Abuse in Care
Royal Commission of Inquiry

PART 3

JUNE 2024

Whanaketia

Circumstances
Ngā tipua whakawai

THROUGH PAIN AND TRAUMA, FROM DARKNESS TO LIGHT

Poem on front cover by survivor Ms MC.

Presented to the Governor-General by the Royal Commission of Inquiry into
Historical Abuse in State Care and in the Care of Faith-based Institutions on 25 June 2024

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Whakairihia ki te tihi o Maungārongo

He karakia

E tāmara mā, koutou te pūtake o ēnei kōwhiringa, kua horaina nei
E tohe tonu nei i te ara o te tika
E ngaki tonu ana i te māra tipu
Anei koutou te whakairihia ki te tihi o
Maungārongo, kia tau te mauri.

Rukuhia te pū o te hinengaro
kia tāea ko te kukunitanga mai o te whakaaro nui.
Kia piere ko te ngākau mahora
kia tūwhera mai he wairua tau.

Koinei ngā pou whakairinga i te tāhuhu
o te Whare o Tū Te Mauriora.
Te āhuru mōwai o Te Pae o Rehua,
kaimuru i te hinapōuri,
kaitohu i te manawa hā ora,
kaihohou i te pai.

Nau mai e koutou kua uhia e ngā haukino
o te wā, kua pēhia e ngā whakawai a ngā tipua nei,
a te Ringatūkino rāua ko te Kanohihuna.

Koutou i whītiki i te tātua o te toa,
i kākahu i te korowai o te pono,
i whakamau i te tīpare o tō mana motuhake,
toko ake ki te pūaotanga o te āpōpō e tatari mai nei i tua o te pae,
nōu te ao e whakaata mai nei.

Kāti rā, ā te tākiritanga mai o te ata,
ā te huanga ake o te awatea,
kia tau he māramatanga,
kia ū ko te pai, kia mau ko te tika.
Koinei ko te tangi a te ngākau e Rongo,
tūturu ōwhiti whakamaua
kia tina, tina!
Hui e, tāiki e!

– Waihoroi Paraone Hōterene

To you upon whom this inquiry has been centered
Resolute in your pursuit of justice
Relentless in your belief for life
You have only our highest regard and respect,
may your peace of mind be assured.

Look into the deepest recesses of your being
and discover the seeds of new hope,
where the temperate heart might find solace,
and the blithe spirit might rise again.

Let these be the pillars on which the House of Self,
reconciliation can stand.
Safe haven of Rehua,
dispatcher of sorrow,
restorer of the breath of life,
purveyor of kindness.

Those of you who have faced the ill winds
of time and made to suffer,
at the hands of abusers and the hidden faces of persecutors, draw near.

You who found courage,
cloaked yourselves with your truth,
who crowned yourself with dignity,
a new tomorrow awaits beyond the horizon,
your future beckons.

And so, as dawn rises, and a new day begins,
let clarity and understanding reign,
goodness surrounds you and
justice prevails.
Rongo god of peace, this the heart desires,
we beseech you,
let it be,
it is done.

– Waihoroi Paraone Hōterene

Ngā tipua whakawai

The name of this Part comes from a line of the Karakia that refers to the suffering inflicted on people by the hands of abusers and was chosen to illustrate the many different pathways into care.

Pānui whakatūpato

Ka nui tā mātou tiaki me te hāpai ake i te mana o ngā purapura ora i māia rawa atu nei ki te whāriki i ā rātou kōrero ki konei. Kei te mōhio mātou ka oho pea te mauri ētahi wāhanga o ngā kōrero nei e pā ana ki te tūkino, te whakatūroro me te pāmamae, ā, tērā pea ka tākirihia ngā tauwharewarenga o te ngākau tangata i te kaha o te tumeke. Ahakoa kāore pea tēnei urupare e tau pai ki te wairua o te tangata, e pai ana te rongo i te pouri. Heoi, mehemea ka whakataumaha tēnei i ētahi o tō whānau, me whakapā atu ki tō tākuta, ki tō ratongo Hauora rānei. Whakatetia ngā kōrero a ētahi, kia tau te mauri, tiakina te wairua, ā, kia māmā te ngākau.

Distressing content warning

We honour and uphold the dignity of survivors who have so bravely shared their stories here. We acknowledge that some content contains explicit descriptions of tūkino – abuse, harm and trauma – and may evoke strong negative, emotional responses for readers. Although this response may be unpleasant and difficult to tolerate, it is also appropriate to feel upset. However, if you or someone in your close circle needs support, please contact your GP or healthcare provider. Respect others' truths, breathe deeply, take care of your spirit and be gentle with your heart.

Ngā take

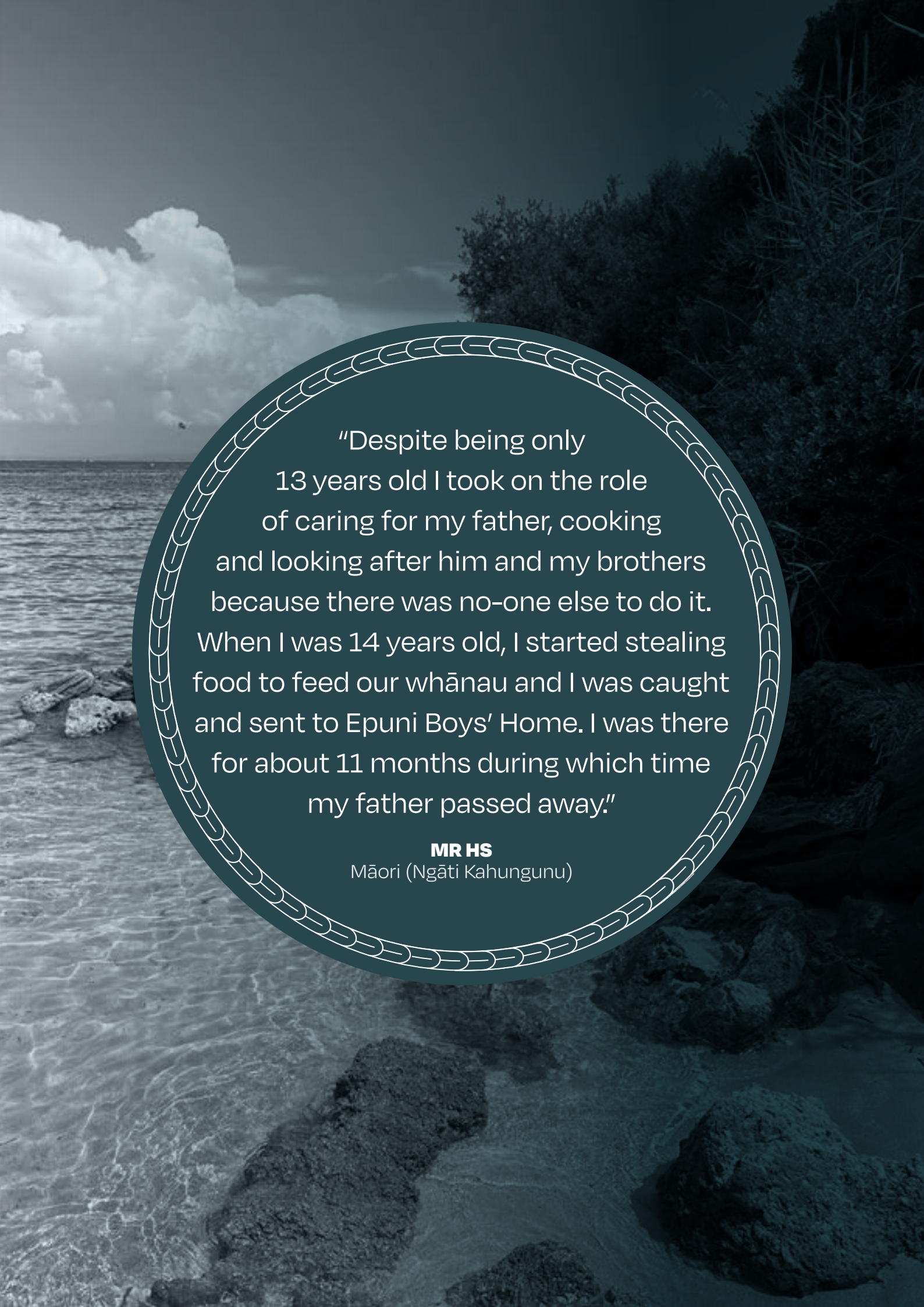
Contents

Kuputaka
Glossary

Term	Explanation
ableism	Attitudes and behaviours society uses that privilege non-disabled people. This includes when negative assumptions are made about the skills, capacities and interests of disabled people, and when their lived experiences are denied.
assimilation	Government policy referring to the process through which individuals and groups of a minority culture are made to change their attitudes, beliefs, practices and ways of life and must acquire the habits, attitudes and ways of life of the majority culture.
audism	A discriminatory belief that the ability to hear makes one superior to those who do not hear.
borstal	Institutions for young offenders (aged 15 to 21), aimed at reforming behaviour and preventing offenders from becoming "habitual criminals". Borstals ran from 1924 until 1981 under the Prevention of Crime Act (Borstal Institutions Establishment) Act 1924.
deinstitutionalisation	The process of closing institutions that housed disabled people based on government policy.
disablism	Conscious, direct discrimination against people who are disabled, based on their disability.
eugenics	A pseudo-science that aims to improve the genetic quality of the human population. This included altering gene pools by excluding people and groups deemed to be 'inferior'.

Term	Explanation
eurocentric	Reflects a way of thinking that interprets the world in terms of European culture, history, values and experiences and regards it as more important than the culture history, values and experiences of others.
forensic (eg forensic psychiatric services, forensic wards, forensic services)	A branch of care that exists at the interface of the mental health and criminal justice sectors. Entry into forensic services involves an individual being charged with a criminal offence and being referred to this specialised mental health setting for assessment and treatment.
institutionalisation	The state of being placed or kept in a residential institution. The term can also be defined as a process in which individuals who reside in an institution gradually develop certain unhealthy patterns of behaviour as a result of depersonalised and strict routines that are followed to enable a small group of staff to deliver basic services.
mental distress	A mental or emotional state that causes disruption to daily life and that can vary in length of time and intensity.
psychopaedic	Outdated Aotearoa New Zealand term to distinguish people with a learning disability from people experiencing mental distress.
structural racism	A form of indirect discrimination as it occurs when an action, omission, or policy that appears to treat everyone in the same manner, actually creates negative effects unfairly impacting a particular group.
tāngata whaikaha Māori	A reo Māori term for disabled people. It reflects a definition of people who are determined to do well.

Term	Explanation
tāngata whaiora Māori	A reo Māori term for people who are seeking health. It can also be used to refer to a person receiving assessment and treatment in mental health, addiction and intellectual disability services.
whānau hauā Māori	A reo term for Māori with disabilities, which reflects te ao Māori perspectives and collective orientation.
whānau Turi	A reo Māori term for whānau of Deaf people who are also Māori.
whāngai	A reo Māori term for Māori customary adoption or fostering of children or young people.



"Despite being only 13 years old I took on the role of caring for my father, cooking and looking after him and my brothers because there was no-one else to do it. When I was 14 years old, I started stealing food to feed our whānau and I was caught and sent to Epuni Boys' Home. I was there for about 11 months during which time my father passed away."

MR HS
Māori (Ngāti Kahungunu)

Ūpoko | Chapter 1
He whakataki
Introduction

1. This part of the report, consistent with clause 31 (d) of the Inquiry's Terms of Reference, looks at the circumstances that led individuals to be taken into or placed into State and faith-based care during the Inquiry period, as well as movements between care settings. Where possible, estimates of how many people went into care between 1950 and 1999 are set out, including estimates of entries across settings and groups.
2. Chapter 2 discusses the various pathways and circumstances that led to children and young people being placed or taken into social welfare care settings. Structural and social circumstances are examined, including poverty, families in distress, and abuse and neglect at home. Direct pathways through the courts and voluntary admission are discussed. How racism contributed to Māori and Pacific children and young people being taken into care, including how Māori became the majority of those who entered social welfare settings are also expanded on.
3. Chapter 3 discusses the various pathways and circumstances that led to a person being placed or taken into faith-based settings or accessing faith-based settings, in particular, admissions into faith-based education, children's homes and foster care, and unmarried mothers' homes. Access to pastoral care and the shift from the State's heavy reliance on faith-based care settings to the decline of admissions into these settings from the 1970s, influenced by changing social attitudes are expanded on.
4. Chapter 4 discusses pathways for Deaf people and disabled people into care, including social circumstances. Ableism, the State's institutionalisation policy, and the shift from large-scale institutional care to community-based living from the 1970s for disabled people are set out.
5. Chapter 5 discusses pathways and circumstances that led to a person being placed or taken into psychiatric and mental health care settings, the legal mechanisms for admissions, the reasons survivors were admitted into care (including for discriminatory reasons) and the shift from large-scale institutions to local hospitals and community services.
6. Chapter 6 discusses pathways and circumstances that led to a person being placed or taken into other types of care within the Inquiry's scope, specifically adoption, transitional and law enforcement, and health camps. Chapter 7 sets out the Inquiry's key findings.

7. Throughout this Part the specific circumstances into care for Māori, Pacific Peoples, Deaf, disabled people, tāngata Turi Māori and tāngata Whaikaha Māori are discussed. How these survivors experienced disproportionate entries into care are examined, and how their entries were influenced by structural, systemic, and interpersonal discrimination and inequity. In the Inquiry's State Institutional Response Hearing, the Crown acknowledged in its closing statement:

"Institutional or structural racism and ableism in legislation, policy and systems have contributed to the disproportionate representation, and discriminatory treatment, of Māori, Pacific People, disabled people, and Deaf people in care." [1]

1 Transcript of closing statement by the Crown at the Inquiry's State Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 26 August 2022, page 102).

Ūpoko | Chapter 2
Ngā āhuatanga i uru ai ngā tamariki me ngā rangatahi ki ngā taurima tokoora
Circumstances that led children and young people to enter social welfare care settings

8. The State's role in relation to children and young people has evolved over time. Between 1925 and the 1980s, the role and primacy of the State in ensuring child welfare was cemented. The 1925 and 1974 legislation required the State to intervene when a child's parents were seen to be failing.[2]

9. Between the 1950s and 1970s, structural and societal factors such as racism, demographic shifts, increased moral panic about perceived juvenile delinquency, urbanisation of Māori, and increased distress and poverty experienced by families – saw more State intervention and entries into care. From the early 1980s until the early 2000s, the numbers in social welfare care dropped off and remained stable but they began to rise again from the early 2000s.

10. Throughout the Inquiry period, children and young people entered State care through the court system, after being brought to the children's courts either by police or child welfare officers, later called 'social workers'[3] A minority of children and young people were placed into care at their own request or the request of their whānau. [4] The conditions that contributed to increased criminalisation of youth and as a result, their appearances before the courts, as well as the increased power of social workers, the police, and the judiciary are discussed further in chapter 2.

2 Doolan, M, "Practice notes: Understanding the purpose of youth justice in New Zealand," Aotearoa New Zealand Social Work, Issue 3 (2008, page 64). Mike Doolan is the former chief social worker of Child, Youth and Family Services,
3 Garlick, T, Social developments: An organisational history of the Ministry of Social Development and its predecessors, 1860–2011, (Steele Roberts, 2012, page 65). See also Dalley, B, Family matters: Child welfare in twentieth-century New Zealand (Auckland University Press, 1998, pages 191, 270–271, 276).
4 Dalley, B, Family matters: Child welfare in twentieth-century New Zealand (Auckland University Press, 1998, page 128); Stanley, E, The road to hell: State violence against children in postwar New Zealand (Auckland University Press, 2016, pages 43–44).

11. All of these factors were reflected in survivor experiences. Survivors spoke about being labelled 'delinquent' or 'anti-social' for behaviours that were in response to matters such as poverty, trauma, abuse and neglect at home, and being targeted by child welfare officers, police and other authorities, as well as what is now recognised as undiagnosed and diagnosed neurodivergence. The Inquiry heard how these matters were criminalised, and how survivors entered social welfare care through the courts.

12. Some parents were encouraged or felt they had to voluntarily place their children or young people into social welfare care. Some survivors questioned why the State and child welfare officers took them into care, instead of providing support to enable their families to continue caring for them and their siblings.

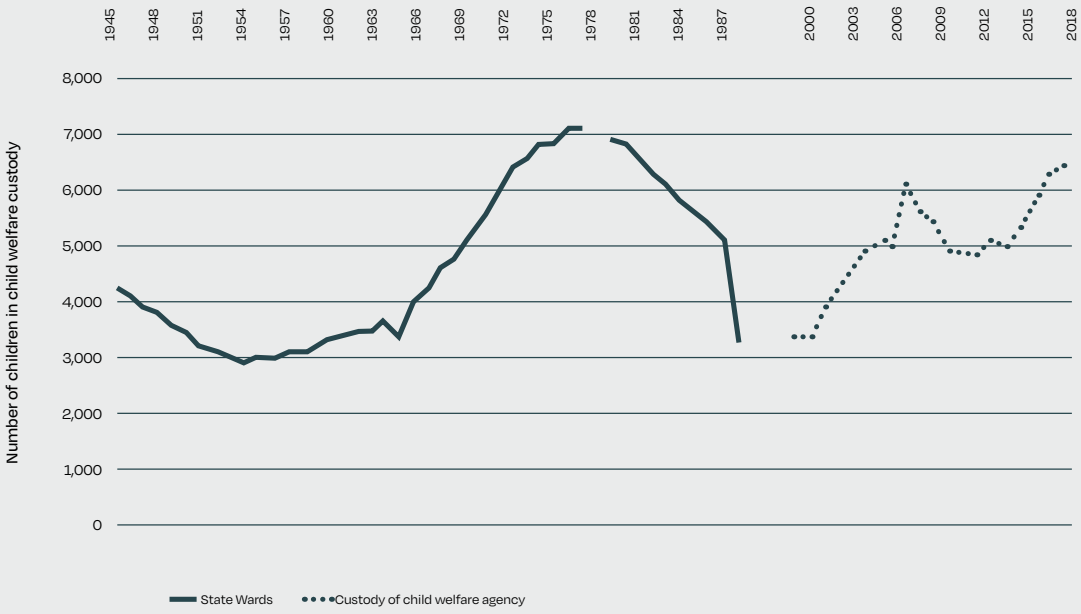
13. Many survivors spoke about experiencing abuse and neglect at home before entering social welfare care. In these instances, some form of intervention was needed to keep children and young people safe, but often the available forms of support were not fit-for-purpose or did not focus on supporting the whānau or addressing intergenerational trauma. At the same time, the way survivors were taken, and the social welfare settings they were placed into, sometimes failed to keep children and young people safe – and instead, compounded the trauma survivors had already experienced. Entries into social welfare care for Māori and Pacific survivors were shaped by the effects of colonisation, urbanisation, structural, societal, and interpersonal racism.

