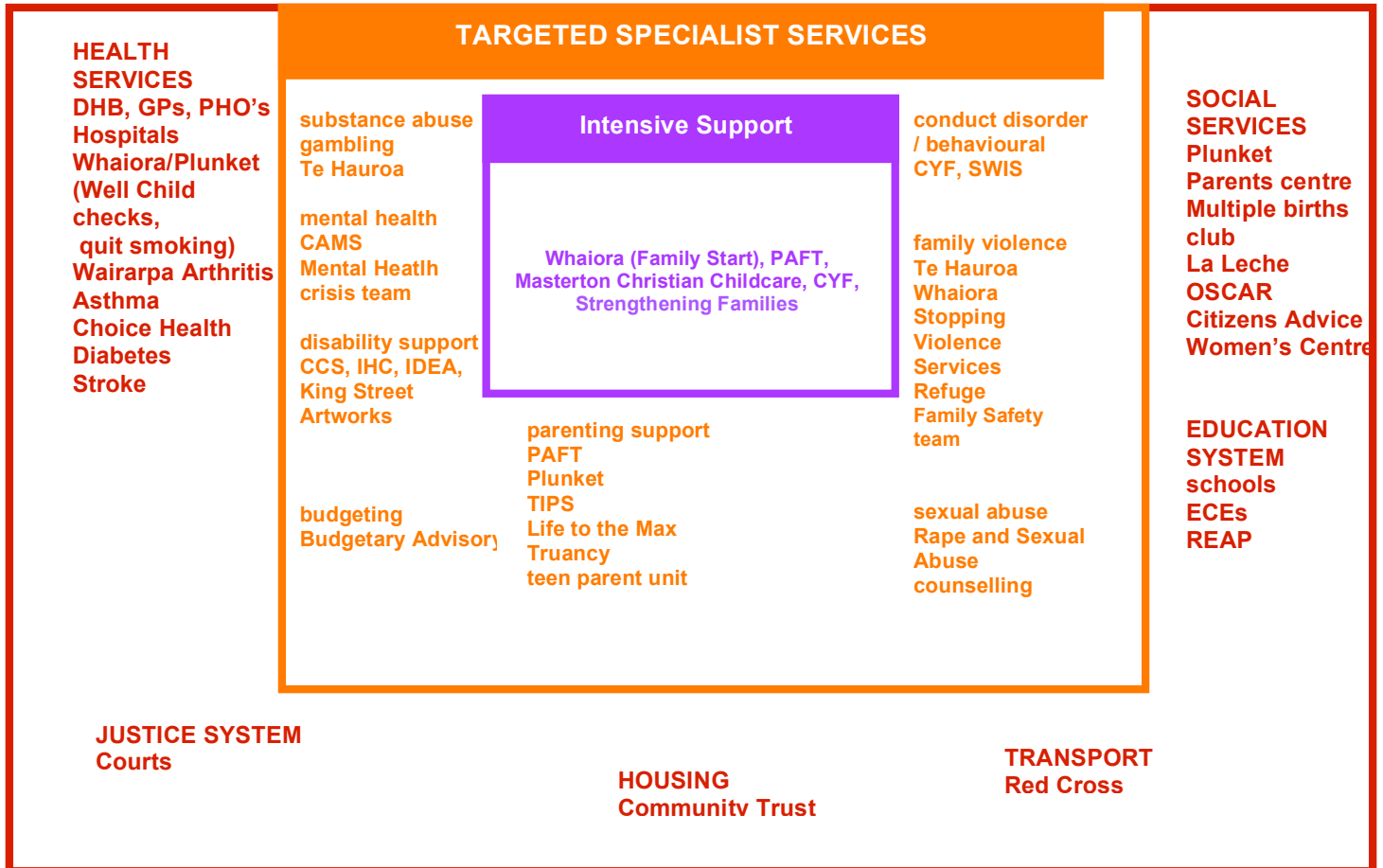
<sup>18</sup> Provides supervised activities for youth at risk, ranging from sport and recreation through to anger management.

<sup>19</sup> A Lower Hutt organisation that provides services to the Wairarapa including men's support, parenting, and programmes for victims of family violence, and family violence offenders.

<sup>20</sup> Provides support for victims of family violence, stopping violence programmes and other social services.

## SELECTION OF MASTERTON SERVICES<sup>21</sup>

### UNIVERSAL SERVICES



The universal services are provided through GP's, medical centres, antenatal and hospital support, and churches. Families with young children can access Well Child/Tamariki Ora services (through Plunket and Whaiora), early childhood education and schools, and parent education. Access to some of these services is limited by the age of the child (eg Plunket) and some may incur charges (eg Parents Centres). Non-government services include Sport Wairarapa and community centres (located in Carterton and Featherston).

There is a larger number of targeted services available to Masterton families, which provide additional or specialist support. Examples of these services include: health related support (eg Wairarapa Diabetes, Sexual Health Centre, Wairarapa Alcohol and Drug Service); services available for teenagers (e.g, Makoura Teen Parent Unit, and the Open Home Foundation) and family and community support services (eg Relationship Services).

<sup>21</sup> Some providers provide a range of programmes of different types and intensity, and because of this appear in several places within this table.

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There are fewer intensive support services available for families and they tend to focus on families with children under five years, eg Family Start, and PAFT<sup>22</sup>. Access to these services tends to result from referrals from providers, and families must satisfy the criteria for entry. There are also crisis services available in Masterton including Women's Refuge and Rape and Sexual Abuse Collective, and the services provided by the police, and Child, Youth and Family.

### Primary funding sources

In asking providers to indicate where they get their primary source of funding, we found the majority accessed funding from the Ministry of Social Development, the Wairarapa DHB, Trusts, Community Organisation Grants, and other grants.<sup>23</sup>

The Ministry of Social Development funds specific programmes, whereas the Wairarapa DHB funds personnel positions within organisations that provide health and social services. This creates funding and reporting complexity for providers who have to keep track of what the money from the different funding streams was used for, and what impact it had. Another difficulty for providers is that funding does not always cover all staff costs associated with the programme, eg staff supervision and training, coordinating with other services, and following up with families.

Providers find that families' needs often fall outside the criteria specified in their funding contract. This places providers in a dilemma of trying to find other ways of catering to these families' needs, or leaving the needs unaddressed. The providers regard high trust contracting as a better approach to funding their services. A high trust approach would not tie agencies down so tightly that when dealing with a family they are restricted to addressing just one need, or a narrow range of needs, when the agency can see that the family has other needs that should be addressed, and are within the agencies' capability of doing so. This type of contracting approach would also trust the agencies to use the funding wisely; for example, agencies might be able to use the funding to cover their costs incurred when they refer families to other services, or coordinate these services. One provider would like an even more flexible funding arrangement where they could pool their resources funded from any of the government agencies so that they could then allocate them according to the needs of their clients.

### Who funds

#### *Ministry of Social Development, Ministry of Justice\*, Te Puni Kōkiri and ACC*

For the 2009/10 financial year, the Ministry of Social Development, Ministry of Justice\*, Te Puni Kōkiri and ACC collectively funded 30 providers in the Masterton District for 52 contracts with a value of \$2,259,398.66 (GST exclusive)

#### *Health*

The Wairarapa DHB total allocated health funding for 2009/10 was \$105m to operate the DHB services within the Wairarapa.<sup>24</sup> This included funding to operate Masterton hospital and related outpatient services, the Primary Health Organisations (PHOs), and a large range of health related NGO services (eg Māori health, mental health). Both Te Hauroa and Whaiora receive DHB funding for services; and Parents Centres accesses some DHB funding.

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<sup>22</sup> The intensity of PAFT services varies by location. In the Wairarapa, it provides an intensive service.

<sup>23</sup> The Ministry of Education also funds services, but is not included here, because our emphasis is on other social services in the Wairarapa community.

<sup>24</sup> Wairarapa District Health Board

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### *New Zealand Police*

The New Zealand Police generally do not fund social services. Instead, they provide "in-kind" support for a range of community initiatives, where police provide office space or equipment, or police provide personnel to work in partnership with NGO staff. Services delivered this way include Victim Support, work with iwi, interventions for youth and vulnerable groups, DARE New Zealand and Bluelight<sup>25</sup>. The police also fund Te Haurua to help coordinate the community response to family violence through Family Safety Teams.

### *Education*

The Ministry of Education helps fund REAP and funds Wairarapa schools, early childhood services, the Teen Parent Unit, and some funding goes to Wairarapa Youth Choices Trust. The Tertiary Education Commission funds UCOL (an Institute of Technology with campuses in a number of locations, including Masterton), a number of Private Training Establishments (PTEs) and Adult and Community Education (ACE) programmes.

### *Other funders*

The Wairarapa Community Law Centre is funded by the Legal Services Agency; PARS is funded by the Department of Corrections.

There are also a number of large national social service providers funded through a national contract, and likely to have a presence in the Masterton District. These national providers include:

- Barnardos
- Plunket
- Relationship Services
- National Collective of Independent Women's Refuges<sup>26</sup>
- IDEA Services (which are community services provided by IHC)
- CCS Disability Action
- Deaf Association New Zealand
- Royal New Zealand Foundation of the Blind
- Stopping Violence Services

### *Trust, Community Organisation Grants, fundraising*

A significant number of providers rely on funding from trusts, COG's, and fundraising, including donations. This applies to Te Awhina, the Seasons Programme, King Street Artworks, and LifeXChange.<sup>27</sup> Most churches are self-funded from family donations.

### **Who providers work with, where, and for how long**

Providers told us they work with all families. When asked, however, to identify who they *primarily* work with, the majority indicated that they work with mothers and their children. No provider we contacted indicated that they work specifically with fathers.

The numbers of families that providers work with varies significantly, depending on their funding, staffing, and the nature of their service. For example, the Community Law Centre

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<sup>25</sup> See page 18 for a little more information on Dare and Bluelight.

<sup>26</sup> The latest data we have for the Wairarapa Women's Refuge comes from the 2007/08 financial year in which they received \$117,814 from the national contract held with the National Collective of Independent Women's Refuges.

<sup>27</sup> These agencies might also receive funding from other sources, such as the DHB.

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has contact with up to 1800 clients a year; Plunket sees about 250 to 350 families, including 80 to 90 new families, each year; the Seasons Programme provides grief and loss support for 26 families with young people; and the Southern Wairarapa Safer Community Council works with ten families with at-risk children aged 5 to 14 years. Programmes such as Family Start and PAFT are funded for a set number of families. Generally, the intensive programmes cater for small numbers of families.

The duration of contact between the provider and the families varies from short term crisis intervention (Refuge, Seasons Programme), to daily for 'at least a term' (Youth Choices Trust), monthly (Family Works Centre), for a period of eight weeks (Parents Centres antenatal course), or periodic parenting education training (Plunket and PAFT).

Providers work within a range of settings. For example, Relationship Services and Wairarapa Addiction Service provide counselling at their offices; Refuge work in homes and operate a safe house for abused women; the Southern Wairarapa Safer Community Council programmes see families at the Youth and Family Court, Family Group Conferences, Child, Youth and Family residential facilities, and drug and alcohol units. Churches provide pastoral care at their church facilities and many indicated that they provided home visits as necessary.

