

A SUSTAINABLE COMMUNITY DEVELOPMENT PROJECT FOR THE RESIDENT MOTHERS & INFANTS OF TARRAS

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Figure 1: Rural Mothers Matter Too
Source: Authors

INTRODUCTION

As third year nursing learners at Otago Polytechnic, part of the course requirement for our Primary Health clinical placement was to complete a community assessment on the small community of Tarras, Central Otago, Otago, New Zealand. In identifying health needs within this community, we started by conducting an assessment of the area through foot and windshield surveys. Following this, we carried out several interviews with local residents in the region. The learners then identified sexual safety as one of the health needs, investigated health promotion strategies to support recommendations and create resources aiming to improve the safety of the community

COMMUNITY PROFILE

The Tarras community is found between Luggate boundary and Lindis Valley. The terrain itself encompasses the Lindis Pass, Clutha River and head of the Cromwell Basin (Central Otago District Council, 2007). It is located

35 kilometres north of Cromwell on State Highway 8 (Central Otago District Council, 2007). The Tarras area is predominantly made up of agriculture and sheep farms. In recent times several vineyards have been developed in the area (Central Otago District Council, 2007).



Figure 2: Map of Tarras

Source: <https://www.google.co.nz/maps/place/Tarras+9383/@44.8112119,169.3209839,11z/data=!3m1!4b1!4m5!3m4!1s0xa82ac5ab544930c5:0x500ef868479cdf0!8m2!3d-44.8366142!4d169.4128165>

Tarras was named after Tarras Water, who was an early settler arriving from Dumfries, Scotland. Due to Tarras being the core of the local farming district, it has now become a vital stop for tourists to visit due to the Merino Shop. Furthermore the attainable area of Tarras caused by the Lindis irrigation scheme which began in 1920 and still contributing today. In Tarras there is also a goldfield, the Lindis Goldfield. This area was discovered in 1861 by diggers. The Lindis Pass is on the main tourist route, increasing the tourist population of Tarras. Thomson Saddle was a route for Māori travelling from coastal Otago to Wanaka and the mountain passes beyond which lead to the West Coast settlements (Tarras, 2018). The history of the Tarras district has been represented in tapestry. Thirty-seven kneelers have been completed and placed in the Tarras church, as a result of New Zealand Women's Suffrage Committee grant (Gibson, n.d.). Women from the district met once a week during the winters of 1993 and 1994 to discuss and work their tapestries. They are made of Merino wool produced in the Tarras district and all were blocked and completed by Kath Templeton (Gibson, n.d.). Family surnames, and often Christian names were stitched around the perimeter of each kneeler. These kneelers still remain in the Tarras church today, see Figure 2 below.



Figure 3: Tarras Kneelers
Source: Abby Robinson

THE RESIDENTS OF TARRAS

According to the 2013 census there are 17,895 people living in the Central Otago district. Which is a significant increase of 7.5% since the 2006 census (New Zealand Government, 2013). It makes up less than 1% of New Zealand's total population. Within this, 1,299 Māori live in the area, an 11.9% increase since 2006. It is apparent that the community is fast growing. This is an indication of appeal as a place to live and work. Within the year 2016 to 2017, there was a 3% growth in population almost 1% greater than New Zealand as a whole (New Zealand Government, 2013). This population growth was due to net migration of 600 people. The median age that lives in Central Otago is 47 years old. As well as, 21.3% aged 65 years and over (New Zealand Government, 2013). Overall, Central Otago has a greater population of elderly, in comparison to the rest of New Zealand. As well as this it has less young people (0-14 years) of 17.7% (New Zealand Government, 2013). The dependency ratio of people living in Central Otago that are outside of the working age is 69.9% (New Zealand Government, 2013). There are limited recordings on the population of Tarras alone. However, according to Central Otago District Council (2007), there was 231 people recorded to be living in Tarras as of 2006. This is the most up-to-date statistic of the Tarras population. Tarras is focused predominately on its agricultural farming, however two thirds of the community make a living from something other than farming (Central Otago District Council, 2007).

Ethical Approval was granted by Otago Polytechnic Ethics Committee, including Māori consultation with the Kaitohutohu office at Otago Polytechnic.