Tokohia i uru atu ki te tokoora pāpori
How many entered social welfare

14. During the Inquiry period most children and young people in care lived in their own homes, with extended family, or were in foster homes. Between 1945 and 1979, on average, between 40 and 50 percent of children in social welfare care settings lived in foster homes. [5]

15. Not all State wards were placed into social welfare care settings. The number of State wards shifted dramatically over the Inquiry period – rising to a peak from the 1960s to the 1980s, and then decreased.

Total State wards: children under control and supervision of the Child Welfare Division 1945–1987, and child welfare agencies 2000–2019[6]



Source: Garlick (2012), page 65, Oranga Tamariki

5 Mackay, R, Children in foster care: An examination of the care histories of a sample of children in care, with particular emphasis on placements of children in foster homes (Department of Social Welfare, May 1981,page 5).

6 Cook, L, A statistical window for the justice system: Putting a spotlight on the scale of State custody of generations of Māori (Victoria University of Wellington – Te Herenga Waka, July 2020).

16. From 1950 to 1999, an estimated 178,443 people were in social welfare care settings. Of these people, an estimated 67,566 were in youth justice settings.[7]

Cohort of people within Social Welfare care settings, 1950 to 1999[8].

Summary by decade	1950s	1960s	1970s	1980s	1990s	Total
Youth justice	1,195	5,248	22,537	24,843	13,743	67,566
Other state wards	16,068	20,130	33,277	26,735	14,667	110,877
Total numbers of state wards (cohorts)	17,263	25,377	55,814	51,578	28,410	178,443

Source: MartinJenkins Ltd (2020, p. 27). Youth Justice included institutions administered by DSW (Child Welfare Division pre-1972) or by the Department of Justice. The decline in cohort numbers in the 1990s is more likely to be due to incomplete data, rather than a signal of a policy or operational change.

17. In 1962, 23 percent (810) of State wards were in some form of care setting, including social welfare residences, special schools, private institutions, psychiatric institutions, hospitals and boarding schools. [9] This figure rose to 33 percent (2,306) during the early 1980s but by 1985 it had dropped slightly to 31 percent (1,807). [10]

18. Tamariki and rangatahi Māori were more likely than Pākehā children and young people to be placed in borstals and other social welfare institutions,[11] whereas Pākehā and Pacific children and young people were more likely to end up in foster placements.[12]

Ko te nuinga ko ngā tamariki me ngā rangatahi Māori
Tamariki and rangatahi Māori made up the majority

19. Tamariki Māori were the majority of the thousands of children and young people passing through social welfare care settings in the 1970s.[13]

20. The number of Māori in social welfare care settings was the highest in the 1970s and the early 1980s, reaching up to 80 percent in some social welfare residences. Following the Children, Young Persons, and Their Families Act 1989, increased emphasis was given to placement with whānau or community. The overall number of children placed in social welfare residences significantly reduced. However, the proportion of tamariki and rangatahi Māori admitted to social welfare residences remained high.[14]

7 MartinJenkins, Indicative estimates of the size of cohorts and levels of abuse in State and faith-based care: 1950–2019 (2020, page 27). Note: Youth justice settings includes those in youth justice facilities and residences. The remaining 110,877 not in youth justice settings were termed 'other State wards' and included those in care and protection residences and placements and foster care.

8 Savage, C, Moyle, P, Kus-Harbord, L, Ahuriri-Driscoll, A, Hynds, A, Paipa, K, Leonard, G, Maraki, J & Leonard, J, Hāhā-uri hāhā-tea: Māori involvement in State care 1950–1999 (Ihi Research, 2021, page 93, table 2.5).

9 Craig, T & Mills, M, Care and control: The role of institutions in New Zealand (New Zealand Planning Council, 1987, page 36).

10 Craig, T & Mills, M, Care and control: The role of institutions in New Zealand (New Zealand Planning Council, 1987, page 36).

11 Craig, T & Mills, M, Care and control: The role of institutions in New Zealand (New Zealand Planning Council, 1987, page 36); Savage, C, Moyle, P, Kus-Harbord, L, Ahuriri-Driscoll, A, Hynds, A, Paipa, K, Leonard, G, Maraki, J & Leonard, J Hāhā-uri hāhā-tea: Māori involvement in State care 1950–1999 (Ihi Research, 2021, page 120).

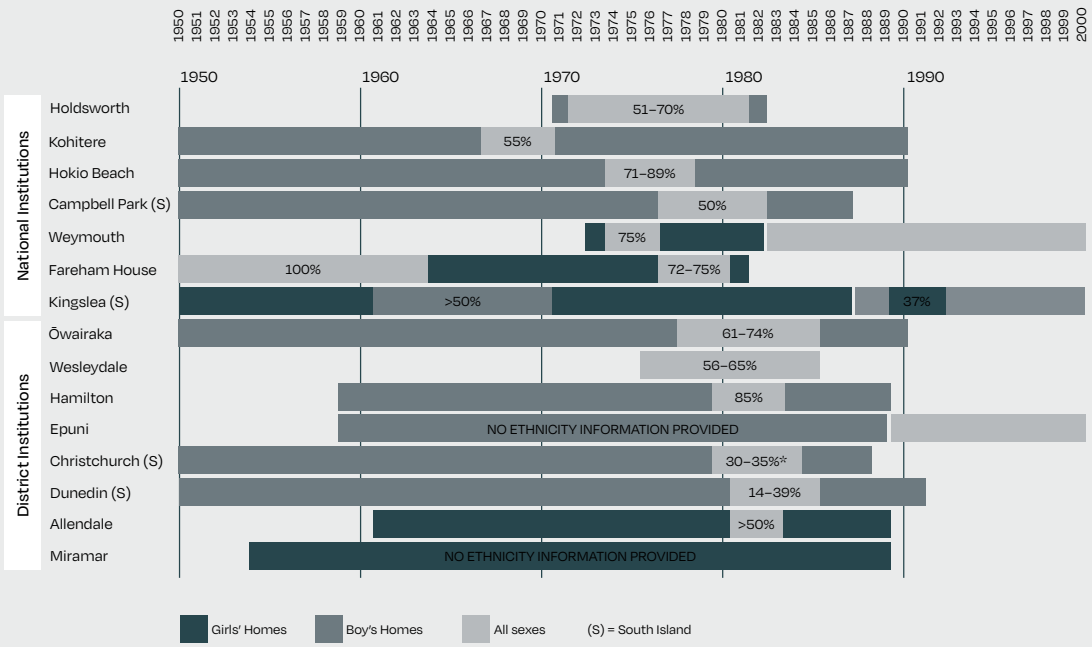
12 Savage, C, Moyle, P, Kus-Harbord, L, Ahuriri-Driscoll, A, Hynds, A, Paipa, K, Leonard, G, Maraki, J, & Leonard, J Hāhā-uri hāhā-tea: Māori involvement in State care 1950–1999 (Ihi Research, 2021, page 91, table 2.11).

13 Sutherland, O, Justice and race: Campaigns against racism and abuse in Aotearoa New Zealand (Steele Roberts, 2020, pages 84 and 102).

14 Savage, C, Moyle, P, Kus-Harbord, L, Ahuriri-Driscoll, A, Hynds, A, Paipa, K, Leonard, G, Maraki, J & Leonard, J, Hāhā-uri hāhā-tea: Māori involvement in State care 1950–1999 (Ihi Research, 2021, pages 13 and 96).

21. While many social welfare residences did not record ethnicity consistently over the Inquiry period, available information shows tamariki and rangatahi Māori were over-represented across social welfare residences (referred to in the table below as 'residential institutions').

Proportion of Māori residents in residential institutions collated from Parker's (2006) reports[15]



* Data was provided for Māori and Pacific Island residents combined. The length of the bars indicates the time when the institution was open during 1950–2000. Highlighted areas indicate the time period for when the data was provided.

22. Professor Elizabeth Stanley recorded that tamariki and rangatahi Māori constituted about 25 percent of the boys in Ōwairaka Boys' Home in the late 1950s and early 1960s. By the 1970s, this figure had increased to more than 80 percent.

23. In 1985, the State recorded a 78 percent Māori population across six Auckland social welfare residences: Allendale, Bollard, Ōwairaka, Te Atatu, Wesleydale and Weymouth. Epuni, Hokio Beach and Kohitere had similarly high proportions.[16]

24. A 1998 birth cohort study of 56,904 babies in Aotearoa New Zealand showed that by the age of 18, tamariki and rangatahi Māori were three and a half times more likely to experience out of home placement than Pākehā children and young people.[17]

15 Savage, C, Moyle, P, Kus-Harbord, L, Ahuriri-Driscoll, A, Hynds, A, Paipa, K, Leonard, G, Maraki, J, & Leonard, J, Hāhā-uri hāhā-tea: Māori involvement in State care 1950–1999 (Ihi Research, 2021, page 93, table 2.1).
16 Stanley, E, The road to hell: State violence against children in postwar New Zealand (Auckland University Press, 2016, page 38).
17 Rouland, B, Vaithianathan, R, Wilson, D, & Putnam-Hornstein, E, "Ethnic disparities in childhood prevalence of maltreatment: Evidence from a New Zealand birth cohort," American Journal of Public Health, 109(9), (2019, pages 1255–1257).

I pāhikahika te uru o ngā tamariki me ngā rangatahi Pasifika
Pacific children and young people's entry was disproportionate

25. Data gaps exist across all survivor groups during the Inquiry period, but the gaps are particularly pronounced for Pacific Peoples. State agencies responsible for care had fundamentally flawed policies and processes for recording ethnicity. Various institutions show that Pacific Peoples were frequently grouped with Māori in a general 'Māori / Pacific' category, or simply under the category of 'Polynesian', or their ethnicity was not recorded. This reveals the systemic flaws in ethnicity recording and makes it difficult to provide a meaningful picture of Pacific Peoples representation in care during the Inquiry period.

26. The available records show that from the 1980s, Pacific fanau and tagata talavou were also disproportionately represented in social welfare residences. In 1983, Pacific Peoples were over-represented in the same six social welfare residences in Auckland referred to above (Allendale, Bollard, Ōwairaka, Te Atatu, Wesleydale, Weymouth). Of the 2,027 residents in these institutions (who were there for both welfare and youth justice reasons), 16 percent (330) people, were Pacific, despite only making up just over 6 percent of the youth population.[18]

27. An Epuni Boys' Home report from 1975 stated that the proportion of Māori / Polynesian residents varied from 50 percent to 70 percent.[19]

18 Berridge, D, Cowan, L, Cumberland, T, Davys, A, Jollands, J, McDowell, H, Riley, L, Ruck, A & Wallis, P, Institutional racism in the Department of Social Welfare Tamaki-Makau-Rau, 1984 (revised edition May 1985), (Department of Social Welfare, page 17); Stats NZ, The New Zealand Official Yearbook 1987–1988, Stats NZ, 1996b.

19 Oranga Tamariki, Epuni Boys' Home Handbook (1975, page 75).

Te urunga o ngā kōhine ki ngā taurima tokoora
Entries of girls into social welfare care

28. Available and reliable data on the gender breakdown of entries into social welfare care is also limited.

29. A 1984 report of the Committee to Review the Children's Health Camp Movement presented data for children in substitute care (defined in the report as 'looked after by other than biological parents, relatives or friends) recorded that in 1980, 1,350 children were involved in family homes with 45 percent being girls, and that 3,120 children were involved in foster home programmes with 47 percent being girls.[20]

30. Various reports and research show the disproportionality between Māori girls and non-Māori girls in care. In 1987 a study conducted on behalf of the Department of Social Welfare, looked at 239 girls between the ages of 15 and 16 who were under the guardianship of the Director-General of Social Welfare. The study found that 37 percent were Pākehā, 51 percent were Māori and 12 percent were from other ethnic groups, primarily of "Pacific Island origin".[21]

31. Evidence the Inquiry has received also supports that Māori girls disproportionately entered care. A 1975 report from Allendale Girls' Home has an ethnic breakdown of admissions that shows 23 Māori, three Pacific, and 12 Pākehā girls were admitted between February and April of that year.[22] This overrepresentation of Māori girls in Allendale was also recorded for the years 1981 and 1983.[23]

32. Documents from Kingslea (also known over the years as Burwood and Christchurch Girls' Training Centre) showed a disproportionate number of Māori and Pacific girls being admitted between the 1950s and the 1970s. In 1961, Kingslea had a total of 37 admissions of girls, reporting that 15 were either Māori or Pacific. In 1970 there were a total of 62 admissions, with Kingslea reporting that 36 were Māori or Pacific. The report did not differentiate between the two groups. The report also made a comment with racist undertones noting that the increase in Māori and Pacific girls "introduced new problems for training and discipline".[24]

20 Savage, C, Moyle, P, Kus-Harbord, L, Ahuriri-Driscoll, A, Hynds, A, Paipa, K, Leonard, G, Maraki, J & Leonard, J, Hāhā-uri hāhā-tea: Māori involvement in State care 1950–1999 (Ihi Research, 2021, page 82).

21 von Dadelszen, J. An examination of the histories of sexual abuse among girls currently in the care of the Department of Social Welfare, (1987). Cited in Savage, C, Moyle, P, Kus-Harbord, L, Ahuriri-Driscoll, A, Hynds, A, Paipa, K, Leonard, G, Maraki, J & Leonard, J, Hāhā-uri hāhā-tea: Māori involvement in State care 1950–1999 (Ihi Research, 2021, page 91).

22 Letter from Miss Langley, teacher Allendale girls home, re: Review of the status and financing of schools in social welfare institutions, Auckland (April 1976, page 88).

23 Letter from Principal Miss J M Hough to Regional Manager, Department of Social Welfare (1 January 1982, page 128); Allendale Girls' Home, Annual Report for the year ended 31 December 1983 (1983, page 65).

24 A review of some of the changes in the centre in the period 1942–70, Principal KJ Ford (page 125).

I whai wāhi te tāmitanga me te kaikiri ki te urunga a te Māori ki te taurimatanga
Colonisation and racism contributed to Māori being placed into care

33. The pathway for tamariki and rangatahi Māori into social welfare care settings needs to be considered within the continuing process of colonisation, urbanisation and the ongoing denial of the inherent right for Māori to exercise mana motuhake. As outlined in Part 2, before colonisation:
    - Tikanga Māori was the dominant political, social, cultural and legal paradigm in Aotearoa New Zealand.
    - The tikanga of whānau created a framework between tamariki, rangatahi and pakeke Māori and broader whānau, hapū and iwi.

34. Dr Moana Jackson, a witness at the Inquiry's Contextual Hearing considers that colonisation's ultimate goal is to assume power and impose legal and political institutions in places that already have their own.[25] In Aotearoa New Zealand, it means subordinating the mana and tino rangatiratanga of iwi and hapū, and deliberately undermining whānau, hapū and iwi structures.[26] Colonisation is more than just the appropriation of land.[27]

35. The effects of colonisation, along with its racist ideologies, may include removing tamariki and rangatahi Māori from whānau and denying the rights of whānau, hapū and iwi to make decisions for tamariki and rangatahi Māori.[28]

25 Witness statement of Dr Moana Jackson (25 October 2019, para 47).

26 Savage, C, Moyle, P, Kus-Harbord, L, Ahuriri-Driscoll, A, Hynds, A, Paipa, K, Leonard, G, Maraki, J & Leonard, J, Hāhā-uri hāhā-tea: Māori involvement in State care 1950–1999 (Ihi Research, 2021, page 13); Māori Perspective Advisory Committee, Puao-te-Ata-Tū (Day Break): The report of the Ministerial Advisory Committee on a Māori Perspective for the Department of Social Welfare (Department of Social Welfare, 1988, pages 18 and 69); Waitangi Tribunal, He Pāharakeke, He Rito Whakakīkīnga Whāruarua: Oranga Tamariki Urgent Inquiry, Pre-publication version (Wai 2915), (2021, page 151).

27 Kiddle, R, Elkington, B, Jackson, M, Riperka Mercerier, O, Ross, M, Smeaton, J & Thomas, A, Imagining decolonisation (Bridget Williams Books, 2020, Chapter 1).

28 Witness statement of Dr Moana Jackson (25 October 2019, para 48); Coster, L, Moyle, P, Tauri, K, Waretini-Karena, R, Clarke, H, Jones, C, McIntosh, T, Messiter, D, Stone, D, Sykes, A, Taonui, R, Tauri, J & Wirihana, R, Te Ara Takatū, Report from a wānanga on a tikanga Māori based approach to redress for Māori abused in state or faith-based care (Auckland University School of Law, July 2021, page 11).