Services such as the Wairarapa Youth Choices Trust, Oasis and some churches provide transport to pick up young people to transport them to programmes.

### **Cost to families**

Most of the services are provided at no cost to the families, eg PAFT, Family Start and Plunket. Some providers indicated that they require families to pay a small fee depending on the programme, eg Oasis Trust charge a small fee of \$ 3 per family for its music programme. Some families also access subsidies to cover fees such as Work and Income Out of School Care (OSCAR) programmes. Families attending Parents Centres parenting programme pay membership (\$60) and programme fees (\$120). Where higher programme costs are incurred by families, trust and church groups often provide some form of direct assistance to reduce costs, such as sponsorship to attend children's camps.

### **Geographical coverage**

Although the majority of the services we identified were located in Masterton, most of these indicated that they provided a Wairarapa-wide service. Family Start, however, is only available for Masterton families, and Te Awhina works with whānau only at its community house in eastside Masterton. We identified six services that are located outside Masterton.

### **Service capacity**

Most providers indicated that they could cater for more families, but are restricted by their funding, even though there is unmet demand. This is true of Whaiora, for example, which is contracted to provide Family Start to 52 families. For others, providing more service would require getting more staff or larger premises.

For some programmes, there is effectively no wait list, while for others there is a six month delay before families can enter the programme. One provider indicated that it has no waiting list as they take people immediately, even though they are over-enrolled. Another mentioned that they would not make families wait for longer than two weeks although it means staff do extra work and are seeing more clients than their contract

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covers. Masterton Christian Childcare Centre and PAFT had a waiting list when we collected this data.

### Staffing levels

Providers have a mix of paid and voluntary staff and the numbers of employed staff varies considerably across agencies. Many of the providers indicated that they would like to employ more paid staff. For example, Budgetary Services employs one full-time adviser; Plunket employs six staff including Plunket and Karitane nurses; PAFT employs the equivalent of two full-time staff; Family Works and Youth Choices Trust each employ four staff; King Street Artworks has nine part-time staff; and Masterton Christian Childcare Centre and Te Hauora each employ 13 staff.

The primary roles of the paid staff include counsellors, educators, youth workers, managers, and administration.

Although the majority of providers are assisted by volunteers, this does not apply to providers working with families with greater challenges, eg Masterton Christian Childcare Centre, Te Hauora, PAFT, and Family Start. Grandparents Raising Grandchildren is the only provider that relied entirely on volunteer staff

### Service accessibility

The main thing providers talked about in terms of accessibility is having the right people working in their organisation: people families can trust, who listen and who can build good rapport and relationships with the families they work with. One provider said that staff need to be approachable, motivated, passionate, accepting of families, and not judgemental.

Transport can be an issue for families and providers. Home visits can see providers travelling large distances, and similarly for families travelling to the providers' offices. A number of providers offered transport to get families to services, eg Red Cross operate a van service for families that are unable to get to hospital appointments unaided (both to Masterton Hospital and to the Wellington region).

Providers noted various things they had done to make their services more accessible for families. For instance, Relationship Services has changed its hours so that their programmes can be available in the evenings after family members finish work. Plunket talked about using texting to manage and change appointments, which is important for some families who do not have a land-line and who generally use their cell-phones only for texting. Budgetary Advisory Services is trialling working out of the Masterton Work and Income office.

Families' access to services depends on them knowing of the services. Providers such as Relationship Services, Community Law centre, and Wairarapa Addiction service used advertising to raise the profile of their services. Providers indicated that families often found out about their services through 'word of mouth'. Referrals from other providers are another important means of connecting families with services. All non-church providers identified other organisations to which they refer families, or with whom they work formally and informally. Many of the church groups, however, indicated that they do not connect with, or know of, some of the key Wairarapa providers. They did, however, know of the Open Home Foundation, Salvation Army, Relationship Services, Budgetary Advisory Services, Child, Youth and Family, and other government agencies.

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Some service providers (mainly church providers) indicated a need for a community directory of providers and services, and for a service coordinator who would maintain the directory and direct families to services. REAP maintains an on-line directory ([www.lookup.org.nz](http://www.lookup.org.nz)) and Family and Community Services, a branch of the Ministry of Social Development, has an on-line Masterton family services directory. It is not clear whether those providers calling for a directory knew about these, but it would appear from their comments that they wanted a phone-based directory. If so, this would be the kind of service that is already provided by the Citizens' Advice Bureau.

### **Working collaboratively**

In addition to working with other individual agencies, a number of agencies attended, organised or were involved with interagency groups. This is a useful mechanism for providers to be well connected with the community, and develop relationships with, and understanding of, other agencies. Agencies that worked with families with greater challenges also tended to be the most connected with the community and other providers. Te Hauroa, for example, sits on the Family Violence Intervention Group, the South Wairarapa Safer Community Council and the Masterton Safe and Healthy Community Council. They host the Community Alcohol Action Group, and also deliver programmes through this group. Masterton Christian Childcare Centre chairs the Poverty Action Group.

A number of providers mentioned the unique coordination role REAP plays in the Wairarapa; REAP partner with police, Road Safety, Wairarapa Careers, NZ Careers, Literacy Wairarapa, Women's Centre, Masterton Safe and Healthy Community Council, Wairarapa Workforce Development Trust, Henley Trust, Supergrans, South Wairarapa Truancy Officer, Life to the Max, and Child, Youth and Family; and they refer families to CAMHS, Special Education (GSE), and schools generally. REAP also chairs the Strengthening Families meetings coordinating agency assistance to families.

There is another type of coordination of services that happens at the individual case level. This occurs when an agency is responsible for assessing a family's needs, and referring the family to a range of services to meet those needs. This is done in Masterton by Strengthening Families, Family Safety Teams, Social Workers in Schools, and by Work and Income's Integrated Services Programme. While other agencies will often refer families to other services, this case management coordination formalises this function, and provides for a comprehensive assessment of family needs and subsequent referrals. The Integrated Services Programme, described earlier (page 17) is said to have been valuable in building relationships between providers and families with high and complex needs and with children in the 0-2 year age.

### **Effectiveness of social services**

Providers we interviewed believe that they are effective when: There is a good match between the services they provide and the needs of families that come to them for assistance; they are able to build a good relationship with the families; they have the right people with the right skills working for them; and they can provide a whole-of-family service, or they are well connected with other services, so that the family can be assisted with all of its significant needs. For example, the Masterton Christian Childcare Centre ensures that they have the right families accessing their service, and liaises with other services who have common interests or work in complementary areas, so that they can provide a coordinated response for families.



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Most agencies we talked to had some sort of client feedback form. Few, however, had conducted a detailed evaluation of their services. The cost of evaluation is a deterrent.

## **Families Use of Social Services**

### **The survey of Masterton families**

We commissioned a survey of families living in or near Masterton to gain an understanding of their use of family services in the area, and what they thought of these services. This comprised short telephone interviews with 400 families in May 2010. Families were contacted using random digit dialling. The response rate was 41 percent.

### **The families**

All the families included in the survey had at least one dependant child living with them full or part-time. Most of the families had one or two children - fewer had three or more children. The children's ages were evenly distributed from birth to 17 years. Nearly all of the survey respondents described themselves as the children's parents, while 5 percent said they were step-parents, and 3 percent said they were grandparents. A few were foster parents. The survey participants were 15 percent Māori and 84 percent Pakeha; very few were Pacific Peoples or Asian<sup>28</sup>. About half lived within five kilometres of the town centre, and significant numbers lived sufficiently far away to place them in rural areas or other nearby Wairarapa towns. Around 20 percent were sole parents. The combined family income was usually \$70,000 or less.

### **Most often used Masterton services**

The interviewers asked the survey participants about their family's use and experience of each of 18 Masterton family services. The list of family services included in the survey was developed from a stocktake of family services in the Wairarapa. Education services were excluded. Ninety-three percent of the families had used at least one service in the last six months. On average, the families which had used these services did so eight times over that time period. The next two tables present details about the families' social service use.

Families most frequently used medical services, including their doctors, medical centres, and Masterton Hospital – 87 percent had used a medical service, and on average six times per family (see Table 2).

Fifty-four percent of families used services other than medical services, on average six times for these families over six months. Most frequently among the non-medical services, families attended Work and Income – 26 percent had done so, averaging three visits per family. After that came Plunket and the police.

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<sup>28</sup> They could choose more than one ethnic group.

**Table 1 Masterton families' use of Social Services**

<b>Family service</b>	<b>% of families who used this service</b>		<b>average number of uses of service, for families that used each service*</b>
A GP or Medical Service	83	%	4.5
Masterton Hospital	51	%	2.7
Work and Income Masterton	26	%	2.8
Plunket	19	%	2.8
The police	15	%	1.9
Whaiora Health and Social Services	7	%	4.3
Rural Education Activities Programme (REAP)	6	%	4.4
Relationship Services	5	%	5
Masterton District and Family courts	4	%	1.8
Parents as First Teachers (PAFT)	3	%	5.1
Parents Centre	3	%	5.5
Child and Adolescent Mental Health (CAMS)	3	%	6.9
Wairapapa Free Budget Advisory Service	3	%	4.6
Child, Youth and Family Masterton	3	%	4.2
Rangitane O Wairarapa Incorporated	2	%	-
Te Hauora Rununga O Wairarapa	<1	%	-
Wairarapa Women's Refuge	<1	%	-
Family Start or Te Mauri a Iwi <sup>29</sup>	<1	%	-

\* only shown where ten or more families used this service. The average is the total number of times families had used these services, divided by the number of families that had used the service.

Families with four or more children were high users of non-medical services (80 percent), as were families with pre-school children (78 percent), Māori families (71 percent), and low income families (81 percent).<sup>30</sup>

The following table groups the services in Masterton into a smaller number of categories.

<sup>29</sup> Family Start is delivered in Masterton by Whaiora, previously called Whaiora Whanui. Some survey respondents cited attending Family Start, some Whaiora, and some Whaiora Whanui. Consequently, the true contact with Family Start might be higher than indicated here.

<sup>30</sup> (i) Not shown in these tables. (ii) Income \$30,000 or below.

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**Table 2 Masterton use of Social Services, grouped presentation**

<b>Family service</b>	<b>% of families who used this service</b>	<b>average number of visits per family that used this service</b>
Parenting Support Service	24%	4.6
Family or Community Support Service (including Māori Support Services)	15%	6.4
Māori Support Services	9%	4.8
Government Services	36%	3.2
Medical Services	87%	5.9

Government services were the non-medical services used by the most families – approximately one in three families used one of these services: Work and Income, the police, the District or Family courts, or Child, Youth and Family.

Parenting support services were the next most frequently used non-medical service - nearly a quarter of families used a parenting support service over the six months period. These are services such as Plunket, Parents as First Teachers, and Parents Centre. One in seven families used a family or community support service, such as Whaiora Health and Social Services, Relationship Services and Budget Advisory Services. One in ten families used the Māori support services.