IDENTIFIED VULNERABLE GROUPS

- Young Mothers with children 0-4 years
- Children years 1-8
- Full time residents in Ardgour Valley
- People vulnerable to needing emergency care
- Elderly (65 years+)
- Youth (16-20 years)

EVIDENCE AND FINDINGS

Out of the potential health needs we identified for the Tarras community, we decided to investigate the potential health issues around mothers with infants/ young children in the Tarras community. It was after a foot survey we completed in Tarras that we noticed a lot of the population were young families. A large number of these young families included first time mothers or mothers with one or more children. We immediately noticed that these mothers were isolated from access to maternal supports. In a large built up township there are numerous permanent supports put in place to meet the health needs of their population. Within these larger townships there is available access to a range of specific supports for expectant, new or struggling mothers. Because of the small population in Tarras and location the access to similar supports is limited. Throughout our literature review we will discuss the closeness of the Tarras community and the non-governmental support they receive within the community. We will then discuss the differences between play group and pre-school and what Plunket is, current supports in place within New Zealand communities and support in rural communities like Tarras.

IMPORTANCE OF A CLOSE-KNIT COMMUNITY

Tarras is an extremely small tight-knit community. This was evident immediately upon investigation. They had a number of community groups in place such as their local rural women's group and local playgroup. These groups meant the community was efficient in providing independent/ non-government support to locals. The effectiveness of these supports was a lot higher in comparison with other rural communities in Central Otago. Small rural townships around Tarras had community groups available, however, not groups that advocated for change or support within their community. These groups in Tarras allow for social support for community members and advocate for necessary societal changes. Social support is known to have a direct relationship on health and wellbeing (Letzak, 2009). People with high levels of social support experience less stress when in stressful situations and are able to cope with stress more successfully (Letzak, 2009). This is important for young mothers in Tarras. Pregnancy, childbirth and motherhood can be an exceptionally stressful time for females. This stress is heightened by lack of access to correct supports in place for mothers.

The community support in Tarras provides a social support for local mothers. Specifically, the local playgroup. Social support is also an important factor in child and adolescent wellbeing due to poor social support correlating to higher levels of mental illness, poor school performance and delinquency (Letzak, 2009). The closeness of the Tarras community is also effective for the exchange of knowledge and resources between community members. Because of closeness between the community mothers are able to share and receive knowledge and help from a range of members within the community. This is important for mothers as the engagement between community members emphasizes support and decreases possible feelings of loneliness and isolation (Weerts & Sandmann, 2016). These non-government local groups help to meet the needs of their community members. They play a vital role in providing social support for mothers.

The local Rural Women of Tarras offers friendship and support for women of all ages who share an interest in rural groups. They meet monthly and cater for a wide range of interests. Their aim is to build community spirit throughout Tarras. They advocate for Tarras on a New Zealand wide level through interaction with Rural Women New Zealand. The group play a strong role in highlighting societal needs within the Tarras community. Currently there are no services available locally for young mothers in the Tarras community. The support of the community plays a vital role in providing social support for these mothers and their children. However, there is still an evident gap between health services and local Tarras Mums. The Tarras Rural Womens' group could potentially help bridge this gap between these services and local mothers. They can advocate for a two-way approach in which institutions and community members collaborate to develop face-to-face, frequent and local support for young mothers.

PLAYGROUP VS. PRESCHOOL

Tarras is rural community with limited access to health professionals and support. Early childhood education available within this community is a play group but there is no preschool available. Preschools are teacher led services where 50% of the supervising adults must be qualified or registered whereas play groups are parent led services where children are educated and cared for by their parents, caregiver of family (New Zealand Immigration, 2017). The main aim of a playgroup is to provide a learning environment that is suited to the interests and learning needs of individual children as well as providing an opportunity for the parents to gain social support (Ministry of Education, n.d.).

Social support is based upon personal relationships where people feel they are cared and valued through the belonging of a network which is known to have positive effects on health and wellbeing (Hancock, Cunningham, & Lawrence). Social isolated parents involved in playgroups can find this resource useful to help build their social support networks. Consistent attendance at the playgroups can also act as a protective factor against poor social support outcomes (Hancock et al., 2015). The three types of social support include; informational support (the

provision of information or advice), tangible or instrumental support (the provision of aid or services) and emotional support (being able to confide in and rely on others (Hancock et al., 2015). Hancock (2015) study expresses that there has been associations between social connection and engagement and physical and psychological wellbeing. Social support is recognised as an important resource for parents of young children as the transition to parenthood can be challenging with stress, financial changes, new responsibilities and the deprivation of sleep. Social support has many benefits for parents and higher levels of social support are linked to better health outcomes. This includes better health for women pre- and post-natal, lower rates of depression and stress, increased parent self-efficacy and more secure mother-infant attachments (Hancock et al., 2015).