36. Similarly, in Australia, the 1997 Australian Inquiry into the 'Separation of Aboriginal and Torres Strait Islander Children from Their Families' discussed the connection between colonisation, removal of indigenous children, and genocide.[29] That Inquiry concluded that the predominant aim of removing Aboriginal and Torres Strait Islander children from their families, communities and homes was for absorption and assimilation – to destroy and eliminate their unique cultural values and ethnic identities.[30] It found the laws and practices of removing indigenous children involved both systemic racial discrimination and genocide as defined by international law.[31]

"When a child was forcibly removed that child's entire community lost, often permanently, its chance to perpetuate itself in that child. The Inquiry has concluded that this was a primary objective of forcible removals and is the reason they amount to genocide."[32]

37. In 2015, the Truth and Reconciliation Commission inquiring into Canada's residential school system similarly found Canada had enacted cultural genocide through its Aboriginal policy, specifically its policies of assimilation. The commission found that the taking of indigenous children into residential schools was a central element to those policies.[33] Cultural genocide was defined as:

"The destruction of those structures and practices that allow the group to continue as a group. States that engage in cultural genocide set out to destroy the political and social institutions of the targeted group. Land is seized, and populations are forcibly transferred, and their movement is restricted. Languages are banned. Spiritual leaders are persecuted, spiritual practices are forbidden, and objects of spiritual value are confiscated and destroyed. And most significantly to the issue at hand, families are disrupted to prevent the transmission of cultural values and identity from one generation to another."[34]

29 National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families, Bringing them home (1997).
30 National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families, Bringing them home (1997, pages 231, 237, 241).
31 National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families, Bringing them home (1997, pages 231 and 237).
32 National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families, Bringing them home (1997, page 190).
33 Truth and Reconciliation Commission of Canada, Honouring the Truth, Reconciling for the Future: Summary of the Final Report of the Truth and Reconciliation Commission of Canada (2015, page 1).
34 Truth and Reconciliation Commission of Canada, Honouring the Truth, Reconciling for the Future: Summary of the Final Report of the Truth and Reconciliation Commission of Canada (2015, page 1).

38. Dr Moana Jackson considered there to be connections between the Canadian and New Zealand governments and indigenous child removal into care, noting that the colonising governments shared the same assimilation intentions.[35] Dr Jackson said the State had assumed the same authority to take tamariki and rangatahi Māori away from their families.[36]

39. Dr Jackson noted that the State had also seized land, forcibly transferred Māori, banned te reo Māori, persecuted spiritual leaders, forbidden spiritual practices, destroyed objects of spiritual value,[37] and disrupted whānau to prevent the transmission of cultural values. Dr Jackson said the actions of the State could be "equally and properly" described as cultural genocide:[38]

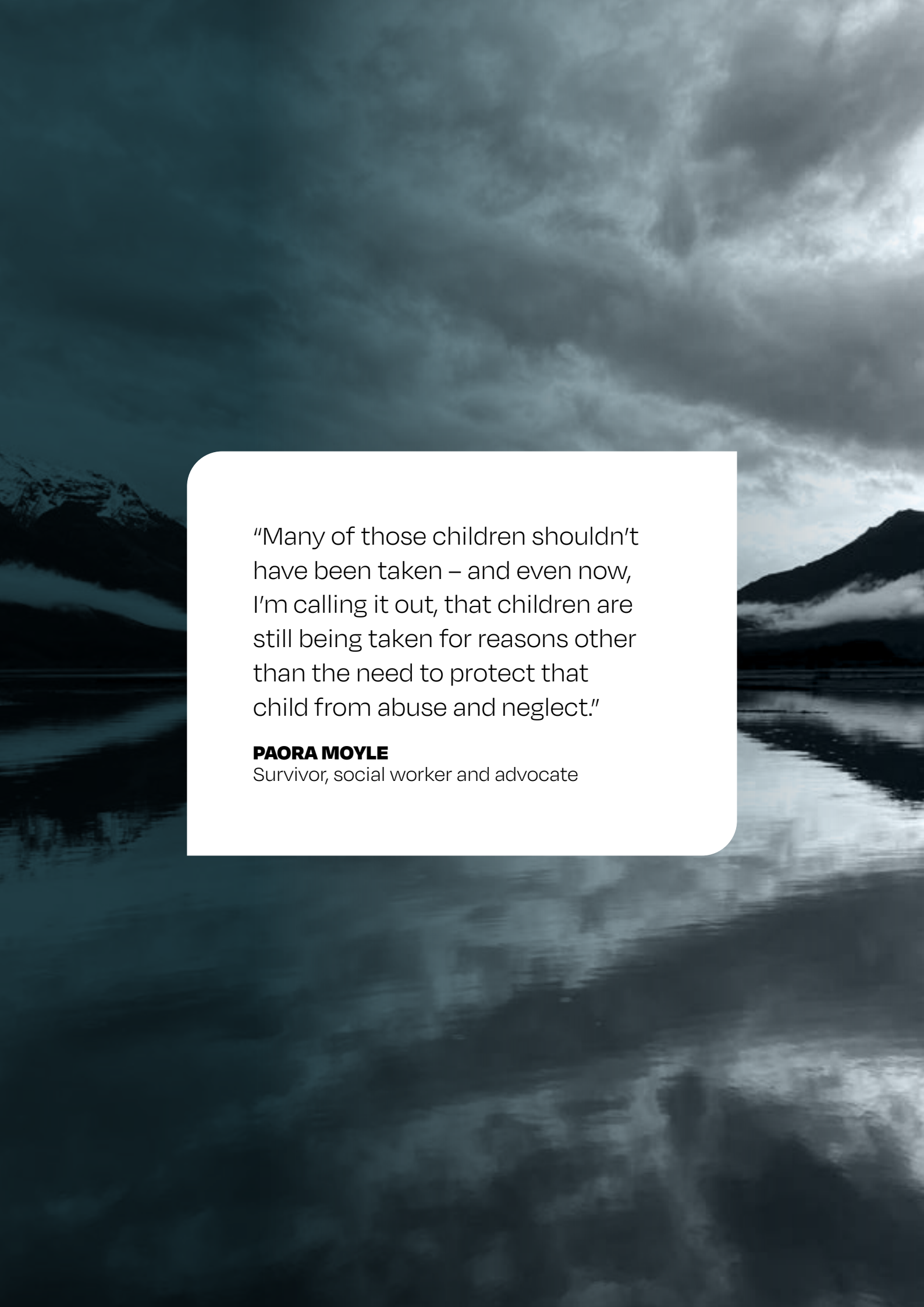
> *"The intention to take has been the same as in other countries, and dispossession is dispossession, even when it is carried out with an allegedly honourable intent or 'kind usage'. Colonisation has always been genocidal, and the assumption of a power to take Māori children has been part of that destructive intent. The taking itself is an abuse."*[39]

40. In 2021, the Waitangi Tribunal's Inquiry into Oranga Tamariki found that the continued over-representation of tamariki and rangatahi Māori in social welfare care arose and persists due to alienation, dispossession, structural racism, Crown policy that has been dominated by efforts to assimilate Māori, and the Crown failure to honour te Tiriti o Waitangi guarantee of tino rangatiratanga.[40]

41. During that Inquiry, Grainne Moss (chief executive of Oranga Tamariki at the time of the Inquiry) conceded on behalf of the Crown that:

> *"Structural racism is a feature of the care and protection system which has adverse effects for tamariki Māori, whānau, hapū and iwi. This structural racism has resulted from a series of legislative, policy and systems settings over time and has degraded the relationship between Māori and the Crown. The structural racism present in the care and protection system reflects its presence in society more generally, which has meant that more tamariki Māori are reported, thus coming to the attention of the care and protection system."*[41]

35 Witness statement of Dr Moana Jackson (25 October 2019, para 52).
36 Witness statement of Dr Moana Jackson (25 October 2019, para 52).
37 Witness statement of Dr Moana Jackson (25 October 2019, paras 52–56).
38 Witness statement of Dr Moana Jackson (25 October 2019, paras 52–56).
39 Transcript of evidence of Dr Moana Jackson at the Inquiry's Contextual Hearing (Royal Commission of Inquiry into Abuse in Care, 29 October 2019, pages 232–234).
40 Waitangi Tribunal, He Rito Whakakīkīnga Whāruarua: Oranga Tamariki Urgent Inquiry, Pre-publication version (Wai 2915), (2021).
41 Waitangi Tribunal, He Rito Whakakīkīnga Whāruarua: Oranga Tamariki Urgent Inquiry, Pre-publication version (Wai 2915), (2021, page 5).



"Many of those children shouldn't have been taken – and even now, I'm calling it out, that children are still being taken for reasons other than the need to protect that child from abuse and neglect."

PAORA MOYLE
Survivor, social worker and advocate

42. Further, the Crown accepted that "the broader forces of colonisation and structural racism and the ongoing effect of historical injustices on iwi, hapū, and whānau have been significant contributing factors"[42] to the number of tamariki and rangatahi Māori being taken into care.

43. Māori survivor, social worker and advocate Paora Moyle (Ngāti Porou) has spoken about the deeply held racism in the decision-making around the removal of tamariki and rangatahi Māori from their whānau:

> *"We're talking about whakapapa trauma, intergenerational trauma. We're talking about colonisation and children being taken by the State as a result of out-and-out racist decision-making. Many of those children shouldn't have been taken – and even now, I'm calling it out, that children are still being taken for reasons other than the need to protect that child from abuse and neglect."*[43]

42 Waitangi Tribunal, He Rito Whakakīkīnga Whāruarua: Oranga Tamariki Urgent Inquiry, Pre-publication version (Wai 2915), (2021, page 180).

43 Husband, D, "Keep your bags packed, my baby. I'll come back and get you," E-Tangata (May 20, 2018), https://e-tangata.co.nz/korero/keep-your-bags-packed-my-baby-ill-come-back-and-get-you/.

Ko ngā taiao pāpori tētahi ara tōtika ki te taurimatanga
Social environments were a pathway into care

I kaha ake te Māori ki te nohonoho tāone
Increased Māori urbanisation

44. Before 1945, most Māori lived in rural communities, leading quite separate lives from the majority of Pākehā.[44] The decades from the 1930s to the 1980s saw the mass migration of Māori from rural areas to the towns and cities of Aotearoa New Zealand. Between 1936 and 1945, the percentage of Māori living in urban areas grew from 11 to 26 percent. In 1966, at the peak of Māori migration, 62 percent of Māori were living in urban centres.[45]

45. Māori survivor Michael Katipa (Waikato Tainui) shared that his whānau came from Ngaruawahia, where they were traditionally a royal whānau and his grandfather owned Māori land:

> *"We lived in a house with no power, but we were self-sufficient in gathering kai and living off the land. We never went hungry. Our whānau drifted from a more rural setting to the city due to urbanisation and Rogernomics policies."*[46]

46. The Māori population was also growing rapidly during this period and had a younger demographic profile than non-Māori. By the mid-1960s, half of all Māori were under 15 years old.[47] Urbanisation and the growing birth-rate post the Second World War were seen by some to threaten the dominant Pākehā population.[48]

47. To some degree, this urban migration was fuelled by younger Māori escaping perceived and actual deprivation in their local communities and seeking new opportunities in towns and cities.[49] However, the poverty of rural Māori communities during this period, lack of job and education prospects, as well as the novelty and excitement of city life, were also factors in the mass urban migration of Māori.[50]

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44 Savage, C, Moyle, P, Kus-Harbord, L, Ahuriri-Driscoll, A, Hynds, A, Paipa, K, Leonard, G, Maraki, J & Leonard, J, Hāhā-uri hāhā-tea: Māori involvement in State care 1950–1999 (Ihi Research, 2021, page 42).
45 Anderson, A, Binney, J & Harris, A, Tangata Whenua: An illustrated history (Bridget Williams Books, 2014, page 395).
46 Witness statement of Michael Katipa (5 April 2023, paras 4–5).
47 Garlick, T, Social developments: An organisational history of the Ministry of Social Development and its predecessors, 1860–2011 (Steele Roberts, 2012,page 62). See also: Dalley, B, Family matters: Child welfare in twentieth-century New Zealand (Auckland University Press, 1998, page 171).
48 Statement of Dr Hilary Stace for the Inquiry's Contextual Hearing (2019, page 16, para 63).
49 Meredith, P, Urban Māori: Urbanisation (Te Ara – The Encyclopaedia of New Zealand, 2015, page 1), https://teara.govt.nz/en/urban-maori/page-1.
50 Meredith, P, Urban Māori: Urbanisation (Te Ara – The Encyclopaedia of New Zealand, 2015, page 1), https://teara.govt.nz/en/urban-maori/page-1.

48. Living in urban areas, in close proximity to Pākehā, intensified the pressures on Māori to assimilate to Pākehā ways of living. Māori patterns of child-rearing and whānau and hapū life came under strain in the suburbs, causing them to disappear or be adapted.[51] The general public expected Māori to conform to 'British ways'. Child welfare officers who had the broad mandate of 'bringing urban Māori up to scratch', were frequently called in to address Pākehā complaints of 'unseemly' Māori behaviour from their neighbours. Tikanga Māori was often foreign and unsettling to many Pākehā families living in towns.[52]

49. The 1960 Hunn Report, which in the Inquiry's view was founded on the belief that Māori who had been oppressed by State policies were responsible for the challenges and inequalities they faced, found that the urbanisation of Māori communities was central to settler state policies of integration into Pākehā society.[53]

50. Former government statistician, Len Cook, described how the urbanisation of Māori led to a shift in the chances of ending up being scrutinised by child welfare officers and the court system:

> *"I think one of the things we ignore, particularly during the 1960s is that as a result of both increased birth numbers and the shift to the cities of Māori at that time, there were four times as many Māori children in urban New Zealand in 1966 than 1951. It might have seemed to public services as quite a flood. And I think because the cities were overwhelmingly white, you had [Māori] people who, although it was their country, were migrants in their own cities, but not being treated as NZ European children were."*[54]

51. Migration to urban areas made housing and employment problems worse for Māori. It also highlighted racial, economic and social inequalities and influenced the social attitudes of many Pākehā towards Māori. Welfare issues were increasingly identified by officials in both urban and rural Māori communities. Explanations for these welfare problems included Pākehā racial prejudice against Māori, intolerance and ignorance of Māori custom, as well as poor employment opportunities, substandard housing, and the breakdown of traditional Māori structures and other ongoing impacts of colonisation and urbanisation.[55]

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51 Higgins, R & Meredith, P, Ngā tamariki: Māori children's upbringing (Te Ara – The Encyclopedia of New Zealand, 2011), https://teara.govt.nz/en/nga-tamariki/page-2.

52 Savage, C, Moyle, P, Kus-Harbord, L, Ahuriri-Driscoll, A, Hynds, A, Paipa, K, Leonard, G, Maraki, J & Leonard, J, Hāhā-uri hāhā-tea: Māori involvement in State care 1950–1999 (Ihi Research, 2021, page 44).

53 William, DV, "The continuing impact of amalgamation, assimilation and integration policies," Journal of the Royal Society of New Zealand 49(1), (2019, pages 4–5).

54 Savage, C, Moyle, P, Kus-Harbord, L, Ahuriri-Driscoll, A, Hynds, A, Paipa, K, Leonard, G, Maraki, J & Leonard, J, Hāhā-uri hāhā-tea: Māori involvement in State care 1950–1999 (Ihi Research, 2021, page 47).

55 Royal Commission of Inquiry into Abuse in Care, He Purapura Ora, he Māra Tipu: From Redress to Puretumu Torowhānui, Volume 1 (2021, page 32).

52. The Government's housing policy from 1948 of 'pepper-potting' Māori whānau among Pākehā was to avoid residential concentrations of Māori as there had been concerns and complaints about social disorder and a 'growing Māori underclass'.[56]

Nā te kaikiri i whakakaha ai te maurirere matatika me te tūtei rangatahi
Moral panic and surveillance of youth compounded by racism

53. From the early 1950s the increasingly youthful nature of the population, rising rates of reported youth crime, and the emergence of youth culture in suburbs and cities, heightened public anxieties about a growth in so-called 'juvenile delinquency'.

54. Societal fears over the behaviour of young people were symptomatic of wider societal unease about 'adolescent independence, gendered social shifts, and weakening family control'.[57] Fears were particularly amplified following the release of the 1954 Mazengarb Report.

55. This resulted in more intensive policing of children and young people using broad categories such as being 'Indigent', 'Not Under Proper Control' and 'Delinquent' and contributed to the growing numbers of children and young people appearing before the courts particularly over the next two decades.[58] The majority of survivors who engaged with the Inquiry entered care around this period.

56. Professor Elizabeth Stanley explained that girls were held to a different moral standard than boys. They would come to the attention of State authorities for things like running away, staying out, or behaving in a way that was judged as being sexually promiscuous.[59]

57. During this period, the targeting of Māori and Pacific Peoples became commonplace with police officers more likely to intervene with Māori and Pacific youth.[60]

56 Savage, C, Moyle, P, Kus-Harbord, L, Ahuriri-Driscoll, A, Hynds, A, Paipa, K, Leonard, G, Maraki, J & Leonard, J, Hāhā-uri hāhā-tea: Māori involvement in State care 1950–1999 (Ihi Research, 2021,pages 44–47).
57 Brickell, C, Teenagers: The rise of youth culture in New Zealand (Auckland University Press, 2017, page 245).
58 Dalley, B, Family matters: Child welfare in twentieth-century New Zealand (Auckland University Press, 1998, page 191); Affidavit of Leonard Warren Cook to the Waitangi Tribunal (Wai 2915, #A17), (11 February 2020, page 10, para 37).
59 Stanley, E, The road to hell: State violence against children in postwar New Zealand (Auckland University Press, 2016, page 37).
60 Stanley, E, The road to hell: State violence against children in postwar New Zealand (Auckland University Press, 2016, page 33).