It is apparent that Māori are not the only users of Māori support services. We know from Whaiora that only 60 percent of the families they deal with are Māori. The figures from our survey of families suggest that this is likely to be true for at least some of the other Māori support services.<sup>31</sup>

### **Other Masterton family services**

There are many Masterton Services other than those listed above. One in six families said that they used another service. None of these services were used by more than 1 percent of the survey families. Examples of these services are Special Education Services, Counselling Services, Inland Revenue, IHC, Whaiora, Salvation Army, and CCS Disability Action. This shows that communities such as Masterton are serviced by a plethora of family services, some of them unique in what they provide, and others overlapping with other services.

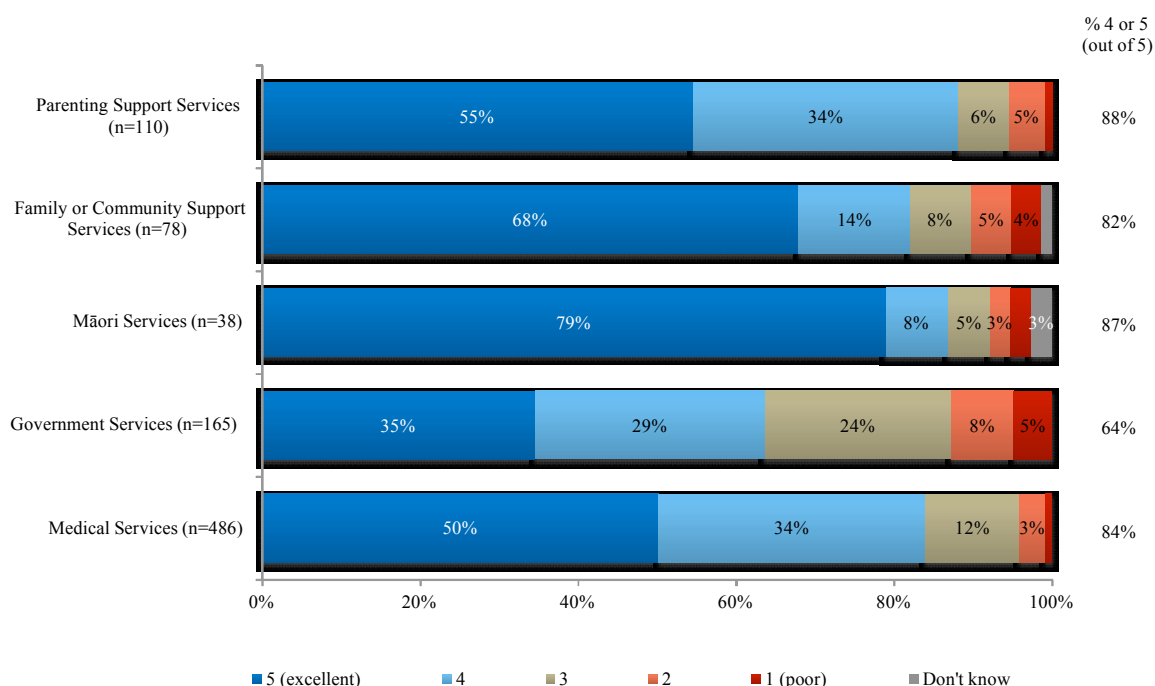
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<sup>31</sup> 17% of the Masterton population identifies as Māori. One in three Māori families used a Māori support service, making up approximately 6% of Masterton families. And, we know that 10% of families used a Māori support service, meaning that a sizeable minority of those that did are non-Māori.

## MASTERTON FAMILIES' VIEWS

We asked families to give an overall rating of the social services they had used from our list of 18 services, and to tell us whether each service met their needs. The following charts show how families rated the services within the five grouped categories on these two questions.<sup>32</sup>

**Chart 1: Overall ratings (grouped services)**  
*How would you rate this service using a scale from 1 to 5, where 1 is poor and 5 is excellent?*



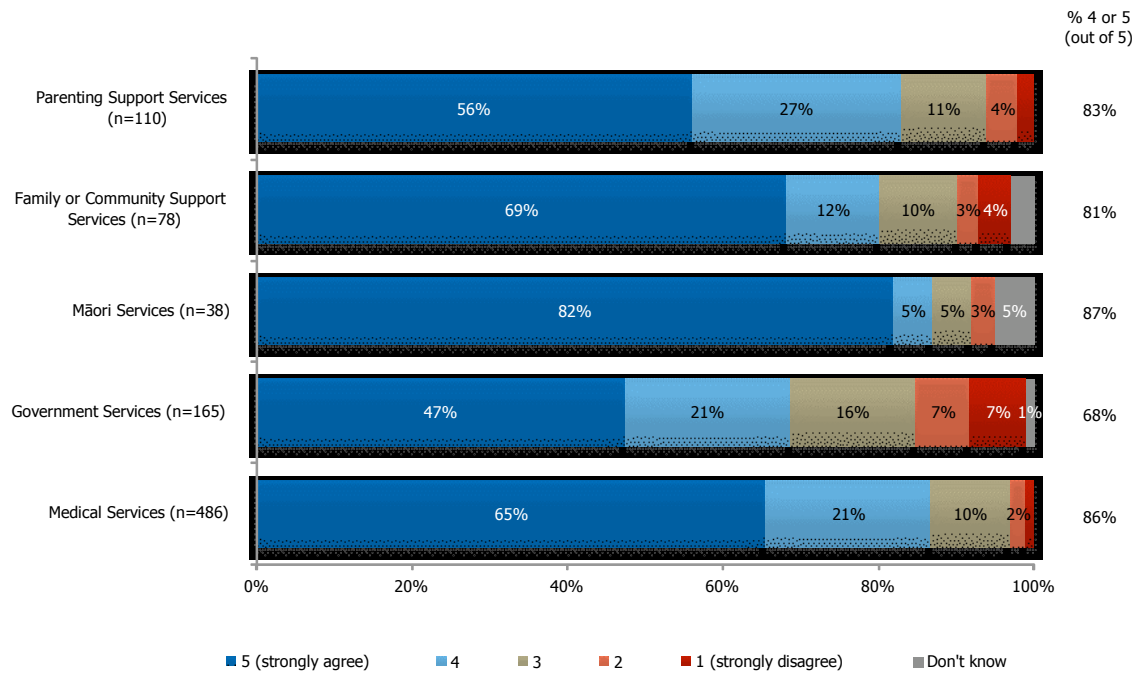
The red sections in these graphs represent the number of people who gave these services a one or two rating where one means poor. A rating of two would indicate a rating that the service was unsatisfactory, but not deserving of a poor rating. The chart shows that few families rated the services to be unsatisfactory or poor. Government services were rated the least highly, but even there, only 13 percent of families gave an unsatisfactory or poor rating. The lower rating for Government services presumably reflects to some extent the nature of the services that are provided, which for Child, Youth and Family, and Work and Income, would be seen by some families as services which are imposed or which they are compelled to use when seeking a benefit, rather than sought voluntarily by them.

Unsurprisingly, the results for the question on whether families got what they needed from the social services mirror their overall ratings.

<sup>32</sup> We have not presented this information for the individual services because for all but two of them, the number of families making the ratings are too small to be confident in the results.

## Chart 2: 'Getting what is needed' (grouped services)

Do you feel that your family got what it needed from the service?



Base: All ratings of each service within the group category. Respondents were not asked to rate the performance of a service that only their partner uses.

### How did families find out about services?

We asked families how they first found out about the social services they had used, except for the Government services (Work and Income, Police, the Hospital, etc.), because we assumed the people of Masterton would be generally aware of these. As the number of people who commented on each of the non-government services was quite small, we have aggregated their responses, and these are shown in the following table.

**Table 3 - How did families find out about social services**

	All who used these services	Parenting support services	Family and community support services (including Māori services)	Māori services
<i>Sample size</i>	<i>(n=140)</i>	<i>(n=96)</i>	<i>(n=58)</i>	<i>(n=36)</i>
Word of mouth (mainly family and friends)	32%	19%	50%	53%
Hospital/hospital staff	26%	32%	12%	14%
Early childhood services	11%	16%	-	-
Family doctor	10%	7%	12%	6%
Primary or secondary school	9%	9%	7%	6%
Midwife	9%	12%	-	-
Plunket/Plunket nurse	6%	8%	-	-
General/common knowledge/through my job	9%	6%	10%	15%
From having our child/they contacted me after having child/children	4%	4%	2%	3%
Community newspaper	2%	1%	3%	-
Ante-natal classes	2%	3%	-	-
Legal system (eg, courts/lawyers)	2%	-	5%	-
Work and Income	1%	-	3%	-
Citizens Advice Bureau	1%	-	2%	-
Internet	1%	1%	-	-
Media, including advertising	4%	-	8%	15%
Phone book/yellow pages/white pages	1%	-	3%	-
Saw it when passing	1%	-	2%	3%
Was referred/transferred	1%	-	2%	3%
Just walked in/enrolled/registered	1%	-	2%	3%
Open Home Foundation	1%	-	3%	-
Family Start	1%	-	2%	3%
Other	5%	4%	5%	3%
Don't Know	1%	1%	2%	-

Base: Families who used these services.

A common source of information about services was 'word of mouth', particularly from families and friends. Apart from that, how families found out about services depended to a large extent on the type of service. Families often learned about services that relate to babies or infants from the hospital, doctors, or other medical personnel, and families often found out about services that relate to school-age children from schools. Social service agencies often informed families about other services, or referred families to them.

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It is instructive to consider where families did not find out about services. They did not find out about services from a directory of services – neither from a printed nor an on-line directory, nor some sort of telephone-based information service. The closest to this was the very few families that found out about services via the Yellow Pages, or by consulting the Citizens' Advice Bureau.

### Availability of services

We asked families if there was a service that they would have liked to have used but were not able to, and why not. The following table gives their responses. Only 43 people answered this question, 11 percent of the survey sample. Because of the low number that answered this question, the table presents actual numbers, not percentages. The low response to this question might indicate that this was not a significant issue for many families.

**Table 4 Why families did not access social services**

<b>Reason for not accessing desired service</b>	<b>number of families</b>
Don't know about what is available or where to access it	10
Service refused, or family did not meet their criteria	8
Service was full or hard to get into	3
No reason given	13
Other reason	9
Total	43

The table shows that only 10 families (3 percent of the survey respondents) stated that they did not know about a service, or knew about a service but did not know where to access it. In addition to the information given in the table, five families (1 percent of the survey respondents) commented on the lack of a directory of services. In general, families were not turned away from services. Eleven families said that the services refused to accept them, they did not meet the services criteria for assistance, or the service was full or hard to get into.

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## THE VIEWS OF VULNERABLE FAMILIES AND WHĀNAU

This section focuses on why vulnerable families and whānau use some services, and what it is about the availability or the nature of the service that facilitates that use.

This part of the report shows that vulnerable families and whānau valued services where they were able to develop good relationships with the service providers, and the services employed a whole-of-family or whānau approach. They also valued good information about the services, and good communication from the service about their own cases. Vulnerable families and whānau could be assisted to access services when they were provided with practical help, such as help with transport.

Attitudes in the community and among some service providers towards government services varied, particularly towards police, Child, Youth and Family, and Work and Income. Sometimes vulnerable families and whānau avoid these services because of negative attitudes in the community or their own previous negative experiences.