Figure 4: Tarras Play Group Premises
Source: Abby Robinson

Supported playgroups have the focus of increasing well-being and development for both the children and parents. Playgroups allow parents to strengthen their skills, learn about child development, reduce social isolation and build stronger communities. (Stuart, 2016). They also provide an opportunity for families to be linked with other services (Stuart, 2016). Community playgroups are run without the support of a paid facilitator where supported playgroups are facilitated by one or two paid staff with qualifications to engage and support families (Stuart, 2016). Supported playgroups target families experiencing multiple complex needs, or specific populations (e.g., refugee families, Aboriginal families, young parents, or families facing substance abuse or mental health issues) (Stuart, 2016).

Plunket is a national not-for-profit organisation, community-owned and governed who provide a caring, professional well child and family and whānau service. They aim to provide a positive environment to parents and offer access to services for all children and families regardless of ethnicity, location or ability to pay (Plunket, 2018a). Plunket has three strategic goals for the five year strategy to become a modern, relevant and responsive organisation that will be at the heart of supporting the next generation of New Zealanders. The three goals include; Healthy Tamaki, Confident whanau and Connected (Plunket, 2018b). Plunket also offers a toll-free parent helpline advice service called PlunketLine and this is available to all families, whānau and caregivers 24 hours a day, seven days a week. Calls are free from cell phones and landlines on the 0800 number for all parenting advice and help. (Plunket, 2018c). Plunket offers one on one services with the mother and child but this service is not delivered to the Tarras community. Plunket offers a lot more resources and support to mothers than a play group and a resource like this may be a missed opportunity for mothers in the Tarras community.

SUPPORT AVAILABLE TO MOTHERS IN COMMUNITIES THROUGHOUT NEW ZEALAND

In New Zealand it is recognised that mothers do need support with their children within the community. After visiting Tarras our group believes that Tarras as a community does not provide enough of this support for the

mothers and the mothers within Tarras are still undergoing much mental stress. To look into this for the Tarras Community we have decided to look into what New Zealand does as a whole and what support is available for mothers and what health consequences the mother and child might be going through.

Well Child is a first support system that New Zealand offers under the Ministry of Health, this system provides free health checks for children (New Zealand Now, 2018). The Well Child programme provides service for New Zealand children from birth to 5 years old. The schedule of checks are:

1. Birth
2. First week check
3. 2-4 weeks
4. 8-10 weeks
5. 3-4 months
6. 5-7 months
7. 9-12 months
8. 15-18 months
9. 2-3 years
10. 4 years (before school begins)

Well Child helps mothers keep on top of their children's health, their aims being to provide the mothers with knowledge and skills to respond to your child's needs at the different stages of their development, provide reassurance that your child is developing normally, through growth and development assessments, inform parents about immunisations and provide them, support and help you to identify your needs as a parent (The Well Child, 2018).

Many mothers within New Zealand need help mentally after having children, mothers may experience Post-natal depression which is common and affects 1 in 5 women. Post-natal depression leads mothers to feeling anxious and isolated and fearful of how they're coping after birth. Unfortunately, there is no New Zealand organisation that provides care and help for this specifically but within different communities and areas there are organisations such as Wellington. Wellington provided a telephone support line that anyone can use, they also have a helpful website called 'Post & Ante-Natal Distress Support Group Wellington' (PND, 2018).

Well Child and Post and Ante-Natal Distress Support Group Wellington are two big support systems New Zealand provides for mothers struggling after giving birth. Well Child is more for physical health of the child to keep mothers reassured and the support group provides more one on one low cost counselling care for the mother and her mental health.

In rural places such as Tarras, mothers do not receive satisfactory one on one care for their mental health which is why they become so run down. For mothers to access help for themselves in rural communities, the best option is online options. There are multiple online options such as the Post & Ante-Natal Distress Support Group in Wellington but there isn't one on one care available in person.