I āta whāia ngā tamariki me ngā rangatahi Māori
Tamariki and rangatahi Māori were targeted

58. Tamariki and rangatahi Māori often came to the notice of State authorities, including NZ Police, for 'potential delinquency' rather than for their welfare.[61] Police tended to treat gatherings of rangatahi Māori on the streets as inherently suspect, whether or not they were involved in criminal activity. This often led to rangatahi Māori appearing in court.[62]

59. In the report Puao-te-Ata-Tū, a participant who spoke to the Māori Perspective Advisory Committee said that rangatahi Māori in Lower Hutt were often picked up by NZ Police for being on the streets.[63]

61 Labrum, B, "Bringing families up to scratch: The distinctive working of Māori state welfare 1944–1970," New Zealand Journal of History 36(2), (2002, pages 161–184).
62 Private session transcript of Grenville Fahey (7 April 2021, page 4).
63 Māori Perspective Advisory Committee, Transcripts from tapes of a Kaumatua Hui Kōkiri Marae, Seaview (7 September 1985, page 33).

60. Survivors told the Inquiry they were targeted and picked up by the police, for simply being out in public.[64] Māori survivor Mr IA described how a 'hit squad' of NZ Police would travel from Ōtaki to Palmerston North to round up boys on the street, beat them and throw them in cells. The boys were all aged around 15 or 16 years old. Mr IA said:

> *"We would hang around town, sometimes get up to mischief, all male, all Māori but not a gang. We would go to the pictures on Friday nights and be hanging out and just be picked on and picked up by the police. We were shit scared of the police because we got the bash every single time."*[65]

61. In the Inquiry's State Institutional Response Hearing, NZ Police Commissioner Andrew Coster acknowledged that Māori are disproportionately represented across the criminal justice system. He accepted there are serious questions to answer in relation to both Māori and Pacific People's experiences of policing.[66] Deputy Police Commissioner Tania Kura acknowledged that views held within NZ Police reflected dominant views held within society, such as racism.[67] Despite this, when asked about the historical culture of the NZ Police, and whether that culture did serve to scale up the level of racism, Commissioner Coster stated, "I really can't speak to that … I simply can't say that".[68]

64 Witness statement of Mr LK (16 October 2022, paras 67, 68, 76, 80).
65 Witness statement of Mr IA (2 June 2022, paras 2.1–2.5).
66 Transcript of proceedings with NZ Police at the Inquiry's State Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 16 August 2022, page 97).
67 Transcript of proceedings with NZ Police at the Inquiry's State Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 16 August 2022, page 131).
68 Transcript of proceedings with NZ Police at the Inquiry's State Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 16 August 2022, pages 132–133).

62. During the Inquiry period, State authorities and wider society were particularly concerned about what they saw as wāhine Māori behaving immorally. This shows the intersection between racism, sexism, and discrimination that Māori wāhine[69] had to face. In a 1967 letter a senior child welfare officer described 'difficulties with adolescent Māori girls', encouraging their placement into care because they were perceived as out of control and promiscuous:

> *"It is a matter of the deepest concern to us that in Hastings there is in recent months a growing number of young girls becoming involved in, staying away from their homes and schools, getting into most undesirable company and, it would seem, indulging in quite extensive sexual misbehaviour. The Māori [sic] children in Hawke's Bay who belong to the less able families are increasingly showing this sort of insecurity – full of energy but no worthwhile channels available for it – mothers working long hours, they are left to their own devices. They are not involved in the sort of out of school activities the more able Māori [sic] families and the Europeans provide, and the natural gregariousness of these children sends them off to seek their own sort of company."*[70]

63. Professor Elizabeth Stanley has explained that girls who upset gendered norms and Māori and Pacific children who "offended Pākehā sensibilities" often found themselves "inspected by authorities who readily legitimised institutionalisation as a means to domesticate, civilise or control them."[71] This impacted wāhine Māori two-fold and is reflected in the disproportionate numbers of wāhine Māori who entered care.

64. The district child welfare officer's response acknowledged the issues raised and attributed it to the "relocation of so many rural Māoris [sic]".[72] They also expressed frustration that the department had "insufficient foster homes or institutional facilities to deal effectively with these girls who [were] obviously beyond parental control".[73]

65. Some whānau came to the attention of State authorities following complaints from neighbours.[74] Māori and Pacific survivor Te Enga Harris was uplifted from the care of her whānau after a complaint, "My father was Deaf and there was always a lot of yelling and screaming so he could hear us."[75]

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69 Royal Commission of Inquiry into Abuse in Care, Tāwharautia: Pūrongo o te Wā, Volume 1: Interim report (2020, pages 66–67); Spears, L, Note for file assistant principal, Dunedin Girls' Home (7 November 1973).
70 Page, K, & Crocket, AM, Difficulties with adolescent Māori girls (DCWO Hastings, 16 May 1967, page 1).
71 Stanley, E, The road to hell: State violence against children in postwar New Zealand (Auckland University Press, 2016, page 38).
72 Page, K, & Crocket, AM, Difficulties with adolescent Māori girls (DCWO Hastings, 16 May 1967,(page 2)
73 Page, K, & Crocket, AM, Difficulties with adolescent Māori girls (DCWO Hastings, 16 May 1967, page 2).
74 Labrum, B, "Bringing families up to scratch: The distinctive working of Māori state welfare 1944–1970," New Zealand Journal of History 36(2), (2002, page 161). See also: Witness statements of Te Enga Harris (17 August 2021, para 38); Ms AK (8 September 2021, page 4, para 16) and Ms AG (25 August 2021, page 2, para 9).
75 Witness statement of Te Enga Harris (17 August 2021, para 38).

66. Tamariki and rangatahi Māori may have already been under the State's scrutiny because other whānau members had experienced State care themselves, or because a young person in the whānau was under a supervision order, meaning child welfare officers started monitoring the wider whānau, sometimes for extended periods of time. [76]

67. A 1985 submission to the Puao-te-Ata-Tū Report authored by a senior Department of Social Welfare official, acknowledged the long legacy of harmful social work interventions in Māori communities:

> *"I think back to my beginning days as a young social worker in early 1950 when the term 'body-snatcher' was quite prevalent. It was quite common for youngsters and particular Māori children to be at risk in the sense that the system all too readily removed Māori children from their homes and communities and put them here, there, and everywhere but more often than not, into a Pākehā foster home and many ways and on many occasions, alienated those children from their parents and families and their families from them and in looking back all I can say is, what a heinous thing we did in those years and that's not so very long ago and some of those children's children are now repeating the process."*[77]

68. Ultimately, State authorities' reactions to the behaviours and circumstances of tamariki and rangatahi Māori determined whether they were removed from their home. At times, it appears that the authorities' responses were influenced by discriminatory or racist attitudes.[78] Research shows that rangatahi Māori were over-represented in social welfare care settings, recording that tamariki and rangatahi Māori were "more likely to be brought to the attention of the State, more likely to be criminalised, more likely to be taken into State care for less apparent risk, more likely to be placed in harsher environments, and less likely to receive intensive support while in care than Pākehā children".[79]

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76 Witness statements of Natasha Emery (8 June 2021, para 7.4); Ms AG (25 August 2021, page 3, para 12) and Poihipi McIntyre (14 March 2023, page 18, para 4.14.3); Private session transcript of Grenville Fahey (7 April 2021, page 4).

77 Māori Perspective Advisory Committee, Māori voices from Puao Te Ata Tu: A summary of submissions to the Ministerial Advisory Committee on a Māori perspective for the Department of Social Welfare, 1985–1986 (Department of Social Welfare, 30 June 2021, page 5).

78 Witness statement of Poihipi McIntyre (14 March 2023, para 4.14.4); See also Witness statement of Leena Kalpus (12 April 2022, para 16).

79 Savage, C, Moyle, P, Kus-Harbord, L, Ahuriri-Driscoll, A, Hynds, A, Paipa, K, Leonard, G, Maraki, J & Leonard, J, Hāhā-uri hāhā-tea: Māori involvement in State care 1950–1999 (Ihi Research, 2021, pages 138, 181, 183, 199).

Ko te Māori e tinga ana kia tū i mua i ngā kōti
Māori more likely to appear before the courts

69. Between 1950 and 1974, the number of children and young people appearing in the children's courts increased from less than 2,000 to more than 13,000 per annum.[80] Rangatahi Māori were appearing in court in large numbers and were more likely to appear than non-Māori young people, regardless of gender.[81] The 1982 Joint Committee on Young Offenders found that 35 percent of Māori boys born in 1957 had appeared before the Children's Court by the age of 17 years old, compared to 11 percent of non-Māori boys.[82] By the early 1990s, Māori made up an estimated half of all young people involved in the youth justice system.[83]

70. The Inquiry heard from many Māori survivors who went through the youth justice system, that they had suffered from undiagnosed learning disabilities, including neurodivergence.

71. Once convicted, tamariki and rangatahi Māori were disproportionately sentenced to more punitive social welfare care settings, such as borstals, compared to non-Māori. Dr Oliver Sutherland stated:

> *"It is very clear that Māori children received heavier sentences than non-Māori children. Any Māori child before the court was more than twice as likely to be sent to a penal institution (detention centre, borstal or prison) as a non-Māori child, while the latter was more likely to be fined or simply admonished and discharged."*[84]

72. NZ Police Commissioner Andrew Coster accepted at the Inquiry's State Institutional Response Hearing:

> *"There are a disproportionate number of Māori boys who went to court and sadly that continues to be the circumstance in the criminal justice system today."*[85]

73. Mr Coster also stated that a focus of policing "is about trying to dig into what is the reason for the disproportionate representation and what role NZ Police might have".[86]

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80 Dalley, B, Family matters: Child welfare in twentieth-century New Zealand (Auckland University Press, 1998, page 172). See also: Garlick, T, Social developments: An organisational history of the Ministry of Social Development and its predecessors, 1860–2011 (Steele Roberts, 2012).

81 Joint Committee on Young Offenders Working Sub-Committee, Incidence of juvenile offending amongst Māoris [sic] over recent years (16 August 1972, page 21).

82 Donnell, AA & Lovell, RJ, How many offend? A descriptive account of levels of offending in a cohort of New Zealand boys. Study of Social Adjustment: Research report No 7 (Young Offenders Unit, Department of Social Welfare, 1982), in Waitangi Tribunal, Wai 2915, A40(a); Cook, L, A statistical window for the justice system: Putting a spotlight on the scale of State custody of generations of Māori (Victoria University of Wellington – Te Herenga Waka, July 2020, pages 4–5).

83 Dalley, B, Family matters: Child welfare in twentieth-century New Zealand (Auckland University Press, 1998, pages 191–192, 277); Royal Commission of Inquiry into Abuse in Care, He Purapura Ora, he Māra Tipu: From redress to Puretumu Torowhānui, Volume 1 (2021, page 32).

84 Witness statement of Dr Oliver Sutherland (4 October 2019, page 6).

85 Transcript of evidence of Commissioner Andrew Coster for NZ Police at the Inquiry's State Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 16 August 2022, pages 107–108).

86 Transcript of evidence of Commissioner Andrew Coster for NZ Police at the Inquiry's State Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 16 August 2022, pages 107–108).

74. Māori voices from Puao-te-Ata-Tū described how some of the youth justice cases that saw tamariki and rangatahi Māori entering the social welfare system through the courts were for extremely low-level, even trivial offending.[87] A foster carer in Kaitaia, reported experiences of tamariki and rangatahi Māori being taken to court after being accused of offences as minor as shoplifting a bar of soap. Another child she fostered was sent to a boys' home after stealing 75 cents in a changing room (a little over two dollars in modern currency).[88] A court aid attendant similarly told the Māori Perspective Advisory Committee in 1985 that in some cases tamariki and rangatahi Māori were brought to court for 'ridiculous' matters that "could be easily sorted out of court".[89]

I āta whāia te hunga Pasifika
Pacific Peoples were targeted

75. Expert witness, clinical psychologist and Associate Professor Folasāitu Dr Apaula Julia loane has extensive experience working with Pacific fanau (children) and tagata talavou (young people) and tamariki and rangatahi Māori in social welfare care settings and spoke at the Inquiry's Tulou, Our Pacific Voices: Tatala e Pulonga (Pacific Peoples' Experiences) Hearing. She noted racism and negative experiences with migration, among other contributing factors that led to State intervention:

> *"Some survivors spoke about their negative experiences with migration that included racism, poverty, loss of identity and cultural belonging. Many survivors also reported negative experiences in education such as language barriers, bullying by teachers and feelings of isolation leading to their noncompliant behaviour."*[90]

76. Samoan survivor Fa'amoana Luafutu came to Aotearoa New Zealand at 8 years old and within two years was before the Children's Board and placed into social welfare care. Fa'amoana explained some of the difficulties faced by his family after migrating:

> *"When my family first arrived, we needed support to adapt to the New Zealand way of life, not judgement and expectation that we just fit in straight away. My parents' dream of a better life collided with the cultural ignorance of mainstream New Zealand in the 1950s and onward."* [91]

87 Māori Perspective Advisory Committee, Māori voices from Puao Te Ata Tu: A summary of submissions to the Ministerial Advisory Committee on a Māori perspective on the Department of Social Welfare, 1985–1986 (Department of Social Welfare, 30 June 2021, page 11).
88 Māori Perspective Advisory Committee, Kaitaia Community Centre – Hui [Tapes 47 to 55], (22 September 1985, page 74).
89 Māori Perspective Advisory Committee, Ngāpuwaiwaha Marae – Hui [Tapes 361 to 366], (4 April 1986, page 28).
90 Witness statement of Folasāitu Dr Apaula Julia loane (21 July 2021, para 20).
91 Witness statement of Fa'amoana Luafutu (5 July 2021, para 85).

77. Pacific communities experienced heightened State surveillance and racial discrimination, particularly from the NZ Police, increasing the likelihood of Pacific children and young people subsequently entering State care.[92]

78. Although Pacific Peoples were actively encouraged to immigrate to fill low-paying, low-skilled jobs, this changed during the economic downturn in the early 1970s, where "Pacific People were targeted as illegal immigrants in New Zealand and were seen to be threatening the rights of 'New Zealanders' to jobs".[93]

79. For Pacific survivors, over-policing was particularly evident during the Dawn Raids period of 1974-1976.[94] Pacific survivor Mr TY shared that while walking home in his school uniform, he would be stopped by NZ Police and asked about the number of people living in his home and whether any of them arrived in the country recently. He said that the blatant targeting of Pacific Peoples was a normal thing in Ponsonby.[95]

80. Samoan survivor David Williams (aka John Williams) said he was picked on by NZ Police for no reason:

> *"I could be walking down the street and police would just pick on me. I would be with two white fellas and if there were two of us darkies, the cops would pull us up and leave the white guys alone. That's what it was like ... it got to the stage where I think because I was being picked up so many times by the police and labelled a criminal, it became normal."*[96]

81. During the Dawn Raids, Pacific children were sometimes held in NZ Police cells while parents and caregivers were processed as overstayers. These circumstances were sometimes a pathway into social welfare care settings for young Pacific Peoples.

92 Loto, R, Hodgetts, D, Chamberlain, K, Nikora, LW, Karapu & Barnett, AR, "Pasifika in the news: The portrayal of Pacific peoples in the New Zealand press," Journal of Community & Applied Social Psychology 16(2), (2006, page 108).
93 Witness statement of Dr Seini Taufa (18 July 2021, para 35).
94 Anae, M, "All power to the people: Overstayers, Dawn Raids and the Polynesian Panthers," in Mallon, S, Māhina-Tuai, K & Salesa, D (eds), Tangata o le Moana: New Zealand and the people of the Pacific (Te Papa Press, 2012, pages 221–239).
95 Witness statement of Mr TY (24 June 2021, pages 15–16).
96 Witness statement of David Williams (aka John Williams), (15 March 2021, paras 150–151).

Ko ngā take hāpori me ngā take ā-whānau he ara ki te taurimatanga
Community and whānau circumstances were a pathway into care

82. In explaining their experiences before care, many survivors spoke about the struggles of their families and parents, including poverty, mental distress, substance abuse, as well as events such as deaths or divorces that broke down whānau and saw the intervention of the State. Some survivors told the Inquiry about abuse and neglect they suffered from whānau before entering care, sometimes at extreme levels. Some survivors told the Inquiry this was linked to parental distress, intergenerational trauma and substance abuse, while other survivors did not know why their parents were abusive.

83. The Inquiry heard from approximately 1,331 survivors whose first entries into care were social welfare residences.[97] Of those, 63 percent reported entering social welfare care due to:

- troubled behaviour (24 percent)
- unsafe environments including abuse at home (19 percent)
- neglect by parent / s (9 percent)
- unknown (6 percent)
- parental death or separation (3 percent)
- or crime (2 percent).[98]

84. Twenty percent of the 1,331 survivors reported entering through voluntary placement by parents due to:

- parents not being able to manage caring for their child (6 percent)
- unknown (4 percent)
- survivors reporting they were unwanted by their parents (3 percent)
- troubled behaviour of children (3 percent)
- parental death or separation (2 percent)
- parents with mental distress (2 percent).