### *Vulnerable families and whānau*

Vulnerable families and whānau are those most likely to have on-going, intensive, or frequent contacts with social services agencies, sometimes a number of them.

Vulnerable families and whānau may need different levels and intensity of intervention or support at different times as their circumstances change. Their needs are likely to increase at transition points in their lives, and may be met by community-based, universal, targeted or intensive remedial services.

Research undertaken to date indicates that those who experience disadvantage may share certain features related to social exclusion, but they are far from being an homogenous group.<sup>33</sup> Some families and whānau will successfully navigate through their challenging issues; others will require additional support (whānau and family and service provision).

Where identified risk factors appear to have a multiplying or cumulative effect, the likelihood of adverse outcomes grows disproportionately. Any single risk factor makes a relatively modest contribution to individual risk. Exposure to one or two risk factors, unless they are extreme, is unlikely to have a negative impact on the probability that a child's development will proceed normally. Having four or more risk factors, however, can lead to a ten-fold increase in the probability of poor outcomes irrespective of their causal role<sup>34</sup>.

Evidence suggests that the group of vulnerable families and whānau in New Zealand has grown over time and instead of being 5 percent of the population may be up to 15 percent.<sup>35</sup> There are few specialist services available to meet the needs of these vulnerable families and whānau and the group with the highest needs (top 5 percent) are often the hardest for providers to reach. These families and whānau can be those who

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<sup>33</sup> [http://www.fahcsia.gov.au/sa/families/pubs/families\\_experiences/Pages/introduction.aspx](http://www.fahcsia.gov.au/sa/families/pubs/families_experiences/Pages/introduction.aspx)

<sup>34</sup> Jacobsen et al (2002)

<sup>35</sup> For example, the 2009 Social Report (MSD2009) notes that the proportion of children in households with low incomes increased between 2007 and 2008, from 16% to 20%, reflecting increased housing costs for families.



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are 'under represented', 'slip through the net', or are 'service resistant' (wary of engaging with providers). Some families and whānau do not access services at all. However families and whānau that services find hard to reach in one area or for one issue may not be so hard to reach in another area or for another issue, and the services themselves could be experienced as 'hard to reach' by families and whānau through being overly specialised, unwelcoming or stigmatising.

Consequently, we considered it particularly important to find out the views and experiences of this relatively small group of families and whānau.

### *Methodology*

Our survey of families, with its sample size of 400, was unlikely to connect with a significant number of vulnerable families and whānau, so we asked Masterton providers to put us in touch with families and whānau that met our criteria (multiple challenges, and dependant children). We then used a snowballing method to contact other families and whānau. The snowballing method can be very useful for making contact with families that would otherwise be hard to find, but risks the sample including a number of families and whānau that have similar views. One of our Māori researchers was based in the Wairarapa, and the process of contacting Māori families was assisted by her local knowledge. We interviewed 39 families or whānau in all, involving 45 individuals. We intended that whānau members would be interviewed by Māori researchers, although this did not always happen, because we did always initially know that families we were going to interview were Māori. One of the adults was Māori in over three quarters of the families. Some of the families and whānau were interviewed in groups in accordance with their preferences.

The interviews were detailed and qualitative, guided by a standard set of questions, but allowing the opportunity for exploration of issues.

As explained, we intended to interview families and whānau who were vulnerable. We had assumed that families and whānau who faced multiple challenges would be vulnerable. We had also expected that those families which had multiple contacts with a number of social service agencies would be vulnerable. In fact, we discovered that these families and whānau had considerable strengths and resilience. We also discovered that ordinary families are significant users of social services. Generally, families were purposely accessing social services in order to get some assistance to improve some aspect of their lives, not because they are desperate or dysfunctional. There were some exceptions, where families and whānau were in more difficult circumstances.

It has become clear, in retrospect, that our process of contacting families and whānau did not, in fact, connect us with many of the most hard-to-reach and vulnerable families and whānau. To have succeeded in this, some method other than contacting families and whānau through social service providers would have been needed. The reader of this report should bear in mind that there could be families and whānau in the Wairarapa area which are more at risk, and more difficult to contact than the families and whānau discussed here.

### *The Vulnerable Families and Whānau*

Twenty seven of the people we interviewed were in couple relationships. Mostly we interviewed only one member of a family or whānau, but we also interviewed six couples together, including all six men who were interviewed. Two of the couples were grandparents raising grandchildren. Sixteen of the participants were sole parents and two

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were sole grandparents. The majority of the families and whānau were Māori. Four of the families lived in households that included wider whānau.

The families and whānau had a total of 84 children under the age of 18, and 41 under the age of 5. The ages of the people ranged from teenage parents to one person who was aged 76. Most of the families and whānau we interviewed had young children, and at least one of the following: a health, mental health or disability issue; low income, often with other challenges arising from this, such as inadequate housing.

Most of the families and whānau provided information on their sources of income. A little under half had paid work, and the rest received a benefit of some sort, or superannuation.

More than half of the families and whānau lived in rented accommodation, and most of the others had mortgages. Most of the families and whānau had at least some support from extended family, and some had a great deal of support.

The rest of this section provides the views of the vulnerable families and whānau.

### **Why do vulnerable families and whānau access and rely on some services and not others**

Vulnerable families and whānau access social services because they need support. The extent to which they need help from a social service depends on the nature of the support they need, and whether it can be provided by their wider family and whānau. The next requirement is that they need to know which services are available. Sometimes, because of their attitudes to providers of services, they will avoid some providers altogether, and live with an unmet need as a result, perhaps entailing hardship. These attitudes might be picked up from the community, or formed because of the family or whānau's previous negative experiences with the providers. Once they have decided to access a service, they can be helped in a number of practical ways, such as getting transport to the service, or the provider personnel coming to them; and meeting times fitting in with work and care commitments. Or they can be hampered by cost, lack of transport, or appointment times that do not take their work or care commitments into account. And when they have met with a service provider, whether they continue to use that service depends on the way they have been treated, their perception of the professionalism of the staff, whether the service has met their needs (including their cultural needs) and whether they have any alternative.

Some of these issues are discussed in more detail below.

### **The impact of support from other family and whānau on their need for social services**

The first and most important source of support for almost all of the families and whānau included in the research came from their own extended family and whānau. The extent of this assistance influenced the families and whānau level of need for help from support agencies. Practical help from extended family or whānau, such as transport or childcare, when assistance with these were needed, also helped them access services. Wider family or whānau were also often important suggesting to parents that needed to seek help, and where to find it.

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*“.... family and friends, hell yes. I wouldn’t survive without them. I really wouldn’t. I’d have to leave work and sit at home on the DPB because I wouldn’t be able to have anyone to look after my children..”*

*“.... government-wise, community-wise, you know, anything in that support group we’d find out from our mothers ... they’re both in the community too, they know the services out there.”*

### Information on what is available

Families and whānau cannot access a service unless they know it is available, but often they did not. There may be a need for government social service agencies to be more proactive in providing information to families and whānau.

*“...I don’t even know about teacher aides. I just know that she should be entitled to one [because of her disability]”*

*“But Work and Income doesn’t tell you anything. Anything you’re entitled to ... You really have to know your rights.”*

*“[Free counselling] was something I never knew existed.”*

*“I don’t know how to go about [having my home insulated for free]”*

*“...even the childcare assistance, I think lots of people don’t know about”*

Citizens’ Advice Bureau was mentioned as one source of information. Frequently, one service provider would provide families and whānau with information about another.

*“[Whaiora] is pretty good because you just ask them and they can put you in the right place”*

*“You can ask [staff member at school for teenage parents], and she can hook you up with people that are in the know.”*

### Practical barriers to access

These include cost, transport, timetabling, and communication.

#### Cost

Most of the non-medical and non-educational services that these families and whānau accessed were free, or nearly so. With these services, cost was not an issue. Cost was a significant problem for many families, however, when accessing medical services.

Fortunately, there are some avenues to free healthcare in Masterton, with a free doctor available two days a week, and the hospital’s Accident and Emergency service. Many families and whānau would either use these services, including holding off going to the doctor until the free service was available, or they would simply not go to the doctor unless an illness was particularly serious. They had a similar approach to dental services, relying on the free dental service provided through the schools for their children, and not seeking help for the adult dental problems until they could no longer put the problems off.

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*“We barely go to the doctor if we have to pay for it. We’ll either try and wait to get in to see [the free doctor] or not go.”*

*“...[I go when] I’ve got a rotten tooth...”*

*“.....we don’t have regular check-ups, we just go if we’re in pain....”*

### **Transport**

The majority of families and whānau have access to a vehicle, which might, or might not, be available to the person needed to travel to a social services agency. Some services respond to transport difficulties by visiting people in their homes or providing transport.

*“The great thing about Whaiora is they always come to me. The only thing I go there for is the doctor ... Tamariki Ora always comes to the house ... your six weeks [immunisations] should be given at home, I reckon. Why drag the baby out?”*

### **Timetabling**

Attending appointments with social service agencies can be difficult for people who are in paid work, or who live some distance from Masterton. When parents or caregivers have to get children to school, early morning appointments create difficulties. Some family members have reported that some government agencies do not accommodate family needs when arranging appointments.

### **Communication**

While approximately a quarter of the families and whānau in this study had the full range of communications technologies in their homes including internet, a further quarter had no landline for telephone services and were reliant largely on using cell phones to send text messages. Some families and whānau have an additional complication caused by a toll boundary that divides North and South Wairarapa. These problems suggest that service providers should consider providing toll free 0800 numbers which can be rung from both land-lines and cell phones.

*“...you can only ring [Work and Income] from a landline on the 0800 number. [But], I’ve got the number where you can ring on your cell phone. It’s a lot easier than the landline.”*

### **Importance of good relationships with personnel at social service agencies**

Families and whānau continue to use providers when the services are provided by people that the family can trust and get to know through seeing each time they use the service. This is true regardless of the type of service. Some service organisations use procedures which make this difficult, and lead to families or whānau repeating the same story many times to different people.

*“... we used to have one person you can go see, you get to know them, they get to know you. Now if you make an appointment here, you get put on to anyone who’s free ... Even if there’s one there that you really don’t get on with, like there’s one there that I don’t get on with. That’s why I try not to make appointments there ...”*

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*"I switched because of the service I received [from a provider of services for mothers and babies] ... every time I turned up it was a different one ..."*

Families and whānau also need to see that the social service staff are competent, with good interpersonal skills, including non-threatening interviewing skills for collecting personal information.

*"I have other [people I know] who won't even go and see this [person] because he so gives you the third degree."*

Families and whānau are also concerned about confidentiality. In a medium-sized community like Masterton, confidentiality and the way the provider's office is organised can impact on whether people are prepared to use a social service.

*"You'd come out of the room, the therapy room directly, and just stand straight in the middle of people waiting in the waiting room, and... somebody noticed her and ... her son....so the next day [someone at school said to her son] 'oh, [child's name], are you mental?' "*

Concerns about confidentiality also arose where service providers were required to report to Child, Youth and Family if there are child safety concerns. This can deter families and whānau from seeking particular types of assistance.