SUPPORT IN RURAL COMMUNITIES

One in four New Zealanders are situated in rural areas, with a larger amount of vulnerable groups within this group (Ministry of Health, 2011). These groups including: children, older people and Maori people. A priority for the government is to make sure quality services are being offered to people living rurally (Ministry of Health, 2011). There are some services in place to help people in these areas get the most efficient care possible. Including mobile services that can travel from town to town to ensure the residents are looked after: Mobile breast screening, oral health clinics, surgical, and psychiatric outreach are the mobile services that go to some rural areas where they are needed. As well as this, there are in home services such as well child and primary maternity help (Ministry of Health, 2011). However these services are mainly offered to the 'bigger' rural communities, and potentially not to isolated small towns like Tarras. Isolation causes several health issues for people especially vulnerable groups. Access to healthcare is vital for several reasons such as:

- Social, mental and physical health
- Disease prevention
- Diagnosis and management of illnesses
- Quality of life
- Prevention of death
- Expectancy of life

(Rural Health Information, 2017).

IMPLICATIONS FOR MOTHERS, CHILDREN AND COMMUNITY

Implications of geographical isolation for mothers is a significant problem for mothers in rural areas (Mother's Matter, 2016). It can lead to added stress and anxiety, not only mothers who are in poor health, however also if they are fit and well (Mother's Matter, 2016). Women with post-natal depression and/or anxiety disorders have been found that isolation and not enough support causes their existing conditions to worsen while adding other issues into the mix as well (Mother's Matter, 2016). The GP's are often a decent drive away and the practise is often busy or overworked. As well as this, there are limited specialist support such as mental health (Mother's Matter, 2016).

Rural living also has a great impact on children and their wellbeing. There are several constraints for the child that are similar to that of the mother. The lack of accessibility of health services impacts on the child greatly. It is found that children in rural areas are less likely to get regular check-ups from the GP or dentist. This causes several implications for the child's health. As well as this, their mental health may be compromised as rural areas are known to have less after school activities and sport to encourage the children to socialise with peers. Therefore causing isolation and loneliness due to geographical location. From this we used the Ottawa Charter (World Health Organisation, 2018) to build our resources for our health promotion.

HEALTH PROMOTION MESSAGE AND RESOURCES

We decided to target the local and National Plunket association to raise awareness for the rural mothers of Tarras by constructing a Facebook page called:

Rural Mothers@ruralmothersmatteredtoo.

This page was made in an effort to start the process of getting more support to these women in need. A stepping stone platform that will hopefully set off further action from Plunket and any other support we can get. Our aim is to have a designated Plunket nurse to oversee the page who mothers can interact with, ask questions and potentially organise meetings. This is an online forum to have distance support when needed which will hopefully be the bridge for further action.

Alongside this resource we also have two recommendations to address this issue:

1. Introduce face to face support by implicating the visitation from a Plunket nurse once a month minimum to the playgroup to provide education sessions to mothers. During this visit, if possible the Plunket nurse does one to two home visits

2. Allow access to constant communication with the Plunket nurses via the Facebook page we have created that includes the mothers of the Tarras Playgroup.

3. Plunket has three strategic goals for the five-year strategy to become a modern, relevant and responsive organisation that will be at the heart of supporting the next generation of New Zealanders. We believe by increasing support for rural mothers in Tarras, Plunket will be effective in creating a responsive organisation that supports New Zealand in a modern and relevant way. By introducing face-to-face local support through education sessions in the playgroup for the Mothers in Tarras they will feel cared and valued through a network that will have positive effects on their health and wellbeing. By introducing home visits from the Plunket nurse Tarras mothers will receive satisfactory one-to-one care. This is vital for their mental health to ensure they do not become run down and are coping appropriately with motherhood.

Constant access to communicating with a Plunket nurse will ensure the mother is on top of their child's needs such as providing the mother with education and providing the mother with assurance that their children are developing normally through growth and development assessments. It is also important mothers receive information about immunisations for their children which nurses can provide them with (Well Child, 2018). Mothers resort to getting support from online and social media resources in order to compensate for the lack of face to face support. It has been found that 75% of parents use social media as a way of finding parenting related information as well as receiving and giving social support (Duggan, Lenhart, Lampe, & Ellison, 2015). This page would be a stepping-stone for at least getting distance support, which will then ideally lead, onto organising face-to-face support.

CONCLUSION

Our hope is to get the support of the Rural Women of Tarras in order to advocate our findings and recommendations. We believe with the support of your group we can decrease the geographical and social isolation that Mothers in Tarras face. As the population of mothers and young children in Tarras is constantly growing we believe our project will ensure this growth is sufficiently met and the health and well-being of these mothers and their children is optimised.

ACKNOWLEDGMENTS

Tarras Rural Women

Michelle Daiken and Stacy Bates from Tarras Playgroup

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