97 DOT Loves Data, Analysis of pathways into care counts (Royal Commission of Inquiry into Abuse in Care, 2023).
98 DOT Loves Data, Analysis of pathways into care counts (Royal Commission of Inquiry into Abuse in Care, 2023).

Te pōharatanga me te whakapāwera ahumoni
Poverty and financial hardship

85. Many survivors describe hardship, housing insecurity and poverty, which contributed to them being taken or placed into social welfare care settings. Pākehā survivor Mr EH, who was born in Māngere and was one of 14 children, described the poverty and neglect he faced before being placed into care at 5 years old. His father was an alcoholic and was not often working and he had an absent mother. He recalls struggling for his basic needs:

"I remember all the kids had to sleep in one bed, but there were not enough blankets. I have one memory from when I was very little of running around with no clothes on, just a singlet.

I don't remember anything violent happening at home. We must not have had much food. I used to eat out of the horse trough owned by our neighbour. I would see him going to feed his horses and I would try and beat the horse to the food. It would be scraps of apples and cucumbers."[99]

86. The Inquiry heard of instances where survivors stole in order to support their whānau. Māori survivor Mr HS (Ngāti Kahungunu) entered care after being caught stealing food to support his whānau. His father was hospitalised and sent home with no support, and because he wasn't working, they couldn't afford food:

"Despite being only 13 years old I took on the role of caring for my father, cooking and looking after him and my brothers because there was no-one else to do it. When I was 14 years old, I started stealing food to feed our whānau and I was caught and sent to Epuni Boys' Home. I was there for about 11 months during which time my father passed away."[100]

87. Often the only jobs Pacific Peoples could get were low paying, labour intensive and with long hours. This affected how children and young people could be cared for and meant they were left alone and / or responsible for the care of their younger siblings[101] Some Pacific children and young people resorted to stealing food because they were hungry, and this led to them coming to the attention of State authorities.[102]

99 Witness statement of Mr EH (19 April 2022, paras 5–6).
100 Witness statement of Mr HS (27 March 2022, paras 3.3–3.6).
101 Private session transcript of a survivor who wishes to remain anonymous (20 January 2022, pages 16–17); See also: Witness statement of Mr TH (7 June 2021, para 5); Hyslop, I & Keddell, E, Changes needed to the current system of child protection and care in Aotearoa, Expert opinion prepared for the Royal Commission of Inquiry into Abuse in Care (7 June 2022, page 4).
102 Witness statements of Mr TH (7 June 2021, para 16) and Mr TO (1 July 2021, para 41).

88. Māori (Ngāpuhi), Niuean and Tahitian survivor Mr VV was left at home alone as both of his parents had to work to pay for necessities, which meant they did not have time to constantly supervise him. The State became involved:

"I feel like I was taken away from home for nothing, because I wasn't going to school. Sometimes I blame my mother, but then I think to myself, what else could she do? My parents both had to work to pay the mortgage and buy a car and feed us." [103]

89. Māori / Cook Islands survivor Mr UU (Ngāpuhi) went into care from a home environment where his grandparents had a lot of children to care for. His teachers observed that Mr UU had no lunch at school and was stealing food, so it was clear that the whānau needed wraparound support but didn't receive it. NZ Police laid a complaint against his grandparents, which led to him being placed with an aunt and uncle. He described this placement as "a big turning point" in his life, as he got "the meanest hidings" there. Mr UU said:

"I can't imagine how scary, intimidating and shameful that would have been for them. It feels to me that the police complaint made my grandparents feel like the only option was to give me up. The reports say it was a family decision to put me with my aunt and uncle, but my family would have felt very pressured. I know that culturally it would have been hard for my grandparents to deal with the police, and they would do anything to get rid of them because they were scared and ashamed."[104]

90. Child protection is also an economic and political issue rather than just the behaviour of individuals and families.[105] Research shows a clear relationship between poverty and care system contact.[106] Compared to children and young people in the richest fifth of local areas, those in the poorest fifth areas have 13 times the rate of 'substantiation' (a finding by officials that abuse has occurred). They are also six times more likely to be placed out of whānau care.[107]

91. Recent evidence suggests that inequity is compounded by racism and bias within the social welfare care system. Racism and inequitable wealth distribution also means it is common for whānau Māori to be concentrated in deprived communities.[108]

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103 Witness statement of Mr VV (7 February 2021, para 65).
104 Witness statement of Mr UU (23 June 2022, paras 56–58).
105 Hyslop, I & Keddell, E, Changes needed to the current system of child protection and care in Aotearoa, Expert opinion prepared for the Royal Commission of Inquiry into Abuse in Care (7 June 2022, page 12).
106 Hyslop, I & Keddell, E, Changes needed to the current system of child protection and care in Aotearoa, Expert opinion prepared for the Royal Commission of Inquiry into Abuse in Care (7 June 2022, page 9).
107 Rashbrooke, M & Wilkinson, A, Cracks in the Dam: The social and economic forces behind the placement of children into care (2019, page 4).
108 Hyslop, I & Keddell, E, Changes needed to the current system of child protection and care in Aotearoa, Expert opinion prepared for the Royal Commission of Inquiry into Abuse in Care (7 June 2022, page 9).

Ngā mātua whaiora
Parents with mental distress

92. The lack of adequate support for intergenerational trauma, mental distress or disability led to instances of substance abuse and addiction, parents splitting up or divorcing and lack of parenting skills. Many survivors spoke about these dynamics affecting their parents and their households before they entered social welfare care.[109]

93. Survivors described their parents struggling to care for them and their siblings, and how responses from State authorities were often to take them away instead of support them to stay. Māori survivor Waiana Kotara (Ngāti Hako, Ngāti Maniapoto) told the Inquiry how her parents split up when she was 7 years old, leaving her mother struggling with the challenge of raising 11 children including caring for Waiana's brother who had a learning disability. Her mother asked the doctor for help but received no support other than some prescription drugs, and she continued to care for Waiana's brother. Without adequate support social welfare became involved due to safety concerns and permanently removed her brother from the whānau.[110]

94. Waiana's mother had a breakdown and was placed into Sunnyside Hospital. While she was in care, Waiana and her siblings were placed in different social welfare residences and remained in care long after their mother was released from the hospital.[111] Waiana reflected:

> *"Looking back, I think that the system didn't see her struggle. They just saw what they wanted to see – 'abuse' – and decided the only answer was to take her children."*[112]

109 Hyslop, I & Keddell, E, Changes needed to the current system of child protection and care in Aotearoa, Expert opinion prepared for the Royal Commission of Inquiry into Abuse in Care (7 June 2022, page 12); See also: Witness statements of Tyrone Marks (28 February 2021, paras 6–15); Ms HA (23 September 2021, paras 7–18) and Mr TH (7 June 2021, paras 8–18).
110 Witness statement of Waiana Kotara (17 February 2022, para 22).
111 Witness statement of Waiana Kotara (17 February 2022, paras 23–24).
112 Witness statement of Waiana Kotara (17 February 2022, para 25).

95. The Inquiry heard from many survivors whose mothers were experiencing mental distress, which affected the functioning of the home.[113] There was often inadequate support provided to these mothers, and some were institutionalised or too unwell to care for their whānau, resulting in children and young people going into care.[114] Māori and Tokelauan survivor Mr TH (Ngāpuhi, Ngāti Whātua Ōrākei) spoke of how his mother struggled with her mental health while in prison, where her baby son (Mr TH's eldest half-brother) was taken away from her and adopted out:

> *"The stress of it caused her to become sick. I don't remember us ever receiving any support in relation to Mum's mental health. While Mum was in and out of hospital, Dad couldn't cope with us. Because of everything that was happening at home [including abuse], I started playing up, missing school and running away from home."*[115]

96. Expert Dr Sarah Calvert told the Inquiry's Foster Care Hearing that parental mental illness is universally known to be one of the primary reasons why children move into care.[116]

Te tūkino me te whakahapa i te kāinga
Abuse and neglect at home

97. The Inquiry heard from survivors that they experienced physical, psychological and sexual abuse at home, as well as all forms of neglect. This was sometimes severe and happened across long periods of time. Sometimes survivors spoke about being abused by non-family members, instances which still impacted them and influenced their entries into care.

98. Survivor Kamahl Tupetagi explained that his life with his parents was abusive and difficult:

> *"As well as the parties and drinking, there was lots of abuse during that time. I had a lot of physical abuse between the ages of about three and six. I was also sexually abused by people who would come and go at the house during parties and drinking."*[117]

113 Witness statement of Ms EF (27 October 2021, paras 4 and 9); See also: Witness statements of Ms KI (10 August 2022, paras 5–6); Skyler Quinn (20 April 2023, para 2.4); Trent Douglas (2 May 2023, paras 5 and 16); Elison Mae (25 September 2021, para 26) and Ms OY (9 August 2022, paras 23–24).
114 Witness statement of Fiona Brown (4 August 2022, paras 5–7 and 12); See also: Witness statements of Ms KI (10 August 2022, para 12); Ms KG (29 January 2023, paras 2.5–2.7); Trent Douglas (2 May 2023, paras 3, 4, and 6); Harry Tutahi (18 August 2021, paras 10–11) and Te Enga Harris (17 August 2021, para 21).
115 Witness statement of Mr TH (7 June 2021, paras 12–13, 18–19).
116 Transcript of evidence of Dr Sarah Calvert at the Inquiry's Foster Care Hearing (Royal Commission of Inquiry into Abuse in Care, 14 June 2022, page 92).
117 Witness statement of Kamahl Tupetagi (3 October 2021, paras 6–9).

"I have thought a lot about why I couldn't go to my Aunty. My uncle worked and my cousins were well looked after. She is Māori and it is hard not to wonder if that had something to do with it."

MS NN
Māori (Ngāti Porou)

99. Asian, Niuean, and Māori survivor Jason Fenton (Ngāti Whātua, Ngāti Kuri) described the violence and abuse he suffered at the hands of a stepfather and how this compounded other challenging factors in his life, such as the effects of suspected foetal alcohol spectrum disorder. Jason went into foster care as respite after a family tragedy, and later a youth justice facility and Whakapakari:[118]

> *"I can never forget the violence, the beatings, the yelling and the abuse. I had learning difficulties at school; being beaten up at home affected my brain so I had difficulty concentrating."*[119]

100. In some families, parents and caregivers' intergenerational or unaddressed trauma contributed to the stress factors or dysfunction present in the home. Some survivors' parents grew up in abusive environments and had their own trauma that they had not always dealt with, including from their own experiences in State and faith-based care.[120]

101. Parents' or caregivers' harmful alcohol or substance use, sometimes representing their own coping mechanism, was a common experience the Inquiry heard from survivors and increased the likelihood of harm being perpetuated in the home – for example, domestic violence or physical neglect. It also increased the likelihood of survivors being exposed to unsafe environments where they experienced abuse from non-family members.

102. Pākehā survivor Ms OH explained how her mother used to get angry and violent towards her and also took her to places where there "was a lot of heroin, drug addicts and men around." Ms OH's reports show she was sexually abused at 3 years old, before entering care.[121]

103. Alcohol use and alcoholism, particularly from fathers, often coincided with neglect. Pākehā survivor Grant Caldwell spoke about his father being an alcoholic and depriving him and his siblings of basic necessities such as food and clothes.[122]

104. Similarly, Pākehā survivor Mr EH explained that his father was a "drinker" and that there was never enough blankets and food:

> *"I used to eat out of the horse trough owned by [sic] our neighbour. I would see him going to feed his horses and I would try and beat the horse to the food."*[123]

105. For some survivors, their parents also experienced mental distress and / or disability as an impact of their own abuse, and particularly if they did not receive support for this harm.

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118 Witness statement of Jason Fenton (15 April 2022, para 2.6).
119 Witness statement of Jason Fenton (15 April 2022, paras 2.16–2.17 and 2.21).
120 Witness statements of Te Aroha Knox (15 December 2021, paras 22–24) and Gwyneth Beard (26 March 2021, paras 12–13); Dalley, B, Family matters: Child welfare in twentieth-century New Zealand (Auckland University Press, 1998, page 252); Private session transcript of a survivor who wishes to remain anonymous (12 April 2023, page 6).
121 Witness statement of Ms OH (13 April 2023, paras 6 and 7).
122 Witness statement of Grant Caldwell (18 February 2021, para 2.1).
123 Witness statement of Mr EH (19 April 2022, paras 5-6).

106. Stress factors were further amplified for Māori, who were faced with the direct and compounding impacts of colonisation and urbanisation (including the cumulative impacts of assimilation and dispossession, intergenerational deprivation and trauma), with the State's intentional breakdown of Māori authority and social structures, and with institutional and personal racism.[124]

107. Māori survivor Te Aroha Knox (Ngāpuhi) spoke of the trauma her parents carried through from their own upbringing. Her parents were violent towards her and her siblings:

> *"In our childhood we were exposed to the darker parts of our parents, watching them deal with their trauma through violence."*[125]

108. In some cases, the State had valid reasons for intervening, particularly when children were being abused or neglected. Often however, State authorities only acted once the child or young person's behaviour became the problem, while the deeper root causes of that behaviour were not addressed.[126]

109. Survivors shared that some social workers, teachers and NZ Police failed to act appropriately when they received allegations or notifications of abuse, as well as ignoring or disbelieving survivors' own disclosures.[127] As a result, these survivors continued to live at home in abusive or neglectful situations for longer periods of time.[128]

110. Māori survivor Ms NN (Ngāti Porou) who was abused and neglected as a child at home, told the Inquiry that she spent most of her childhood being shuttled around different places, supervised by social workers but was not removed from her home until she was admitted to Porirua Hospital for overdosing at the age of 12 or 13 years old:

> *"Looking back on that time, I really struggled with the fact that nobody was listening to me, and nobody did anything when I did say something. Even though I talked about what was going on, each time I got picked up from running away I was always taken back to my mother. Things with my mother got really, really bad. She had all these different men coming through the house."*[129]

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124 Savage, C, Moyle, P, Kus-Harbord, L, Ahuriri-Driscoll, A, Hynds, A, Paipa, K, Leonard, G, Maraki, J & Leonard, J, Hāhā-uri hāhā-tea: Māori involvement in State care 1950–1999 (Ihi Research, 2021, pages 33 and 49); See also: Reid, P, "The cost of doing nothing," E-Tangata (20 November 2022), https://e-tangata.co.nz/comment-and-analysis/papaarangi-reid-the-cost-of-doing-nothing/; Curcic, M, The making of Māori hyper-incarceration: Narratives of imprisonment and the violence continuum, Doctoral thesis, University of Auckland (2019, page 84).

125 Witness statement of Te Aroha Knox (16 August 2021, paras 22–24).

126 Witness statements of David Williams (aka John Williams), (15 March 2021, paras 30 and 33) and Terry King (10 August 2021, paras 27 and 40).

127 Witness statements of Ms ED (para 51) and Ms T (12 March 2021, paras 35–36); See also: Witness statement of Ms NN (13 August 2021, para 22); Transcript of evidence of Loretta Ryder at the Inquiry's State Residential Care Hearing (Royal Commission of Inquiry into Abuse in Care, 7 May 2021, pages 288–290); Witness statement of Ms KJ (5 April 2022, paras 5, 13, and 17).

128 Witness statement of Ms T (12 March 2021, paras 35–36); See also: Witness statements of Ms NN (13 August 2021, para 22) and Ms KJ (5 April 2022, paras 5, 13 and 17); Transcript of evidence of Loretta Ryder at the Inquiry's State Residential Care Hearing (Royal Commission of Inquiry into Abuse in Care, 7 May 2021, pages 288–290).

129 Witness statement of Ms NN (13 August 2021, para 26).

Ko te whiunga mō te auhitanga he ara ki te taurimatanga
Punishment for distress was a pathway into care

111. Survivors told the Inquiry how the conditions they were experiencing at home, and sometimes at school, affected their behaviour. Poverty, parental addictions and mental health challenges, abuse, neglect and undiagnosed and unsupported disabilities frequently resulted in children and young people 'acting out'. Often challenging behaviour drew the attention of teachers, social workers and police. Some survivors commented that nobody inquired more deeply into why they were behaving in a particular way or asked them what was going on in their lives or at home.[130] Others told the Inquiry that their earlier disclosures of abuse or neglect were ignored, and State authorities instead took action in response to behaviour they deemed to be problematic.[131]

112. People who are abused or neglected as children are more likely to experience mental distress, have trouble developing relationships, and may engage in risk-taking behaviours such as harmful alcohol and substance use.[132] In this way, social welfare issues overlap. Children and young people were often placed into social welfare care, rather than supported to deal with the stress factors they were experiencing.[133]

113. Māori survivor Mr KN (Ngāti Porou) was apprehended for low-level offending and a complaint was made against his father (his biological grand-uncle caring for him through a whāngai arrangement) for not having 'adequate control' over him. His records note that his home environment was not stimulating, and while Mr KN recalls it wasn't perfect, there was a lot of aroha and affection:

> *"The things they lacked, such as money and support, could have easily been provided while I stayed in the home rather than ripping me out of the home and into a series of abusive environments."*[134]

130 Witness statements of David Williams (aka John Williams), (15 March 2021, para 9); Gwyneth Beard (26 March 2021, para 29) and Mr TY (24 June 2021, para 39).
131 Witness statements of Terry King (10 August 2021, para 42) and Elison Mae (24 September 2021, para 102).
132 Australian Institute of Family Studies, Effects of child abuse and neglect for children and adolescents (January 2014, page 7).
133 Stanley, E, The road to hell: State violence against children in postwar New Zealand (Auckland University Press, 2016, page 32); Witness statement of Mr GC (12 August 2022, para 15).
134 Witness statement of Mr KN (6 April 2023, para 4.1).