### **Attitudes towards police and Child, Youth and Family**

Some families and whānau would avoid police, Child, Youth and Family, and Work and Income if they could. They expressed these views strongly. These government agencies are often seen as imposing on families and whānau rather than assisting them. In particular, some families and whānau fear the potential for Child, Youth and Family to get involved in their lives, and they resent others calling Child, Youth and Family on their children's behalf. Some of these people also avoided going to other providers, if they thought there was a chance that this would result in those providers reporting on them to Child, Youth and Family.

*"No I don't go to them [Work and Income], I try and keep away from them as much as possible ..."*

*"I would not go to the cops. Especially with a child because that's when Child, Youth and Family gets involved."*

*"....in one case this young girl stitches herself up rather than go into hospital ... in case Child, Youth and Family gets involved....." [quote from a District Health Board employee]*

Some families and whānau have had such negative experiences in dealing with Work and Income and Child, Youth and Family that, rather than return there, they go to wider family for financial support, or they endure hardship. A number of comments were made about this, including the two quoted here.

*"I've asked [for help] in the past and been made to feel not a very good parent or that actually I should be coping on my own ... Yeah, so .... it's [now] difficult for me to ask for help"*

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Families and whānau attitudes to Child, Youth and Family partly stem from that agency's need to be sure that children are safe. Some of them have experienced children being uplifted in circumstances that have baffled them. Here, for example, is a quote from an aunt who was looking after her nieces because the nieces' mother could not provide adequate care. The family situation was complex. The aunt now has permanent care of the children.

*"[It was not] great at all, really ... they uplifted [my nieces] on Christmas Eve from us. Because I was not an approved caregiver of theirs ... Now [I am]. ... I just think their policies and procedures don't fit around everyone, really. I'm the auntie, I don't have to be an approved caregiver to have my nieces."*

Not all families and whānau thought this way, and some stated that they would be quick to call the police or Child, Youth and Family if they knew of children at risk.

### **Taking a whole-of-family approach and linking services**

Families and whānau often prefer to use services that adopt a whole-of-family approach. Issues are not then addressed in isolation to one-another. For example, when working with families or whānau, basic needs of food and shelter sometimes need to be addressed first, whatever the reason for the family or whānau's contact with the social service agency. It can be necessary, therefore, for social service agencies to have the ability to address a range of family issues, or to be able to link with other agencies which can cover the issues that they cannot address themselves. As is discussed elsewhere in this report, families and whānau prefer the former, that is, to deal with one agency, rather than a number.

*"Whaiora ... And they also can get your house insulated ..... Like it makes the house warmer for your child, especially if they're asthmatic"*

*"I just chose Whaiora because I wanted a more of a holistic look at my healthcare and at my family as a whole ... "*

*"Like I had nothing to move into a house. ... Whaiora found me a house and they found me furniture and everything. Everything. I had nothing. ... I didn't have a cot. They got me a bed, plates, clothes for the baby ... and it took all of a week... it wasn't new stuff. It was second hand. But the point was they helped me and I had a house."*

The social service support given by the Teen Parent Unit at Makoura College in Masterton provides another example. The teenage parents interviewed were all in a school that addressed practical needs that would have otherwise limited their ability to study. Their appreciation of this was clear.

*"You can still learn while your children are being taken care of ... And they're right next door ... You can study without worrying ... [and] we've got the opportunity to talk to counsellors for free, we've got doctors. We've got [the head teacher] to talk to if we need to. We've got cool teachers here that we can talk to ..."*

*"I didn't know it was like hard core caring ... I want to have my future here for the next three years at least ... it's nice, feels really nice."*

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## Proactive support and follow-up

It is apparent from the responses given by a number of the people we interviewed that some of the providers are taking a proactive approach to exploring whether the people they come in contact with have needs other than the one being dealt with at the time. This is similar to the whole-of-family approach discussed above, although it could refer just to further needs relating to the individual in contact with the provider. There were, however, also examples of people who did not get help when they needed it, because the providers that they were in contact with did not follow-up, did not deal with the family or whānau member in a way they found helpful, or were rebuffed by him or her. Some of the people interviewed made it clear that they had not been easy to deal with at that time, but they had nevertheless needed help. The following quote comes from a mother who was distressed after giving birth to a child with a disability.

*“I think I would have liked [help] ..... even though I said oh leave us alone but not [meaning it] ... I did get a couple of phone calls from the social worker but that was easy to go nah I’m alright.”*

## Lack of alternatives

There are two situations where vulnerable families and whānau have no practical alternative to using a particular service provider. First, the service might be imposed on them, such as can occur when dealing with the police or Child, Youth and Family. Second, there may effectively be no other service provider, for example, Work and Income for benefit support; or the Child and Adolescent Mental Health service, which is the only free mental health service for children and adolescents. In these situations, people might continue to attend a service, even where they think they have been treated poorly and have doubts about its effectiveness.

*“I only stuck with it because that was all we had. .... No other service ... so we just had to make the best of it ... I was kind of really disgruntled and disheartened that, you know, people in general could be treated this way and actually we had to put up with it because there was nothing else that we could go to.”*

## Service provision for Māori

More than three quarters of the vulnerable families interviewed had at least one adult who was Māori. Māori and non-Māori made similar comments on many of the issues discussed in this section, but there were some issues which Māori viewed differently, or for which they had a different emphasis. These are discussed here.

While looking to extended family for assistance was common to all families, this was stronger among Māori. This sometimes resulted in Māori getting limited financial or other assistance from service providers, exacerbated by these whānau being put off by previous negative experiences of providers. The majority of Māori interviewed had previously had negative experiences when dealing with social services, often for the same reasons given by non-Māori. Coupled with this, Māori commonly indicated that they preferred to deal with Māori staff, and many also wanted to go to kaupapa Māori agencies. Those interviewed frequently praised Whaiora, and sometimes Te Hauora, both of which are agencies of this type.

One of the reasons given for this preference was that some people within mainstream agencies patronise Māori.

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*“Sometimes it’s because there’s pre-conceived ideas about Māori and how they care or don’t care for their kids ... while there’s an increased knowledge around working with whānau there’s still a whole lot to work on ... we’re still being talked at, we’re not being explained things.”*

Another reason is the desire of Māori to interact with providers in their own culture, with people who understand their lives and language. For example, in some situations, to be fully effective, it can be necessary for service provider staff to be fluent in Te Reo Māori. In the following quote, the speaker is talking about the need for a social service’s staff member, who supervises the separated couple’s joint access to their child, to have Te Reo skills.

*“I don’t mind where [the mother] has the [supervised] access as long as there’s a reo speaking person there, because [the mother] can intimidate [her son] and [the supervisor] won’t know, because both [mother and son] are fluent Māori speakers.”*

While most Māori who were interviewed strongly expressed their wish to deal with providers within their own cultural context, it cannot be assumed that all Māori felt this way, or this strongly. Some of the Māori whānau had been accessing non-Māori agencies without complaint. Nor can it be assumed that all Māori have extended whānau to whom they can turn. For example, one person interviewed indicated that they were not on good terms with the rest of their whānau and did not seek help from them.

### Service gaps

These vulnerable families and whānau spoke of a number of problems related to benefits, child support payments, ACC payments and access to services, and the availability of trauma counselling. We do not have sufficient information, however, to address these issues within this report. The families and whānau did, however, speak sufficiently about housing for us to comment on this area, and here there seems to be a gap in services.

### Housing

A number of the vulnerable families and whānau had adequate rented or owned accommodation. A number of them cited the help they had received from wider family and whānau in either providing them with affordable rental accommodation, or helping them buy or build a house. Others of the families and whānau were living in unsuitable accommodation – crowded; dilapidated; difficult to heat; or with rents or mortgage payments leaving them with insufficient money to afford some necessities, such as visits to the doctor. There are no Housing New Zealand houses in Masterton. Trust House, one of the larger private landlords in the Wairarapa, is well regarded, but charges market rentals.<sup>36</sup> Low income families and whānau are finding the costs of suitable accommodation prohibitive. The initial costs can exceed the advances that are available from Work and Income. These include the costs of shifting, the bond, and rent in advance.

*“...we pay \$260.00 a week and we didn’t really have much choice in the house ... we’re trying to look for a better house .... And it cost us \$1,800.00 just to get into our house ... That’s with bond, two weeks in advance and a letting fee.”*

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<sup>36</sup> Trust House is 75% owned by the Masterton Licensing Trust.



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*“When I was like living in a house I couldn’t afford to pay everything and I wasn’t entitled to any other help from Work and Income. So that’s why I had to move into a flat [for three children and one adult].”*

### **Problems related to benefits and grants**

Some families and whānau raised problems about getting benefits or grants, particularly those living in sole parent households, teenage parents, or those raising other peoples’ children, including grandparents raising their grandchildren. This report does not address these problems because the circumstances were usually complex, and we were not able to investigate them sufficiently to reach any conclusions. These problems related mainly to teenage parents not getting the DPB because they are too young and deemed to be cared for by their own parents, or complications caused by the reluctance of the fathers to sign birth certificates; fathers not paying child support, but government agencies acting as though they did, eg in determining whether the mother was eligible for Working for Families; and caregivers unable to get the Unsupported Child’s Benefit, despite needing money, because they only had temporary care of the children pending Family Court rulings.

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## DRAWING THE THREADS TOGETHER

### Masterton families included in this study

We conducted a survey of 400 families, and we interviewed 38 vulnerable families and whānau. As is discussed below, these families were generally significant users of social services, not because they were in serious trouble, but because they were approaching social services for some assistance in some aspect of their lives. It is an important finding of this study that ordinary families are multiple users of social services, and that these families are by no means usually desperate or dysfunctional. They usually have significant strengths, and their approach to social services is a sign of resilience rather than weakness.

The Wairarapa has had some family tragedies in the last decade arising from serious family dysfunction. These families have been described as isolated from extended family and whānau, and from the community in general. They are families that are considered very hard to reach by providers - they are also hard to reach by researchers. These families generally do not have contact with social services, despite significant unmet needs. Some of these families are of particular concern because they are experiencing homelessness, serious poverty, ill health, family violence, child abuse, or other problems. Unsurprisingly, because of the difficulty in connecting with these families, we had very few, if any, families like this in our sample. We appeared, however, to have some families in our sample that were a different type of hard-to-reach family. These were families which did not have significant problems, but which were avoiding social services because they had previously had bad experiences with them, or because they had absorbed negative attitudes within the community towards social services. Their dislike of approach social services stem from the risk of being reported to Child, Youth and Family, or because of annoyances such as the need to keep repeating their stories to different people within social service organisations.

### Some issues faced by families in Masterton

In the course of this investigation, we learned about some of the issues faced by families in Masterton. We did not set about systematically gathering information on the range of issues for families, but a number of providers and families mentioned such issues. We provide this information to give some context to the rest of this section.

Although some families we interviewed had sufficient income to get by, poverty was a problem for others, coupled often with poor or unaffordable housing. We learnt about families which did not go to the doctor or dentist unless there was an emergency, or they accessed free services. Lack of money was exacerbated by the amount paid on rents, mortgages and power bills. Some families were looking at ways to keep their heating bill down, such as restricting the number of rooms in their houses that they used. A number of families raised problems with accessing benefits or other government payments, such as ACC.