114. Māori and Pacific survivor Te Enga Harris remembered the day she and her siblings were removed by the State rather than her mother being offered more support for working through her mental distress:

"I have relived this day over and over in my head. My mother was a kind and gentle woman. There was no need to treat her that way and she certainly did not deserve to be handcuffed. The police assaulted my mother that day and for that I can never forgive them. One day we had a mother and then she was gone.

"My mother needed help with eight children and therapy for her grief. I strongly believe her condition would have worsened significantly by being taken away from all her children. Rather than the State providing her with the help she needed she was punished further."[135]

115. Unaddressed or ineffectively addressed mental and emotional impacts of adversity experienced at home could also influence the behaviour of children and young people.

116. Samoan survivor Mr TY was 12 years old when he ran away from his abusive home and lived in a tree hut for three months. A friend brought him food and when Mr TY was desperate, he took milk money from milk bottles outside houses to buy food. He was picked up by NZ Police after he was found walking along the road with a blanket, and was later charged with 'Not Being Under Proper Control' and was taken to Ōwairaka Boys' Home in March 1975:

"After reading my file so many years later, I realised that I was charged with 'Not Being Under [Proper] Control' for running away from my abusive household. I had told the police that I took money from milk bottles to survive so they also charged me with theft." [136]

117. 'Acting out' or running away was sometimes how survivors expressed not being heard or listened to or feeling unsafe and unsupported. Sadly, these behaviours also increased the likelihood of children and young people coming into contact with State authorities, including the youth justice system.[137]

118. Professor Elizabeth Stanley's book, Road to Hell, is based on the experiences of 105 former State wards.[138] Eighty-seven percent of Dr Stanley's participants came from homes where stress factors were prominent.[139]

135 Witness statement of Te Enga Harris (17 August 2021, paras 45–46).
136 Witness statement of Mr TY (24 June 2021, paras 30–34).
137 Reil, J, Lambie, I & Allen, R, "Offending doesn't happen in a vacuum: The backgrounds and experiences of children under the age of 14 years who offend," Journal of Criminology, 55(2), (2022, page 208).
138 Most of Dr Stanley's interviewees were born between 1955 and 1974. Stanley, E, The road to hell: State violence against children in postwar New Zealand (Auckland University Press, 2016).
139 Stanley, E, The road to hell: State violence against children in postwar New Zealand (Auckland University Press, 2016).

119. Nearly half of the participants in Dr Stanley's study came into contact with State authorities through offending (generally theft or property offences or, less commonly, violent offending), while one-third entered social welfare care through the vaguely defined category of 'delinquency', which might include antisocial or 'unfavourable' behaviour.[140]

Ngā whanonga me te tamōtanga
Behaviour and truancy

120. The behaviour of some children and young people at school, including acting out and truanting, also brought them to the attention of State authorities. It could result in an investigation and State intervention into the lives of children and young people. At the extreme, this intervention could be in the form of them being taken into social welfare care.

121. Children and young people who were trying to cope with trauma from abuse and neglect at home were sometimes labelled as naughty or delinquent at school. Furthermore, inadequate support for them or their whānau further affected their behaviour.[141] Māori survivor Neta Kerepeti (Te Rarawa, Ngāpuhi, Ngāti Wai, Ngāti Mutunga) said she became rebellious in response to sexual abuse:

"I was a bully. I didn't want to be at school. I started wagging school and smoking pot. Truancy was a big part of me getting mixed up with the authorities."[142]

122. Pākehā survivor Grant Caldwell described how his father entered into a voluntary agreement to place him into a social welfare institution, when he was 12 years old after he threatened a teacher:

"Looking back, I was a young child dealing with a lot of trauma. I was dealing with poverty, my father's alcoholism, neglect and isolation. I think this event was a cry for help. I believe that all these factors are what eventually led to my placement in State care."[143]

140 Stanley, E, The road to hell: State violence against children in postwar New Zealand (Auckland University Press, 2016); Private session transcript of Ms UY (n.d.).
141 Expert witness statement of Dr Hilary Stace for the Inquiry's Contextual Hearing (20 September 2019, page 15, para 58). See also: Witness statement of Mr HH (24 March 2021, para 6); Witness statement of Waaiti Ormsby (15 June 2022, paras 5–6); Private session transcript of Desmond Hurring (18 November 2019, pages 19–22); Private session transcript of Andrew Crowe (2 March 2020, pages 9 and 42).
142 Witness statement of Neta Kerepeti (22 April 2021, para 33).
143 Witness statement of Grant Caldwell (25 February 2021, para 3.5).

123. These experiences in school were compounded for survivors who today might be diagnosed with neurodiversity, such as autism, Attention Deficit Hyperactivity Disorder and foetal alcohol syndrome, a head injury, or being hard of hearing or a person with vision impairment.[144] Factors like these that can affect survivors' ability to learn. For much of the Inquiry period these diagnoses were not recognised or poorly understood and therefore not appropriately supported in either the school or home environment.[145]

124. Some survivors who immigrated were not offered support to learn English, which led to difficulties at school and their subsequent entry into care.[146] Survivor Fa'amoana Luafutu arrived from Samoa without speaking English and found it difficult to cope at school as he couldn't understand what was going on. This caused Fa'amoana to start truanting, along with his cousins:

"That's how we first came to the attention of the State. It was deemed that we were out of control."[147]

125. Acting out or having challenging behaviour, for the various reasons explained, also resulted in children and young people being moved between social welfare settings.

144 Witness statements of Michael Rush (16 July 2021, paras 18 and 20) and Waaiti Ormsby (15 June 2022, para 6); See also: Centre for Educational Research and Innovation, Trends Shaping Education Spotlight 12: Neurodiversity in Education (OECD, 2017, page 7); Elbeltagy, R, "Prevalence of mild hearing loss in schoolchildren and its association with their school performance," International Archives of Otorhinolaryngology, 24(1), (2020, pages 93–98); Harrington, S, Davison, PA & O'Dwyer, V, "School performance and undetected and untreated visual problems in school children in Ireland; a population-based cross-sectional study," Irish Educational Studies, 41(2), (2022, pages 367–388).

145 The neurodiversity movement for example only emerged during the 1990s; See: Armstrong, T, Neurodiversity (American Institute for Learning and Human Development, 2023); Webb, OJ, The likely impact of prevailing conditions and environments on people now considered to be neurodiverse, between 1950 and 1990: A paper prepared for the Royal Commission into Abuse in State Care (Institute of Applied Human Services, 25 November 2022, pages 6–16).

146 Witness statement of Hakeagapuletama Halo (25 March 2021, para 13); See also: Witness statement of Mr GM (20 September 2021, para 11).

147 Witness statement of Fa'amoana Luafutu (5 July 2021, paras 5 and 15).

Ngā ara ki ngā momo whakaritenga taurima tokoora
Pathways into different types of social welfare care settings

Ngā whare taurima me ngā kāinga whānau
Foster care and family homes

126. As mentioned, between 40 and 50 percent of children in care lived in foster homes during the Inquiry period. From the mid-1950s children in care were also placed in family homes, which catered for children who were considered difficult to foster but for whom a social welfare residence placement was unsuitable.[148] Foster care was used mainly for long-term placements, while family homes were generally used for short-term stays.[149] NZ European and Pacific children and young people were more likely to end up in foster care,[150] while tamariki and rangatahi Māori were more likely to be placed in more restrictive environments like social welfare institutions and family homes.[151]

127. Government policy caused ethnic inequality within foster care placement, "as placement schemes were not designed for Māori foster parents, or Māori tamariki".[152] Pākehā were often reluctant to foster tamariki and rangatahi Māori, which led to more tamariki and rangatahi Māori ending up in social welfare institutions and family homes.[153]

128. Beginning in the 1950s, 'kin placements' were paid at a lesser rate by the Child Welfare Division resulting in fewer Māori foster homes being available, and tamariki and rangatahi Māori often being placed with Pākehā foster parents.[154]

148 Mackay, RA, Children in foster care: an examination of the case histories of a sample of children in care, with particular emphasis on placements of children in foster homes (Department of Social Welfare, May 1981, page 8).
149 Mackay, RA, Children in foster care: an examination of the case histories of a sample of children in care, with particular emphasis on placements of children in foster homes (Department of Social Welfare, May 1981, page 61).
150 Savage, C, Moyle, P, Kus-Harbord, L, Ahuriri-Driscoll, A, Hynds, A, Paipa, K, Leonard, G, Maraki, J & Leonard, J, Hāhā-uri hāhā-tea: Māori involvement in State care 1950–1999 (Ihi Research, 2021, page 15).
151 Savage, C, Moyle, P, Kus-Harbord, L, Ahuriri-Driscoll, A, Hynds, A, Paipa, K, Leonard, G, Maraki, J & Leonard, J, Hāhā-uri hāhā-tea: Māori involvement in State care 1950–1999 (Ihi Research, 2021), (pages 15 and 91).
152 Savage, C, Moyle, P, Kus-Harbord, L, Ahuriri-Driscoll, A, Hynds, A., Paipa, K., Leonard, G, Maraki, J & Leonard, J, Hāhā-uri hāhā-tea: Māori involvement in State care 1950–1999 (Ihi Research, 2021, page 29).
153 Witness statement of Tā Kim Workman (5 October 2019, para 8).
154 Savage, C, Moyle, P, Kus-Harbord, L, Ahuriri-Driscoll, A, Hynds, A, Paipa, K, Leonard, G, Maraki, J & Leonard, J, Hāhā-uri hāhā-tea: Māori involvement in State care 1950–1999 (Ihi Research, 2021, page 15).

129. Later in 1979, the State introduced the Intensive Foster Care Scheme. This aimed to provide foster placements for children defined as 'difficult' and harder to place in conventional foster homes, but also allowed foster parents to express preferences for ethnicity.[155] Seventy-seven percent of the conventional foster care parents did not have an ethnicity preference for the child, compared to 57 percent of the Intensive Foster Care Scheme foster parents. More than a quarter of the Intensive Foster Care Scheme parents preferred to foster only Pākehā children.[156]

130. While the recruitment process was not entirely clear, applicants wanting to foster through the Intensive Foster Care Scheme were assessed against criteria that appeared to uphold Pākehā ideals about family and home life. The questions assessed the skills, confidence and knowledge about dealing with children's behavioural and developmental issues, however, cultural competence was not taken into consideration.[157] This meant that potential whānau Māori were sometimes denied the opportunity to foster through this scheme, as they were not seen to reflect the idealised family structure or physical home environment.[158]

131. Some Māori survivors told the Inquiry that the State would not allow them to live with whānau who were willing to take them in, including aunties, uncles, and grandparents. Māori survivor Ms NN told the Inquiry her aunt fought for her for a long time but was unsuccessful:

> *"I have thought a lot about why I couldn't go to my Aunty. My uncle worked and my cousins were well looked after. She is Māori and it is hard not to wonder if that had something to do with it."*[159]

132. Oranga Tamariki Chief Executive Chappie Te Kani acknowledged at the Inquiry's State Institutional Response Hearing that the care and protection system between 1950 and 1999 did not have the legislative or policy settings to ensure sufficient emphasis was put on considering alternatives before placing children in State care:

> *"This included not always providing support to families in need and not always working with extended family, whānau, hapū and iwi to support them to care for their tamariki safely and choosing to place some tamariki with non-kin caregivers rather than exploring family options."*[160]

155 Savage, C, Moyle, P, Kus-Harbord, L, Ahuriri-Driscoll, A, Hynds, A, Paipa, K, Leonard, G, Maraki, J & Leonard, J, Hāhā-uri hāhā-tea: Māori involvement in State care 1950–1999 (Ihi Research, 2021, page 88).
156 Savage, C, Moyle, P, Kus-Harbord, L, Ahuriri-Driscoll, A, Hynds, A, Paipa, K, Leonard, G, Maraki, J & Leonard, J, Hāhā-uri hāhā-tea: Māori involvement in State care 1950–1999 (Ihi Research, 2021, pages 88–90).
157 Savage, C, Moyle, P, Kus-Harbord, L, Ahuriri-Driscoll, A, Hynds, A, Paipa, K, Leonard, G, Maraki, J & Leonard, J, Hāhā-uri hāhā-tea: Māori involvement in State care 1950–1999 (Ihi Research, 2021, pages 88–90).
158 Savage, C, Moyle, P, Kus-Harbord, L, Ahuriri-Driscoll, A, Hynds, A, Paipa, K, Leonard, G, Maraki, J & Leonard, J, Hāhā-uri hāhā-tea: Māori involvement in State care 1950–1999 (Ihi Research, 2021, pages 88–90); Labrum, B, "Bringing families up to scratch: The distinctive working of Māori state welfare 1944–1970", New Zealand Journal of History 36(2), (2002, page 8).
159 Witness statement of Ms NN (13 August 2021, para 28).
160 Transcript of evidence of Chief Executive Chappie Te Kani for Oranga Tamariki at the Inquiry's State Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 22 August 2022, pages 577–578).

133. In 1983, Maatua Whāngai was launched by the departments of Māori Affairs, Social Welfare and Justice in partnership with Māori communities. Social workers were designated as Maatua Whāngai officers and worked with Māori Affairs staff to find more Māori foster parents.[161] It quickly expanded into a community-based preventative scheme with iwi funded and, supported by the Government to place tamariki and rangatahi Māori in need of alternative care, regardless of their involvement with the Department of Social Welfare, into homes within their own wider whānau, hapū and iwi networks.[162]

134. Maatua Whāngai drew on the traditional Māori practice of whāngai that involved tamariki and rangatahi Māori being cared for and nurtured within their extended whānau. The objective of the Maatua Whāngai programme was to stem the flow of tamariki and rangatahi Māori into social welfare care settings.[163]

135. Some survivors shared that they had positive experiences in Maatua Whāngai placements which incorporated te ao Māori and tikanga into their care, including caregivers making them "feel valued" and like they "could be a child in their care".[164] Others had mixed experiences,[165] or solely negative[166] ones involving abuse and neglect.

136. Maatua Whāngai went through a number of evolutions and shifts in focus. While these shifts appeared to offer a greater degree of tino rangatiratanga to Māori, Maatua Whāngai remained a programme with the State maintaining power and control.[167] Ultimately, inadequate investment by the State and the overly bureaucratic processes meant the programme was not sustainable.[168] Maatua Whāngai ended in 1992.

161 Dalley, B, Family matters: Child welfare in twentieth-century New Zealand (Auckland University Press, 1998, page 330).
162 Dalley, B, Family matters: Child welfare in twentieth-century New Zealand (Auckland University Press, 1998, page 330); Department of Social Welfare, Maatua Whangai (1985).
163 Dalley, B, Family matters: Child welfare in twentieth-century New Zealand (Auckland University Press, 1998, page 266); Anderson, A, Binney, J, Harris, A, Tangata Whenua: An illustrated history (Bridget Williams Books, 2014, page 440); Department of Social Welfare, Maatua Whangai (1985).
164 Witness statement of Moana Bryers (26 February 2023, para 63).
165 Witness statement of Peter Jones (12 October 2022, paras 18–35).
166 Witness statements of Mr SL (8 August 2022, paras 3.20–3.29); Ms TB (15 August 2022, paras 7.1–7.11) and Mr KP (8 May 2023, paras 25–26).
167 Witness statement of Sonja Cooper and Amanda Hill relating to the Māori Investigation / Ngā wheako o te iwi Māori e pā ana ki te tūkinotanga nā te ringa taurima (29 August 2022, paras 77 and 79).
168 Garlick, T, Social developments: An organisational history of the Ministry of Social Development and its predecessors, 1860–2011 (Steele Roberts, 2012, page 120); Murphy-Stewart, KR, Murphy-Stewart, JM, A brief historical account of the Maatua Whangai programme and its impact as a field of practice, agency and social work programme operational in the Department of Social Welfare (Department of Social Welfare, 2006, pages 6–7 and 14–15); Savage, C, Moyle, P, Kus-Harbord, L, Ahuriri-Driscoll, A, Hynds, A, Paipa, K, Leonard, G, Maraki, J & Leonard, J, Hāhā-uri hāhā-tea: Māori involvement in State care 1950–1999 (Ihi Research, 2021, page 360); Witness statement of Tā Kim Workman (5 October 2019, para 64).

Ngā wharenoho mō ngā tama me ngā kōtiro me ngā pūnaha manatika taiohi
Boys' and girls' homes and youth justice institutions

137. Social welfare institutions which included State and faith-based care facilities like boys' and girls' homes and youth justice institutions, were often used as a way of curbing delinquent behaviour, and often the decision to place a child was made pre-emptively to reduce the risk of 'dysfunctional' behaviour developing. In 1975, Principal MP Doolan described Holdsworth School as "not offences orientated":

> *"Holdsworth provides social behavioural and educational training which aims at returning boys to the community with a reduced probability of chronic dysfunction. [Residents] exhibit a pattern of behaviour which, if it continues, is likely to result in offences or personality maladjustment."*[169]

138. Tā Kim Workman described the admission criteria policy for social welfare institutions as indiscriminate. He explained that the boys were sent there for a variety of reasons, some were minor offenders, while others were sent there for more serious crimes. No attempt was made to distinguish them or address their individual needs.[170] As discussed in Part 2, some children and young people were admitted on the basis of protection.

139. Some social welfare institutions were just intended for short visits while others were for longer stays and focused on correctional training. However, as numbers began to grow, the care and protection and youth justice populations mixed more and more, with serious ramifications. Tā Kim Workman said that indiscriminate admissions and mixing made some boys and girls vulnerable to violence and the conditions "were almost guaranteed to turn vulnerable children and youth into scarred, distrusting and sometimes dangerous adults".[171]

140. Older children were much more likely to be placed into youth justice institutions. For instance, in 1984, 22 percent of 9-year-old State wards were placed in youth justice institutions, the proportion increased to 47 percent for 14 year olds. As children aged, fewer foster placements were available as foster parents often preferred young children, which increased the likelihood of older children and young people being placed into social welfare institutions.[172]

169 Letter from MP Doolan, principal of Holdsworth School, to the director (Social Work) of the Department of Social Welfare, re: Information about Holdsworth School (20 October 1975, page 3).
170 Witness statement of Tā Kim Workman (5 October 2019, para 17).
171 Witness statement of Tā Kim Workman (5 October 2019, para 19).
172 Savage, C, Moyle, P, Kus-Harbord, L, Ahuriri-Driscoll, A, Hynds, A, Paipa, K, Leonard, G, Maraki, J & Leonard, J, Hāhā-uri hāhā-tea: Māori involvement in State care 1950–1999 (Ihi Research, 2021, page 91).

141. Pressure on the system caused by the growth in the State ward population drove an increase in both the real numbers and the proportion of State wards living in youth justice institutions from the 1960s.

142. By the late 1970s, the social welfare institution system was under scrutiny and widely acknowledged as being in a state of crisis through a series of well-publicised inquiries and investigations.[173] By the mid-1980s, the Department of Social Welfare was making plans to close its social welfare institutions, in response to criticism from both individuals and organisations about the treatment of State wards and the living conditions.[174] These social welfare institutions were often places of extreme abuse, where violence became normalised.

143. By 1989, only a third of the national bed capacity in social welfare institutions was being used with resources being redirected to community-based alternatives.[175] Following the introduction of the Children, Young Persons, and Their Families Act 1989, the use of social welfare institutional care facilities dropped further.[176] Even more than its predecessors, this Act stressed family placements as the best option for children and young people, with social welfare institutions to be considered only as a last resort.[177]

144. Despite these changes, tamariki and rangatahi Māori continued to be the majority of those placed into social welfare institutions during the Inquiry period.[178]

Ngā pūnaha taurima kiritoru me ngā taurima ā-whakapono
Third-party care providers including faith-based care

145. As part of being placed in social welfare institutions run by the State, children and young people also experienced youth justice placements into indirect State care providers (also known as third party care providers) such as Moerangi Treks, Eastland Youth Rescue Trust and Te Whakapakari Youth Trust as provided for under section 396 of the Children, Young Persons and their Families Act 1989. Children and young people were sent to these facilities as an alternative to being placed into other youth justice settings. Some facilities were described as 'boot camp' style institutions due to the regimented and often harsh corrective training programmes and the poor living conditions. The Inquiry's case study on Te Whakapakari Youth Programme, Boot Camp, discusses this further.

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173 Garlick, T, Social developments: An organisational history of the Ministry of Social Development and its predecessors, 1860–2011 (Steele Roberts, 2012, page 103).

174 Dalley, B, Family matters: Child welfare in twentieth-century New Zealand (Auckland University Press, 1998, pages 291 and 313); Garlick, T, Social developments: An organisational history of the Ministry of Social Development and its predecessors, 1860–2011 (Steele Roberts, 2012, page 133).

175 Garlick, T, Social developments: An organisational history of the Ministry of Social Development and its predecessors, 186–-2011 (Steele Roberts, 2012, page 133).

176 Garlick, T, Social developments: An organisational history of the Ministry of Social Development and its predecessors, 1860–2011 (Steele Roberts, 2012, page 133).

177 Children, Young Persons, and Their Families Act 1989, sections 43 and 365; Dalley, B, Family matters: Child welfare in twentieth-century New Zealand (Auckland University Press, 1998, page 316).

178 Savage, C, Moyle, P, Kus-Harbord, L, Ahuriri-Driscoll, A, Hynds, A, Paipa, K, Leonard, G, Maraki, J & Leonard, J, Hāhā-uri hāhā-tea: Māori involvement in State care 1950–1999 (Ihi Research, 2021, page 109).

146. Cooper Legal, which represents survivors who were abused in third-party care provider facilities, described the State's reliance on these facilities for those who were 'difficult to place':

> *"The approval scheme and the ability to provide care or programmes for children in a particular area, or in accordance with a particular kaupapa, gave rise to a plethora of programmes and organisations, often set up as small incorporated societies and completely reliant on the funding provided by CYFS [Child, Youth and Family Service].*
>
> *"Throughout the 1990s and into the 2000s, a number of programmes were utilised by CYFS for young people, in particular young Māori men, who were regarded as too difficult to place anywhere else. These programmes had common traits. They were often run by a single charismatic man, who had total control over the organisation. They were often in remote places and were not regularly visited or monitored by CYFS".*[179]

147. Third-party care providers are examined further in the Inquiry's interim report, Stolen Lives, Marked Souls, which investigates the Hebron Trust, a faith-based youth residential facility registered under the section 396 Approval Scheme.

148. Children and young people were also placed into faith-based care homes.[180] Faith-based care settings provided an alternative option when State-run social welfare institutions became full, particularly at the height of institutional care in the 1970s.[181] This is discussed in more detail in the following chapter.

179 Witness statement of Sonja Cooper and Amanda Hill on behalf of Cooper Legal (5 September 2019, paras 86–88).
180 Witness statements of Ms OM (11 April 2022, para 5) and Margaret Robertson (8 June 2021, para 35).
181 Tennant, M, The fabric of welfare: Voluntary organisations, government, and welfare in New Zealand 1840–2005 (Bridget William Books, 2007, page 107).

Ngā ara ki waenga i ētahi taurima tokoora
Pathways between multiple social welfare care settings

149. For those who spent extended periods in social welfare or faith-based care, multiple placements were common.[182]

150. Professor Elizabeth Stanley described how children and young people often progressed along a continuum of care placements.[183] Of the 105 participants in her study, 42 had lived in three or more different institutions, and many were discharged and re-admitted to the same institution multiple times.[184] Some of the 1,103 individuals who engaged with the 2015 Confidential Listening and Assistance Service, had experienced 40 or more placements during their time as a State ward.[185]

151. Extreme overcrowding and resourcing pressures on social welfare care settings during the 1970s and 1980s increased the amount of movement for children and young people.[186] Given their disproportionate representation in social welfare care settings, tamariki and rangatahi Māori were disproportionately affected by this unstable and harmful, 'revolving door' experience.[187]

152. Much like perceived delinquency and 'challenging' behaviour was a reason for children and young people entering social welfare care settings, it was also a reason given for moving children across care facilities. Survivors explained that their behaviour, which could prompt entry into a new, more 'secure' care placement, was often influenced by trauma experienced before entering, and / or while in care. NZ European survivor, Shaun Todd told the Inquiry he attempted take his own life because of the sexual abuse he was experiencing in Hamilton Boys' Home, and he was taken to Waikato Hospital before being sent to Tokanui Psychiatric Hospital located near Te Awamutu.[188]

182 Transcript of evidence of Dr Sarah Calvert at the Inquiry's Foster Care Hearing (Royal Commission of Inquiry into Abuse in Care, 14 June 2022, pages 85–86).
183 Stanley, E, The road to hell: State violence against children in postwar New Zealand (Auckland University Press, 2016, page 46).
184 Stanley, E, The road to hell: State violence against children in postwar New Zealand (Auckland University Press, 2016).
185 The Confidential Listening and Assistance Service, Some memories never fade: Final report of The Confidential Listening and Assistance Service (Department of Internal Affairs 2015, page 13).
186 Dalley, B, Family matters: Child welfare in twentieth-century New Zealand (Auckland University Press, 1998, page 292).
187 Dalley, B, Family matters: Child welfare in twentieth-century New Zealand (Auckland University Press, 1998).
188 Private session transcript of Shaun Todd (27 May 2019, page 12).

Ngā ara ki ētahi wāhi whakamau me ngā wāhi whiu
Pathways into more 'secure' settings, including correctional facilities

153. Running away from social welfare residences, often to find siblings, was a common behaviour that could also lead to children and young people being shifted, including to more 'secure' settings.[189] Survivor Mr GM told the Inquiry:

> *"I was constantly beaten in the [Weymouth] boys' home. I was being bullied, the other boys would beat me and attack me for no reason. This went on for quite some time. I did not want to be there, so I ran away, as a result I was arrested. I was charged with absconding. I was put in a more secure facility [Day Street in Hamilton] so I wouldn't escape."*[190]

154. The State placed some of its wards in long-term homes such as Holdsworth Boys' Home in Whanganui and Weymouth Boys' Home. Placement in these types of facilities were seen as a last resort when other social welfare institutions were unable to 'control' the escalating behaviours of a child or young person.[191]

155. NZ European survivor Alan Nixon experienced multiple abusive placements as a State ward and these institutional environments became increasingly more 'secure'. Alan entered foster care at 4 years old and was eventually sent to Invercargill Borstal when he was 16 years old:

> *"Even though I was still a State ward, Social Welfare just left me in borstal, without any monitoring. They had no idea what to do with me and they just waited until I was too old to be their problem. I was sent back to my mother's house on probation in April 1978 and I was discharged from being a State ward a few months later. I was back in borstal in November 1978, aged 17.*
>
> *The next 20 years of my life was spent going in and out of borstal, prison, psychiatric hospitals and rehabilitation centres."*[192]

156. Survivors also told the Inquiry that the State also transferred children and young people to youth justice institutions, including borstals, when the social welfare residence they were placed in found them too difficult to manage.[193]

189 Witness statement of Mr EI (20 February 2021, para 2.12); Transcript of evidence of Beverley Wardle-Jackson at the Inquiry's Contextual Hearing (Royal Commission of Inquiry into Abuse in Care, 6 November 2019, page 909); Royal Commission of Inquiry into Abuse in Care, Beautiful children: Inquiry into the Lake Alice Child and Adolescent Unit (2022, paras 75–78).
190 Witness statement of Mr GM (20 September 2021, para 20).
191 Witness statements of Tani Tekoronga (19 January 2022, para 79); Mr SL (8 August 2022, para 4.15) and Mr BE (24 May 2021, paras 109–112).
192 Witness statement of Alan Nixon (8 October 2021, paras 98–102).
193 Witness statement of Ms HA (22 September 2021, paras 78–79).

157. There were high rates of readmission, often into the same youth justice institution multiple times.[194] Perhaps reflecting the desperation many State wards felt while in social welfare settings, the Inquiry heard from survivors that one way to be discharged from State care was to "commit a crime serious enough to go to the Magistrate's Court". Pākehā survivor Lindsay Eddy told the Inquiry:

> *"Once you go to court, you're in the probation service under the justice system and no longer a ward of the State, so you're treated better. That's how I ended up in Rolleston Detention Centre."*[195]

158. This same notion was reported in the 1982 Kohitere Boys' Training Centre, Taitoko Levin's Annual Report by Principal PT Woulfe where he stated that some boys at Kohitere believed:

> *"If they abscond from Kohitere often enough and create an extensive offending history, eventually they will be referred through to the District Court … for some, serving a three-month sentence of corrective training is seen as being more desirable than a normal nine to 10-month period at Kohitere."*[196]

159. These survivors inevitably spent more time in the care of NZ Police as they would be picked up after running away or transferred by NZ Police into these 'secure' settings. Pākehā survivor Beverley Wardle-Jackson was placed in Fareham House for girls in Pae-Tū-Mōkai Featherston after running away with a friend, only to be picked up by police officers. Her friend was transferred to Oakley Hospital in Tāmaki Makaurau Auckland, while Beverley spent that night in a police cell, was then taken to Mt Eden Prison and transferred to Oakley as well.[197]

194 Carson, R, New horizons: A review of the residential services of the Department of Social Welfare, (Department of Social Welfare, 1982, page 20); Dalley, B, Family matters: Child welfare in twentieth-century New Zealand (Auckland University Press, 1998, page 215); Williams, DV, "The abolition of borstal training: A penal policy reform of a failure to reform penal policy," NZLRFOP (1984, page 79).
195 Witness statement of Lindsay Eddy (24 March 2021, para 140).
196 Department of Social Welfare, Kohitere Training Centre: Annual Report 1982 (1982, page 4).
197 Witness statement of Beverley Wardle-Jackson (7 November 2019, paras 100–101).

I tino kitea ngā whakanohonga taupoto, huhua anō hoki ki ngā whare taurima

Interim and multiple placements in foster care were common

160. Children and young people could be placed temporarily in facilities like Ōwairaka and Wesleydale Boys' Homes in Tāmaki Makaurau Auckland before being placed into foster care. These were short to medium-term social welfare residences,[198] typically for older children and young people who had committed offences or had more severe behavioural challenges, but also housed State wards awaiting placement. This included younger children needing foster care, who may have been removed from home due to welfare concerns, placed in these institutions. In these residences, young children were mixing with older children and young people with youth justice involvement.

161. Multiple placements in foster care were particularly common.[199] In 1968, at 2 years old, survivor Steven Long was placed into foster care by the State:

> *"I kept being moved to different homes. I was in six or seven different foster homes between April 1968 and July 1968. I was moved into another foster home in 1969, and then another one, before I was even four years old. This was the start of Child Welfare moving me from pillar to post, never knowing where to put me."* [200]

162. Often foster home breakdowns occurred because foster parents were inadequately supported by the State and could no longer cope.[201] Children whose placements in foster care broke down could be transferred into social welfare institutions or faith-based care settings.[202] NZ European survivor Charlene Montgomery moved through seven foster homes before she was 14 months old, before being placed in a faith-run children's home:

> *"I had to leave each foster home for different reasons: the foster parents would break up, or they found it hard to look after us, or we had health issues. Some of the reasons for giving us up were quite ridiculous – in one home, they sent me away because I had worms."*[203]

198 Parker, P, Social welfare residential care 1950–1994, Volume III: A selection of boys' and girls' homes (Ministry of Social Development, 2006, page 48).
199 Witness statements of Anthea Raven (17 October 2022, para 41); Denis Smith (15 December 2021, para 77); Miss VK (14 February 2022, para 2.1); Steven Long (15 October 2021, paras 10–14); Mr EC (24 February 2022, paras 99 and 104) and Dallas Pickering (19 September 2022, para 25); Private session transcript of Ms UX (21 June 2022, paras 6–8).
200 Witness statement of Steven Long (15 October 2021, paras 11–13).
201 Witness statements of Denis Smith (15 December 2021, para 84); Anthea Raven (17 October 2022, para 41) and Dallas Pickering (19 September 2022, para 30).
202 Tollemache, EM, Letter from the acting deputy chair of the Welfare Office to the superintendent at Kingslea regarding the proposed admission of a patient to Kingslea (15 January 1966, page 2); Witness statement of David Crichton (9 July 2021, paras 63–64).
203 Witness statement of Charlene Montgomery (22 March 2022, page 2).

Mai i te taurima tokoora ki ngā whare wairangi
Social welfare care to psychiatric care

163. The State sometimes transferred children and young people from social welfare care into psychiatric care settings. This was in response to actual or perceived mental, emotional, and / or behavioural issues. Sometimes this was for short periods of observation.[204]

164. In the late 1960s between 20 and 30 percent of girls discharged from Fareham House in Pae-Tū-Mōkai Featherston were transferred directly to psychiatric hospitals.[205] Admissions of girls into psychiatric care were often influenced by gendered discrimination, including being demonised for not living up to societal expectations of girlhood and womanhood. This is discussed further in Chapter 4.

165. By the 1970s, some social welfare residences had regular visits from psychological services, which could prompt assessment, referrals, and transfer of children and young people to other psychiatric or psychopaedic settings such as hospitals.[206] A 2006 Ministry of Social Development report, Social Welfare Residential Care (1950-1994) examined the departmental and institutional practices in social welfare residences. This report noted a small but significant group of children and young people in social welfare residences that had either come from, or went on to, a psychiatric hospital.[207] Examples given of this connection between institutions included: Hokio Beach School near Taitoko Levin, Holdsworth Boys' Home in Whanganui and Lake Alice Child and Adolescent Unit; Allendale Girls' Home in Tāmaki Makaurau Auckland and the psychiatric ward at Auckland Hospital; and Kimberley Boys' Training Centre in Taitoko Levin, Epuni Boys' Home in Te Awa Kairanga ki Tai Lower Hutt, Miramar Girls' Home in Te Whanganui-ā-Tara Wellington and Porirua Hospital.[208]

166. As discussed in the Inquiry's report, Beautiful Children: Inquiry into the Lake Alice Child and Adolescent Unit, the Inquiry found the Department of Social Welfare paid insufficient attention to whether it had lawful authority to consent to the informal admission of children and young people to a psychiatric hospital.[209]

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204 Sworn statement of Ernest Lester McCuish (31 March 1978); Witness statement of Sonja Cooper and Sam Benton of Cooper Legal relating to the inquiry into the Order of the Brothers of St John of God at Marylands School and Hebron Trust (8 October 2021); Tollemache, EM, Letter from the acting deputy chair of the Welfare Office to the superintendent at Kingslea regarding the proposed admission of a patient to Kingslea (15 January 1966, page 2); Witness statements of Tyrone Marks (22 February 2021, para 52); Ms MC (9 June 2022, paras 2.54–57); Mr FP (10 March 2022, para 46) and Ms MV (28 July 2022, para 4.24); Private session transcript of Matthew Hohipa (4 March 2020, page 10); Private session transcript of Peter Saffill (20 July 2020, pages 50–51).

205 Stanley, E, The road to hell: State violence against children in postwar New Zealand (Auckland University Press, 2016, page 67).