A number of families had children or youths with mental health problems for whom they struggled to get adequate treatment, or treatment at all. Other families mentioned that they could not get assistance for their children who had experienced trauma or upheaval in their lives.

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### To whom do families turn for support?

Many of these families exhibited a strong sense of self-reliance, but if they had to look for help, it would be within the family circles. This was especially strong among the whānau members whom we interviewed. Families and whānau would turn to one another for advice, childcare, housing, transport, and financial support. After the extended families, families would turn to social services, including non-government and church social services. Some families would only use these government services if they were desperate.

### How did families know about social services?

Families generally found out about services by being informed or referred by other services - particularly through medical services or schools - or through families and friends, or other 'word of mouth' sources. Families did not use a directory of services (on-line, telephone based, or printed). A few families and providers suggested that there should be a directory, even though there are already two on-line directories. Some families used the internet, and a few were informed about services by the Citizens' Advice Bureau.

These results tell us that families are managing to find out about services themselves through a variety of means, and that the current directory of services is not being used. We did not ask families how difficult it is to find out about services, and so we do not know how much effort they had to put into finding services.

### Provision and use of services

There are a large number of community agencies providing a wide range of family, community and health support services. Some of these agencies are providing services that are applicable to a large number of families, such as families with young children. Other agencies are providing services for families with more specific needs, or for families with multiple needs.

#### ***How many families use Social Services?***

When social services are defined broadly to include hospital and GP services, and the police, most families have had contact with these services a number of times over a six month period.<sup>37</sup> When we restrict our attention to those non-government services that provide parenting and family support, we find that more than one in four families had used a social services of this type over that period. These results emphasise the importance of social services to communities and families.

### Availability of services

#### ***Are there too many services in Masterton?***

We note that there are a large number of social services in Masterton, many of them accessed by only small proportion of families. Leaving aside government agencies, GPs and medical centres, the hospital, schools, local bodies and national helplines, there are 136 social services in Masterton. These small proportions of families can represent a significant number. There are approximately 9,000 households in the Masterton District, and if a social service was dealing with 0.5 percent of families, that is 45 families. Whether this is a lot or little, depends on the nature of the service. If it were a targeted, intensive, on-going and specialised service, even this number of families would constitute a considerable workload.

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<sup>37</sup> We did not include educational services in the survey of services.

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There are approximately 50 services in the biggest group of social services – Families and Community Support. This category covers everything from Age Concern to Meals on Wheels and Women’s Refuge Wairarapa. There are very few apparent overlaps among these 50 services. Almost every one of them has a unique niche. Nevertheless, we can not say with any certainty that the mix of services is optimal, and that there are not overlaps, and inefficiencies. This warrants a closer look.

***Are there unmet demands for existing services?***

The families and the providers gave different views on this issue. Families who responded to our survey generally were able to access the services they sought. Only a few said otherwise, and the reasons were that the services were full, refused to take them, or the families did not meet the services’ criteria. Our telephone survey had 400 respondents – enough to give us some confidence about their answers to questions about the most commonly used social services, but not enough to reach a conclusion about specialised services that would be sought only by a small proportion of the population. The families we interviewed did not say they were unable to get access to existing services, except for a number of families that would like to use free medical services more often. Some of them would not use these services, but this is a different issue which is discussed below.

If the survey of families were our only source of information, we would conclude that for the most part, there are sufficient general social services in Masterton. We have, however, the service providers’ views on this, and most indicated that there was a level of unmet demand for their services. Waiting lists varied greatly but were as long as six months in some cases. Some agencies provide services for families above the number for which they are funded.

Some service providers said that the unmet demand was due to a cap on the number of families for which they were funded, as occurs for example in the case of Parents as First Teachers Programme (PAFT). Another reason could be restrictions in the locations that services are available. This applies to the highly regarded Family Start programme which was only available in the Masterton area and was not accessible to families in large parts of the Wairarapa outside of Masterton.

For some service providers their ability to deliver to more families was not only constrained by numbers of families for which they were funded, but also by limits on the extent to which they could expand, given the costs of their overheads and the constraints of their accommodation arrangements.

In summary, this exercise has provided mixed views on whether families are able to access the services that already exist in the Masterton District. The providers say that there is unmet demand, but this was not indicated by families, except that some families wanted greater ease of access to free medical services. Although providers are in a good position to judge this, because they are dealing at times with a small and targeted proportion of families, it would be unwise to uncritically accept this view without further investigation.

***Is there a need for additional social services in Masterton?***

While our survey of 400 families did not have a sufficient sample size to identify accurately gaps in services, our other investigations indicate that there could be some. Only ten families in the survey said that they did not know of services or how to access them. We cannot be sure that this means that there was a gap in services for these people, or that a service exists, and they were not aware of it. The families that we interviewed in more depth did identify a few gaps in services, mainly the lack of affordable

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housing, and mental health and counselling support for children and youth. A number of families also commented on benefit levels and other government financial assistance. These are issues of policy settings for existing services rather than gaps in services..

Social service providers did identify some significant gaps in services. Some services would only apply to a small proportion of families, and so our survey and our interviews would not have canvassed enough families to get good information on the level of need for these services. Service providers would be better placed to know about these gaps. The social service providers confirmed the families' views that there is a lack of affordable housing in Masterton, and they identified a number of other gaps:

- affordable housing – there is no Housing New Zealand housing in Masterton
- mental health services for those with moderate needs
- services for sexual offenders
- programmes on how to parent older children and teenagers
- programmes for young fathers
- programmes for young people under 17 years who have left school but are still in the family home.

### **Why do families rely on some services?**

Most of the families that responded to our survey highly rated the social services that they used. Very few expressed negative views. Families' views of government services were a little less positive, but still only small numbers were clearly critical of these services. The survey comprised a 10 minute telephone interview, making it impossible to go into detail. We got more finely tuned information on what the families liked and did not like about services from the detailed interviews we conducted with vulnerable families.

#### ***Families like services that meet their needs***

Families will rely on a service when it meets their needs, and our survey shows that this is almost always the case. Families gave the government services a good rating on this measure, but not as universally as for the non-government services. The interviews with families and providers showed that families strongly prefer providers who could address all of their needs in a holistic way. Where a provider could not do this, their next preference was for providers that could link the family with other services, so that all of their needs could be again addressed, although in a less convenient way. Providers who are well connected with the community and with other services are better positioned to do this well. There are some services which stand out for their ability to meet the families' needs, either by themselves or working with other providers.

#### ***Families like services with whom they have a good relationship***

Families will continue to use services if they can develop a good relationship with the provider. To do this, the provider needs to give the families clear information about their services, and unambiguous, ongoing information about their own case. Families want to be respected, and listened to, without constantly repeating information. This is easier if the families deal with a small number of staff, and have one person who is their principal point of contact. Families need to be able to trust providers, particularly around the issue of confidentiality. Some families are particularly concerned about the reporting of matters related to children to Child, Youth and Family.

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### ***Families like competent services and service personnel***

Families feel their needs are better met when the staff are professional and competent. Apart from the matters of connectedness, relationships, trust, and good communication, families need to see that the provider is experienced in dealing with the issues that brought the family to the provider. Staff need to be good listeners, trust the family, and ask the right sort of questions.

### ***Families use services that facilitate their access***

When families are not able to provide or organise transport themselves, they appreciate services that assist them with transport, or who come to the family home for meetings. They also find it easier to attend social services if meetings are arranged at times that take into account the family's work and care commitments.

### ***Families use free or low cost services***

Most of the non-medical services listed in this report are free; a few are not. The medical services are generally not free. Cost is an issue for some families, and this influences which services they access. Some of the families did not go to the doctor or dentist unless it was free or there was an emergency.

Service providers suggested the following services as examples of services that met these criteria: REAP, Whaiora, Te Hauora, Masterton Christian Childcare Centre, PAFT, and Makoura Teen Parent Unit.<sup>38</sup>

### **Why do families not rely on services**

Families resent services that are imposed on them. They also dislike services which require them to repeat information; where they do not have a consistent contact person; where they have doubts about the confidentiality of the staff, even in respect of compulsory reporting to Child, Youth and Family; where the service cannot provide appointments which fit in with the family's work and care commitments; where they do not develop a trusting relationship with the provider and they do not feel respected; and they have doubts about the competence of the staff. Some of these issues are discussed in more detail below.

### ***Call Centres and Case Management***

At least one service in the Masterton District (Work and Income) is using a call centre as the point of contact when families ring in. In this case, the call centre is located outside of the local area. The call centre sets appointments for families who then meet with whatever case manager is available at the time.

Presumably this approach has been introduced for reasons of administrative efficiency, but what we have learnt through this investigation is that it is likely to lead to ineffectiveness, as it breaches most of the principles that we have identified of working effectively with families. These are: establishing a trusting, confidential relationship with families; having one person as the principal point of contact for families; avoiding the necessity for families to repeat information to the provider; and the provider having consideration for the work and caring needs of families when making appointments.

Rural families in the Wairarapa have informed us that this is presenting a particular difficulty where the timing of appointments does not necessarily take account of the geographical distances involved or some of the associated logistical challenges. For example, an early morning appointment could be very difficult to get to, when the need to travel a long distance was combined with the need to drop children at school first.

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<sup>38</sup> This does not preclude the possibility that other services also model best practice or provide key services.

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### **Confidentiality**

Families concerns about confidentiality came through most strongly in relation to providers reporting concerns about children to Child, Youth and Family. Some families would not attend services if they thought that this might occur. Confidentiality was also an issue when family members could be seen visiting mental health clinics by members of the public. Some families also expressed concern because of the difficulty of keeping matters confidential in a centre the size of Masterton because many people know one another.

### **Respect**

Some family members complained about being patronised, talked to like children, not believed, and questioned by staff who were focused on their computer screens. Families indicated that they will avoid repeating this sort of experience with providers if they can.

### **Other Issues**

#### ***Whānau preferences***

Seventeen percent of the Wairarapa population is Māori. Māori made similar comments to non-Māori on the issues discussed in this report, with the following exceptions. Māori included in the qualitative interview sample often more strongly expressed their preference to rely on whānau and hapu whenever possible. The majority of people who said they did not want to deal with government departments were Māori. Whānau often said that they preferred to work with providers who adopted a kaupapa Māori approach, and they said that wished to deal with Māori staff if possible. Some also said they preferred to deal with staff who were fluent in Te Reo.

#### ***Kaupapa Māori service providers and the whole-of-family approach***

As has been stated a number of times, families and whānau were strongly supportive of a whole-of-family service approach in which one service provider could address a wide range of family needs. In Masterton, the providers identified as providing this kind of service were also Kaupapa Māori services. Both Māori and non-Māori praised these services (namely, Whaiora and Te Hauora), and it appears that about 40 percent of the families attending Whaiora were non-Māori.

#### ***The Funding Model***

The government agencies Work and Income, Child, Youth and Family, Wairarapa DHB, and Internal Affairs (through the COGS scheme) are significant funders of services in the Masterton District, along with Community and Philanthropic Trusts, and funding from donations. Providers have a clear preference for a high trust funding contracting approach, which will fund them to address families' needs with a degree of flexibility. Families have a clear preference for providers that can address all of their needs, implying that the providers need to have flexibility in how they use their funding. Some of the current funding is said to be prescriptive and narrow about which of a family's needs can be addressed, meaning that providers must either ignore some of a family's needs, address those needs without funding, or refer the families to other providers. Neither of these is ideal, although the last of the three options will see the family's needs getting attended to, but inefficiently, and in a manner that is not ideal from the families' point of view.

Providers state that present funding does not cover the costs of staff supervision and training, coordinating with other services, and following up with families. In this exercise, we have been unable to verify this, and whether this relates to problems with funding applications, or with funding policies. Also, the valuable coordinating activities of providers, described above, are said to be poorly supported by current funding models.

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Present funding is often for the activities of particular sectors (health, social development, etc.) relating to specific appropriations or votes, and this restricts the use of funding for referring families to other providers, and coordinating services among themselves to meet families' needs.

### ***Coordination among services***

Coordination occurs at two levels: coordination among services for the purposes of sharing information, identifying gaps, and creating linkages and opportunities for the referral of families; and coordination of services for individual families.

REAP facilitates linkages among a large number of services, a role for which they are much praised by other agencies. There are also on a number of committees coordinating activity in relation to a particular type of need, eg. family violence, or crime prevention. This higher level coordination also produces benefits when it comes to coordinating services at the individual family level.

Much has already been said in this report about families' preferences for agencies to provide a whole-of-family approach, or failing that, to be able to link them with other services that collectively can help them with a range of needs. Some agencies have an enhanced ability to make these referrals because they are well connected, through their work on various committees involving other agencies. There are significant benefits to families if services are linked, especially where they cannot individually cater for all of a family's needs. For example, by making the right referrals, providers might be able to get families help with basic matters, such as housing, that need to be dealt with before other problems, such as a lack of parenting skills, can be effectively addressed.

The services that provide more intensive family support tend to be better connected to other services. Some services are held up by providers as well-connected examples, eg Whaiora, Te Hauora, PAFT and Masterton Christian Childcare Centre. On the other hand, there are providers (such as church groups) who told us that they did not know of, or were not linked into, existing networks.

There are a number of services whose main function is to assess families' needs and make referrals. These are Strengthening Family, Family Safety Teams, School Workers in Schools, and Work and Income's pilot scheme, the Integrated Services Programme. This last example has been congratulated by other agencies, as it is providing a means of addressing otherwise unidentified and unmet needs of some families. These are families that in the past have come to Work and Income only for financial reasons, but now are getting more comprehensively assessed and helped.

### ***Families alienated from government departments***

As has already been mentioned, most families in our survey rated government service providers highly, and felt that these service providers met their needs. Some of the vulnerable families we interviewed felt similarly, and some did not. A number of this latter group of families were alienated from government services. There were several reasons for this, some of which was discussed above – some of the services of these government departments are imposed on people or which they must use in order to gain access to a benefit, and resented by them; people fear the possibility of Child, Youth and Family uplifting their children; and they fear the compulsory reporting by other government departments to Child, Youth and Family. Families raised other reasons for their alienation which could possibly be addressed by government providers. First, families dislike the use of call centres (operated by at least one government department in the Wairarapa), as discussed above. Second, families complained that some of the government department staff talked down to them, or did not behave in a professional manner in the ways. Third, Māori did not feel comfortable within the government departments because



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they preferred a kaupapa Māori approach by service providers and they preferred dealing with Māori staff.<sup>39</sup>

Some families would have nothing to do with government departments, if possible, to the extent that they may have been missing out on financial and other assistance, and consequently living in extreme circumstances.

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<sup>39</sup> Some families commented favourably on increased numbers of Māori police officers in Masterton.

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## CONCLUSIONS

This report responds to your request to provide you with a snapshot of all the social service providers in the Masterton area, how families know about them and which they do and do not rely on when they need help.

On your behalf, we investigated the number and nature of social service providers in Masterton, surveyed Masterton families, and interviewed providers, families and whānau. The families and whānau of Masterton impressed upon us the extent to which they first turn to their extended families, whānau, and hapu before seeking help from agencies.

There are many social services in the Masterton district, and yet providers there and vulnerable families indicate that there are gaps in services. We have not been able to investigate whether there too many overlapping services. When the services are categorised by type, it becomes evident that most of the providers are addressing a particular type of family need. Some services are addressing a wide range of family needs, in an attempt to provide a whole-of-family services. This is the type of service that families prefer.

Most families that we surveyed used the social services that were available, especially medical services, and rated them highly. It was only when we asked providers themselves and vulnerable families that issues about the funding, availability, and nature of the services were raised. Those issues are discussed in this report.

Overall, the provision of social services in the Masterton District is on a solid footing, but improvements could be made. The most important changes that could be made are closing the gaps in services and moving further toward funding social services agencies using a high trust contracting approach. This would potentially allow agencies to provide more of a holistic service for families, prioritising and addressing the range of needs they encounter, and referring families to other services where the agency does not have themselves the capability to deal with a particular issue.

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## Appendix 1: Masterton Social Support Services and Programmes

In summary Masterton services include:

- 26 parent support services and programmes families with babies, children and young people
- 45 community based services and programmes for families
- 9 Māori services
- 22 health related services including medical and health support
- 4 government agencies: MSD (Work and Income, CYF), Health (DHB), Police, Justice (Courts); Inland Revenue outreach service
- 3 local government authorities
- 7 registered counsellors
- 17 churches
- 36 schools in Masterton and the surrounding district
- 41 early childhood education centres
- access to 16 helpline and 0800 numbers (four based in the Wairarapa and 12 nationally based).

### Parent support

#### **Babies, Toddlers and Parent**

Antenatal classes  
Barnardos Family Daycare  
Family Start/Te Mauri A Iwi  
La Leche League  
Masterton Christian Child Care Programme  
Parents As First Teachers (PAFT)  
Plunket Society - Wairarapa Branch  
SKIP  
Wairarapa Multiple Birth Club  
Wairarapa Parents Centre

#### **Child and Youth**

Child Development Resources  
DARE  
Life to the Max (see Southern Wairarapa Safer Community Council)  
Makoura High School Teen Parent Unit  
Martinborough Youth Trust  
Open Home Foundation - Wairarapa  
Project Youth Action (Masterton Safe and Healthy Community Council)  
Seasons Programme  
Social Workers in Schools (SWIS)  
SPELD NZ Inc Wairarapa  
Street Youth Ministries  
TIPS Programme  
Tough-love Wairarapa  
Wairarapa Truancy Service  
Wairarapa Youth Choices Trust  
YMCA Masterton Inc  
Youth Aid

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## Community support

Age Concern  
Alzheimers NZ - Wairarapa  
Budget Advisory Services  
CCS Disability  
Citizens Advice Bureau  
Family Works  
Featherston Community Centre  
Grandparents Raising Grandchildren  
Homelinks  
IDEA Services Wairarapa  
IHC New Zealand Incorp - Wairarapa  
King Street Artworks  
Learn and Live Ministries Charitable Trust  
Life Exchange  
Lifeline Wairarapa  
Living Economies Trust  
Masterton Food Bank  
Meals on Wheels  
NZ CCS Wairarapa Inc  
NZ Fire Service  
NZ Prisoners' Aid and Rehabilitation Services  
NZ Red Cross - Masterton  
Oasis Trust  
Pacifica Wairarapa Trust  
Personal Advocacy Trust  
REAP Wairarapa  
Relationship Services  
Rural Support Trust Services  
SAGES  
Sport Wairarapa  
Stopping Violence Services Wairarapa  
Support in the Community  
The Care and Craft Centres on NZ Trust - Masterton  
The Family Works Centre  
Wairarapa Addiction Service  
Wairarapa Community Law centre  
Wairarapa Families Anglican Trust Centre  
Wairarapa Community Counselling Centre  
Wairarapa Organisation for Older People  
Wairarapa Rape and Sexual Abuse Collective  
Wairarapa Stars Trust  
Wairarapa Super Grans  
Wairarapa Victim Support  
Wairarapa Women's Centre  
Women's Refuge Wairarapa

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## Collaboration and networking services

Family Safety Teams Masterton Safe & Healthy Community Council  
Health One  
Poverty Action  
Safer Wairarapa Community Council  
Southern Wairarapa Safer Community Council  
Strengthening Families  
[Wairarapa Family Violence Network](#)  
Violence Free Wairarapa

## Health support

Arthritis New Zealand - Wairarapa  
Asthma & Diabetes Nurse Educators  
Cancer Society  
Child Adolescent and Family Service  
Choice Health  
Diabetes Wairarapa  
Diabetes NZ  
Health Care NZ - Masterton  
Health camps  
Health Promoting Schools  
Like Minds Like US Wairarapa  
Mental Health Crisis Team (24 hours)  
National Heart Foundation Wairarapa  
Parkinsons NZ - Wairarapa  
Royal NZ Foundation of the Blind - Masterton  
Schizophrenia Fellowship Wairarapa  
Sexual health Centre Wairarapa  
Supporting Families Wairarapa (SFNZ)  
Stroke Foundation Wairarapa  
Wairarapa Alcohol & Drug Service  
Wairarapa Asthma Society  
Wairarapa Ostomy Association

## General Practitioner and medical

Carterton Medical Centre  
Eketahuna Health centre  
Featherston Medical Centre  
Greytown Medical Centre  
Kuripuni Medical Centre  
Martinborough Medical  
Masterton Medical  
the Doctors  
Masterton Hospital/ [Wairarapa DHB](#)

## Services for Māori

Kahungunu Ki Wairarapa Charitable Trust  
Ko Nga Matua Hei Kaiako Tuatahi  
Te Kura Kaupapa Māori o Wairarapa  
Rangitane O Wairarapa Incorporated  
Tautoko Services  
Te Awhina' Cameron Community House  
Te Hauora Rununga O Wairarapa  
Te Whanau o Te Maungarongo  
Whaiora Whanui

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## Churches

Anglican Church  
Baptist Carterton  
Dutch Reform  
Epiphany Anglican  
Equippers Church  
Masterton Baptist Church  
Masterton Community Church  
St Lukes Anglican Greytown  
St Mark's Carterton  
St Matthews  
St Patricks  
St Vincent de Paul  
Masterton Community Church  
Salvation Army  
Soulway Church  
Union  
Uniting church

## Independent counsellors

7 in Masterton

## Government

Child, Youth and Family  
Work and Income Service Centres  
    Masterton  
    Featherston  
Masterton District Court  
Family Court Services  
Family Violence Courts

New Zealand Police Wairarapa Branches  
    Masterton  
    Featherston

## Local Government

[Carterton District Council](http://www.cartertondc.co.nz) ([www.cartertondc.co.nz](http://www.cartertondc.co.nz))

[Masterton District Council](http://www.mstn.govt.nz) ([www.mstn.govt.nz](http://www.mstn.govt.nz))

## Schools

South Wairarapa	Masterton	Carterton District
<a href="#">Featherston School</a>	<a href="#">Chanel College</a>	<a href="#">Carterton School</a>
<a href="#">Greytown School</a>	<a href="#">Douglas Park School</a>	<a href="#">Dalefield School</a>
<a href="#">Kahutara School</a>	<a href="#">Fernridge School</a>	<a href="#">Gladstone School (Masterton)</a>
<a href="#">Kuranui College</a>	<a href="#">Hadlow Preparatory School</a>	<a href="#">Ponatahi Christian School</a>
<a href="#">Martinborough School</a>	<a href="#">Lakeview School</a>	<a href="#">South End School</a>
<a href="#">Pirinoa School</a>	<a href="#">Makoura College</a>	<a href="#">St Marys School (Carterton)</a>
<a href="#">South Featherston School</a>	<a href="#">Masterton Intermediate</a>	
<a href="#">St Teresas School (Featherston)</a>	<a href="#">Masterton Primary School</a>	
<a href="#">Tuturumuri School</a>	<a href="#">Mauriceville School</a>	
	<a href="#">Opaki School</a>	
	<a href="#">Rathkeale College</a>	
	<a href="#">Solway College</a>	
	<a href="#">Solway School</a>	
	<a href="#">St Matthews Collegiate (Masterton)</a>	
	<a href="#">St Patricks School (Masterton)</a>	
	<a href="#">Tinui School</a>	
	<a href="#">TKKM o Wairarapa</a>	
	<a href="#">Wainuioru School</a>	
	<a href="#">Wairarapa College</a>	
	<a href="#">Whareama School</a>	

## Early Child Education Services

<a href="#">ECE name</a>	<a href="#">Location</a>	<a href="#">Service type</a>	<a href="#">20 hours ECE</a>
<b>Carterton</b>			
Carterton Kindergarten Ph: 06-3798102	3 Victoria Street	Free Kindergarten	✘
Carterton Playcentre Ph: 06-3797875	Belvedere Road	Playcentre	
Carterton Preschool Ph: 06-3797590	190 Belvedere Road	Education and Care Service	✘
Just Us Kids Ph: 06-3795375	36 Victoria Street	Education and Care Service	
South End Kindergarten Ph: 06-3797723	High Street South	Free Kindergarten	✘
<b>Masterton</b>			
Barnardos KidStart Masterton Ph: 06 378 8270	31 Queen Street	Homebased Network	✘
Cole Street Early Learning Centre	97 Cole Street	Education and Care Service	✘

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Ph: 06-3774822			
Good Beginnings Educare Centre Ph: 06-3789969	38 Worksop Road	Education and Care Service	📍
Hadlow Preschool Ph:	C/O Hadlow Preparatory School	Education and Care Service	📍
Hine Te Aro Rangī Ph: 06-3788927	C/O Te Ore Ore Marae Bideford Road	Te Kohanga Reo	
Ko Te Aroha Ph: 06-3773608	33 - 35 Johnstone Street	Education and Care Service	📍
Landsdowne Playcentre Ph: 06-3771929	4 Roberts Road	Playcentre	
Lansdowne Kindergarten Ph: 06-3774201	30C Totara Street	Free Kindergarten	📍
Lansdowne Private Childcare Centre Ph: 06-3772448	27 First Street	Education and Care Service	📍
Lansdowne Private Childcare Centre No 2 Ph: 06-3772448	25 First Street	Education and Care Service	
Makoura Community Early Childhood Centre Ph: 06-3770224	29 Makora Road	Education and Care Service	📍
Masterton Christian Childcare Centre Ph: 06-3775476	St Lukes Church Worksop Road	Education and Care Service	📍
Masterton Early Learning Centre (1) Ph: 06-3789040	29 Albert Street	Education and Care Service	
Masterton Early Learning Centre (2) Ph: 06-3789040	29 Albert Street	Education and Care Service	📍
Masterton West Kindergarten Ph: 06-3787308	159 Cole Street	Free Kindergarten	📍
Ngati Hamua Tkr Ph: 06-3773846	127 Cole Street	Te Kohanga Reo	📍
Solway Kindergarten Ph: 06-3774429	11 Surrey Street	Free Kindergarten	📍
Speckled Frog Early Years Education Centre Ph: 06-3702320	50 Harley Street	Education and Care Service	📍
UCOL Kids Early Education Centre Ph: 06-9462306	143-159 Chapel Street	Education and Care Service	📍
Una Williams Kindergarten Ph: 06-3787531	12 Macara Street	Free Kindergarten	📍
Wahi Reka Te Kohanga Reo Ph: 06-3787278	13 A River Road	Te Kohanga Reo	📍
Wairarapa Montessori Centre Ph: 06-3701471	114 Lincoln Road	Education and Care Service	📍
Westside Playcentre Ph: 06-3789226	165 Renall Street	Playcentre	



Whatman Early Childhood Centre Ph: 06-3787316	132-140 Ngaumutawa Road	Education and Care Service	✶
York Street Kindergarten Ph: 06-3771483	2 York Street	Free Kindergarten	✶
<b>South Wairarapa</b>			
Bell Street Early Learning Centre Ph: 06-3088854	74 Bell Street	Education and Care Service	✶
DOT Kids Ltd Ph: 06-3068884	15 Broadway Street	Education and Care Service	✶
Featherston Playcentre Ph: 06-3089371	Birdwood Street	Playcentre	
Greytown Community Creche Ph: 06-3048922	Main Street	Education and Care Service	✶
Greytown Kindergarten Ph: 06-3049381	16 Mc Master Street	Free Kindergarten	✶
Ladybird Early Childhood Centre Ph: 06-3048056	151 Main Street	Education and Care Service	✶
Ladybird Infants & Toddlers Centre Ph: 06-3048056	151 Main Street	Education and Care Service	
Martinborough Kindergarten Ph: 06-3068085	Roberts Street	Free Kindergarten	✶
Martinborough Playcentre Ph: 06-3069068	38 Venice Street	Playcentre	
Meta Riddiford Kindergarten Ph: 06-3089162	Daniell Street	Free Kindergarten	

Rural playcentres and early childhood centres

## Helplines

Wairarapa	National
Lifeline Wairarapa	Child, Youth & Family 0508 326459
Stopping Violence Services Wairarapa	National Poison Centre 0800 764 766
Wairarapa rape and Sexual Abuse Collective	Victim Support 0800 842 846
Women's Refuge Wairarapa	Youth line (24 hours) 0800 376 633
	Alcohol Helpline 0800 787 797
	Immunisation Advisory Centre 0800 466 863
	Kids line 0800 543 754
	Parent to Parent 0508 236 236
	Plunket Line 0800 933 922
	Quit line (Stop Smoking) 0800 778 778
	what's up 0800 942 8787
	Youth Line

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## Appendix 2: Provider Questionnaire

Including additional questions for face to face interviews with selected providers – see questions 14 – 16 , and 23 – 26.

### Service Provision

- 1) What services do you provide to families in the Wairarapa with children and young people under the age of 18?

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### Families You Work With

- 2) Which families are eligible to receive your services? Is there a particular target group? (If yes, please describe.)

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- 3) Who in the family do you typically work with? (eg mother, father, child/ren, other family members/whānau)?

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- 4) Where do you work with families (eg centre, home, marae, church hall)?

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5) How do families find out about the services that you offer? (eg referrals from other providers, self-referrals, advertising, word-of-mouth)

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6) Please comment on whether the families who participate are those who are considered most likely to benefit, that is, the match between targeted families, referred families, and participating families.

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**Costs**

7) What are your primary funding sources? (eg government, grants, fundraising)

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8) Is there a cost to families? If yes, please describe (eg amount per visit/term/year; costs for equipment or other resources; other costs).

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**Geographical Coverage**

9) What areas of the Wairarapa do you cover?

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10) Do families travel to you, or do you travel to families?

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**Contact with Families**

11) What is the primary delivery method (eg course/programme/workshop, telephone, home visits)?

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12) How often does each family receive your service? (eg daily, weekly, monthly, varies according to family needs and circumstances)

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13) What is the average length of time that families receive your service (eg weeks, months, years)?

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**Q14 & Q15 for face-to face discussion only:**

14) What is the withdrawal rate (if applicable)? That is, families who withdraw from receiving the service before completion/graduation from the programme?

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15) What are the main reasons for withdrawal?

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**Staffing Levels**

16) How many paid staff do you have?

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17) Please identify the roles that they have (eg nurse, social worker, educator, youth worker)

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18) Do you also have volunteer staff?  Yes  No

**If yes**, how many, and what do they do?

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**Service Capacity**

19) On average, how many families does your service assist each year?

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20) What dictates those numbers (eg funding, resources, staff availability)

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21) Could you see more families than you currently do?

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22) Do you have a waiting list for families? If so, how long would families have to wait, on average, before entry?

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**Questions 23-26 for face-to face discussion only:**

23) Overall, how accessible do you think that your service is to families?

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24) What, if anything, would make your service more accessible to families?

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25) Overall, how effective do you think that your service is for families? (Has any evaluation been undertaken? If so, was your region represented in the evaluation?)

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26) What, if anything, would make your service more effective for families? That is, what might help families to benefit more from your service? (Consider external and internal influences.)

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**Referrals to/work with Other Service Providers**

27) Do you refer families to other service providers in the area? If so, please identify them:

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28) If you also work with other service providers, please briefly describe who they are and how you work with them (eg formally, informally):

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29) What would help you to work more closely/effectively with other service providers in the area?

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*You are welcome to attach copies of any other information that might help us to understand more about your service and the families with whom you work.*

**Thank you**

**Your name and title:** .....  
**Organisation/address/contact details:** .....  
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## Appendix 3: Guidelines for Interviews with Vulnerable Families

### Areas to Cover In the Interview

1. Information about the family, especially:
  - the names and ages of all your kids, anyone else who lives with you, and close family or whānau members who live elsewhere
  - anything else you think it is important for us to understand about your family if we are going to get it about how life is for the family.
2. The person's role in the family (as a parent, grandparent or other family member), providing prompts to get at all aspects of what the person might "provide" or help others gain access to including:
  - Housing
  - Household expenses, including food and power
  - Employment or training opportunities
  - Clothing
  - Medical and dental
  - Transport
  - Childcare for preschoolers and care and education of older children
  - Social and emotional support
  - Other practical, social or emotional support
3. Where the person goes when they need help with any of this and why they go there and not somewhere else?
4. Times when the person might have needed support and could not get it from a family member or a friend. This is to get at the supports and services that the family might need from a government or non-government service provider, or a voluntary sector organisation and should cover:
  - What the problem or need was
  - Where the person went for help and why
  - How that experience was for the person
5. Reflecting on the answer to 4 what were the main things that:
  - made it hard to get help (from someone who is not one of the person's friends or family)?
  - made it relatively easy to get help (from outside of the persons friends or family)?
6. What might make it easier to access help in the future
  - from people who are not friends or family
  - from government departments who are supposed to be there for you?
7. Anything else the person might like to say about their experiences of getting help:
  - from government
  - from anywhere else.
8. Other information about factors that impact on the ability of the family or whānau to access information or services, for example availability of telephone and internet services and transport.

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