206 Statement of Michael Ferriss (27 April 2021, paras 80–84).

207 Parker, W, Social Welfare residential care 1950–1994, Volume I (Ministry of Social Development, 2006, page 56).

208 Parker, W, Social Welfare residential care 1950–1994, Volume I (Ministry of Social Development, 2006, page 56-57).

209 Royal Commission of Inquiry into Abuse in Care, Beautiful children, Inquiry into the Lake Alice Child and Adolescent Unit (2022, para 69).

167. Survivors believed they were sometimes admitted from social welfare residences to nearby psychiatric or psychopaedic settings as punishment for unwanted behaviour, especially running away.[210] Survivor Alan Nixon, who had been running away, was sent to Lake Alice and placed into the adolescent ward from Kohitere Boys' Training Centre in Taitoko Levin for observation while he was a State ward at 16 years old. Alan told the Inquiry he received 'two jolts' of electric shocks without muscle relaxant or anaesthetic "as punishment for not telling the Lake Alice staff the reasons why I kept running away".[211]

168. After a month at Lake Alice, where he experienced further abuse and neglect, Alan was sent back to Kohitere Boys' Training Centre.[212]

169. Survivors who have experienced multiple entries from social welfare into psychiatric and psychopaedic settings over their life described feeling like they were labelled by the mental health system. Survivors felt that their mental health record increased their likelihood of being recommitted into psychiatric and psychopaedic institutions.[213] Pacific survivor Rachael Umaga, who was admitted to psychiatric institutions voluntarily and formally more than 10 times, said:

"Throughout my admissions I was diagnosed with various conditions. To me, these were labels they put on me to justify my admissions."[214]

210 Royal Commission of Inquiry into Abuse in Care, Beautiful children, Inquiry into the Lake Alice Child and Adolescent Unit (2022, para 70).
211 Witness statement of Alan Nixon (8 October 2021, paras 91–93).
212 Witness statement of Alan Nixon (8 October 2021, para 97).
213 Private session transcript of a survivor (4 March 2020, pages 33–35).
214 Witness statement of Rachael Umaga (18 May 2021, para 122).

"The first time I got pregnant, I was only about 12 or 13 years old... After it arrived, they took it away. I don't even know if it was a boy or girl."

MS MC
Māori

Ngā whakataunga i ngā āhuatanga i uru atu ai ngā tamariki me ngā rangatahi ki ngā taurima tokoora
Conclusions on the circumstances that led children and young people to enter social welfare care settings

170. The number of children and young people entering social welfare care settings between the 1950s and 1980s increased due to systemic and societal factors such as changing social welfare policy, urbanisation, moral panic, and oversurveillance due to perceived juvenile delinquency, and rising poverty. Children and young people were especially demonised and criminalised for behaviours that were in response to distress, such as poverty, undiagnosed disabilities and mental distress and neglect at home. Their behaviour was seen as 'acting out' and used as justification for being placed into social welfare care settings.

171. Māori were the majority of children and young people in social welfare residences. Colonisation and racism contributed to tamariki and rangatahi Māori entering care. Their entries were influenced by structural, societal, and interpersonal racism, particularly through racist targeting by NZ Police and social workers, and harsher sentences by youth courts.

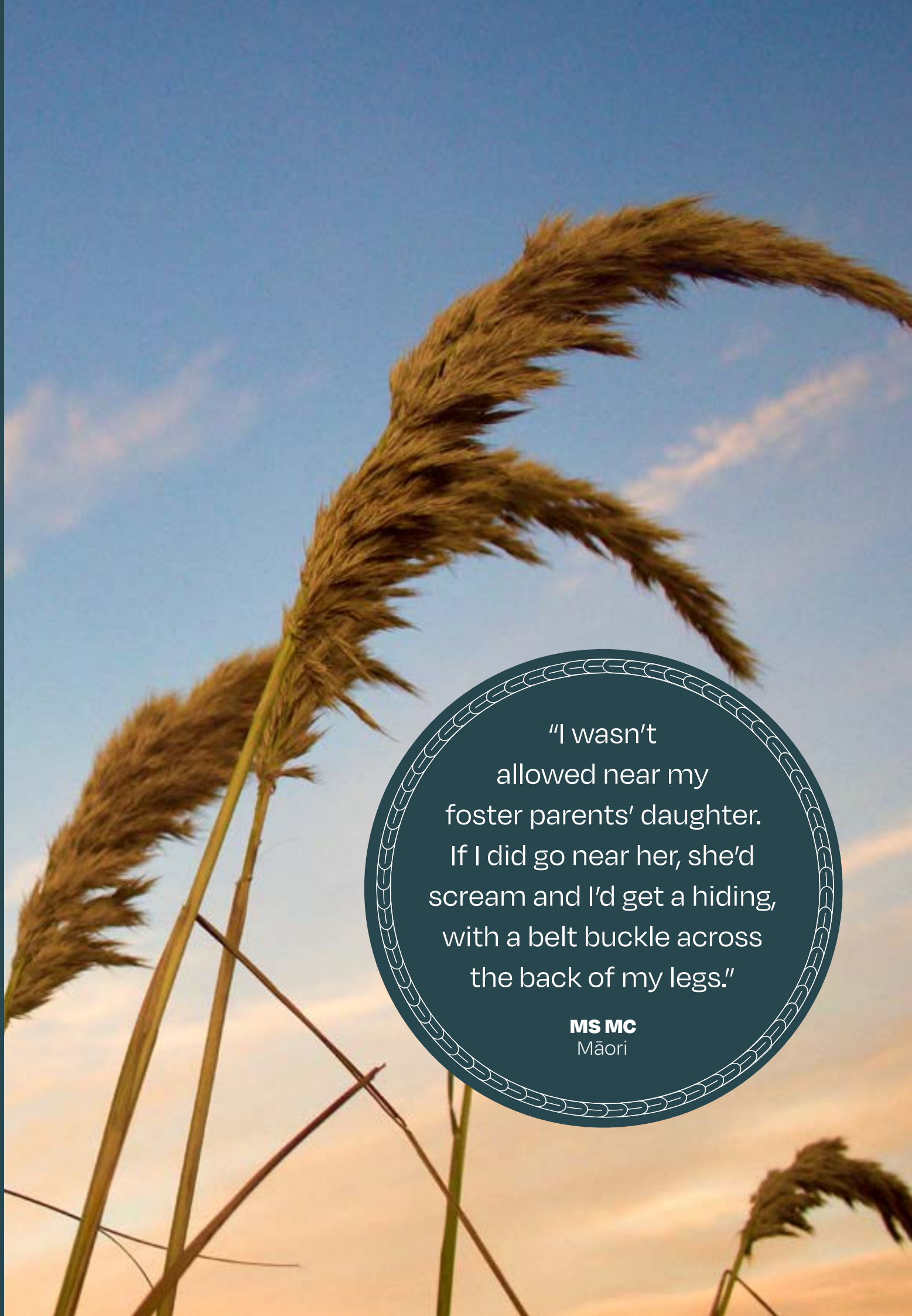
172. Pacific families faced unique challenges as a migrant community, were harmed by racist targeting by NZ Police and social workers and had their fanau (children) and tagata talavou (young people) removed from the kainga (family). Pacific fanau and tagata talavou entered care at disproportionate rates to their share of the population. This was partly due to discriminatory attitudes from State decision-makers who made judgments about the care of fanau and tagata talavou based entirely on Palagi ways of raising families. Pacific families were unsupported by the State to overcome additional challenges, such as language barriers and unfamiliar state processes, to be able to participate and engage in decision-making processes.

173. At times, the State had legitimate grounds for intervention due to family circumstances where the wellbeing of children and young people was jeopardised, but for some survivors the reasons behind their removal were not clear, valid or were based on discriminatory factors. The State offered little support or services to families in need who faced poverty, mental distress, disability, unmet needs or other circumstances. Instead, authorities (including the State, through child welfare officers, social workers and the courts) removed children and young people from their whānau and placed them into a social welfare care setting rather than addressing why they had come to the attention of the State. For children and young people who were experiencing abuse and neglect prior to entering care, their experiences of being removed and placed into abusive care settings only compounded their trauma.

174. The State prioritised removal of the child or young person from family over supporting the family. Distinct ethnic inequalities were observed with the placement of children and young people across different social welfare settings, such as foster care and family homes. Resulting actions by decision-makers were often disproportionate and punitive, particularly towards whānau Māori. Overreaction to minor or trivial offences led to placements in social welfare residences. For survivors who appeared before the Children's Court, the chances of ending up in a youth justice institution or prison was high, particularly if Māori. In some cases, these placements resulted in harmful, neglectful treatment, including being separated from siblings, placed into mixed social welfare institutions and held in transitional settings such as police cells and adult prison.

175. Multiple placements were common for children and young people who spent long periods of time in social welfare care. This was due to extreme overcrowding and resource pressures, perceived delinquency and failure to recognise and address trauma responses in children and young people, and sometimes, as punishment for unwanted behaviour.

176. Many survivors explained their behaviour (such as running away from harm or acting out) were often responses to abuse and neglect suffered in a specific social welfare , and as a response, they were moved to another. Children and young people were often moved to harsher, more secure institutions for 'corrective training' when their behaviours escalated. Children and young people were sometimes moved between social welfare and psychiatric care institutions – sometimes for shorter periods of observation, for actual or perceived mental distress, or for punishment of unwanted behaviour.



"I wasn't allowed near my foster parents' daughter. If I did go near her, she'd scream and I'd get a hiding, with a belt buckle across the back of my legs."

MS MC
Māori

Ms MC

Year of birth: 1964

Type of care facility: Foster care; residential school – Salisbury School in Whakatū Nelson; hostel – IHC hostel.

Ethnicity: Māori

Whānau background: Ms MC was made a State ward and spent her childhood in foster care. In 2019 she discovered that her biological mother and two half-sisters live in Australia. She thinks her Māori heritage is through her father but doesn't know who he is. She would like to find him.

Currently: Ms MC's husband passed away in 2001. She lives independently with support from CCS Disability Action and Healthcare New Zealand.

I have no memory of my early life, but I was placed with my foster mother and her first husband when I was 3 years old. There were about three families in one house, and my bedroom had no bed, no nothing. I'd be locked in and couldn't get out. When something happened, I got the blame and the hidings.

They would tie me to the clothesline, around my stomach and my feet with my hands behind my back. If they went out, they put me in the shed with a rope tied around my neck – I'd have to stand on my toes because the rope was too short. When they came home, they'd tie me to the clothesline again. They'd also put me in the pool naked with weights tied to my feet so I couldn't get out. The water came up to my mouth – I could just put my nose out to breathe.

Sometimes my foster father and his friends would use me as bait for pig hunting. I was tied between two horses and dragged along. When the pigs came, they scratched and bit – sometimes to the bone. My foster mother sewed me up, and if I screamed, she'd stick the needle into the muscle.

My Life

I live my life in a shell.
There I live very well.
I feel like I want to tell,
But all I can do is yell.
People say that I am a pain,
And that I have got nothing to gain.
They say I have not got a brain,
Or if I have, it is made of grain.
They always like to pick on me,
Because they say it is free.
They are only happy when they can see
That I am sad, as sad as can be.
My life has been nothing but sheer hell;
Sometimes all I want to do is yell.
Is there anyone I can tell?
Maybe then, I would feel well.
I feel that I am on a merry-go-round,
Instead of solid ground.
In my world, I cannot be found,
So sh-h-h, do not make a sound.

My foster parents threw lots of parties with doctors, lawyers and police from all over town. During the party they'd throw me face up on the bed and tie my legs and wrists to it. Just about every guy at the party would put their fingers or themselves in me. The wives would watch, cheering them on. They'd tell the teenagers to put things inside me – broom handles, sticks, tools, carrots and potatoes. The more I screamed, the harder they did it.

They wouldn't stop, even if I was bleeding. I was their sex toy, a prostitute, but I wasn't getting paid for it. It's the only way I can describe it.

I hardly ever went to school. When I did, the teacher would call me dumb and make me sit in the corner. The kids I lived with would tell their mates what happened at home, and they'd bully me. I'd try to tell the teachers about the bullying, but they'd tell me to go away and not tell lies.

My foster parents split up when I was 6 years old. At first, my foster mother brought me up on her own, with the help of her mum and dad. Her parents didn't do anything to me, but as I got older her mother would say I was old enough to do housework. I had to do it all. If I missed anything, I'd get slapped.

My foster mother left me with her parents. When she came back, she asked if I wanted to live with her, her new husband and their daughter. I wasn't doing well at school, so I thought, "Yeah, new school, new start, Mum's going to be there".

That was the biggest mistake, ever.

My new room was the same as my old room – it didn't even have carpet. I slept in a box and wet it every night. The only thing I had to wear was a potato sack. I was tied up again, with my hands behind my back around the pole and my legs tied together. They put a rope around my neck. When I was older, they used a chain.

I wasn't allowed near my foster parents' daughter. If I did go near her, she'd scream and I'd get a hiding, with a belt buckle across the back of my legs. When she was 2 years old and I was 10 years old, she fell out of the car and broke her leg, and they blamed me, even though I was nowhere near the car.

My new foster father was one of the big people in his job, and a Presbyterian Church elder. Whenever my foster mother wasn't around, he put himself in me. I think he kept it a secret from her. It was mainly him but once or twice one of his male friends would do it to me as well. On the weekends, he'd tell his wife he had to pick something up from work, tie me up and take me to his job. He'd do it to me in his office, on the desk.

A social worker visited every six months. They would always ring and give my foster parents time to prepare. I would be dressed properly, and the social worker never checked my bedroom. If they asked me questions, my foster parents would frown at me, so I'd say I was all right.

When I was 13 years old, I was sent to Salisbury boarding school because Social Welfare paid for it. The principal took me into her home and taught me how to use a knife and fork, and how to do my buttons. I loved her, like a mum. But at the end of each term, I had to go back to my foster family, and I hated it. My foster father kept on abusing me, and I thought it was normal to be treated like that – I didn't even tell the principal.

The day after I finished boarding school, my foster family put me in an IHC hostel and told me I wasn't good enough for society. I still had to go back to them on weekends though. I had no choice. My foster father continued to abuse me and warned me not to tell or I'd have to live with the consequences.

I worked in the IHC community, which was okay, I didn't mind doing the jobs and I was paid. But when I saw my foster family, I had to give them my money – they said it was theirs. When I got a full-time job as a finisher at a knitwear factory, my foster father would pick me up, do what he wanted to do with me in the bushes, then leave me on the side of the road. I had to find my own way to my job. At work, I'd say I was held up with something or I went to the doctor, I was too ashamed to tell. Even now I feel ashamed. That shamefulness stays with you, no matter what you try to do to get rid of it.

The first time I got pregnant, I was only about 12 or 13 years old. I gave birth on their bed, on a big plastic sheet so I wouldn't make a mess. After it arrived, they took it away. I don't even know if it was a boy or girl – even if we came face to face, I wouldn't recognise them.

Over the years I had several babies – I think I've been pregnant 12 to 15 times. Once a baby came out, another one came in. It felt like there were no breaks in between, and each was harder than the last. I had miscarriages, and a couple of stillbirths. No one ever knew I was pregnant because I wore baggy clothes about four times my size, anything to hide it.

I don't know what happened to the babies. I think they either kept them or gave them away. I never heard any conversations about the babies, but my hearing wasn't good because of the beatings. I know some of the babies weren't born 'normal'. Those ones, I'd hate to think what they did to them, knowing what they did to me.

I was pregnant before I went to the IHC hostel. When the baby was due, my foster parents kept me home, but it didn't come at the due date, and I wasn't allowed out of the bedroom. About a week after it was born, I went back to the hostel. They asked where I'd been, but I'd been told to lie and say I had been on holiday. What the master says, you do.

When I was 28 years old, the house mothers at my second IHC home asked if I had been touched by my foster father. I said no. They asked again, another 10 or 15 times, until I broke down and said yes. They took me to my foster parents, and I told my foster mother what her husband had been doing. She said I was lying and that he wouldn't rape me. He said nothing. I felt relieved after confronting them. The house mothers banned him from coming to see me and said what I did next was up to me, but I didn't want to tell anyone.

If he's dead and buried, I hope he burns in hell, but even that's too good for him.

I was working when I met my hubby. My boss always yelled at me and called me a shit-stirrer, and the other trainees wouldn't let me sit with them during breaks, so I sat in the corner on the concrete floor to eat – and then a man came over and took me to his table.

He and I lived in the same community home. We got married and shared 10 years of a good life together. I didn't know how to read or write until he taught me. He had a lot of patience. I told him about what I'd been through, and he took me to the police station. They interviewed me, put me through the works, took me to doctors and had me looked at. They got the police to visit my foster parents, who denied doing anything. Why wouldn't they? He was a church elder, their name was too precious. I told the police not to worry about it.

Then my husband got sick with blood cancer. In 2001 he had an accident and when I walked into A&E, they had the defibrillators on him. I asked them to stop so he could pass in peace, with dignity. I froze in place for hours and the hospital priest had to take me home.

After this, a friend of ours started sexually and physically abusing me. He would wallop me with his fist if I didn't do what he wanted. I didn't know how to stop it or if I was allowed to. I ended up getting a restraining order against him.

Someone once asked me why I'm not the meanest person in town after what I've been through. But my philosophy is, why hurt people? Why pass it on?

I still hate my life at times. I can't stop hearing my foster family, smelling them, feeling them. I have all these thoughts all the time, there's no break. By telling people, I opened Pandora's box. Part of me wishes I didn't, but part of me is also glad, because people know why I am like I am.

If I can save one soul with my story, it's worth it. I want the Government to know what happened to me, so it will never happen to anyone else. Absolutely no one, no child, should have to go through what I've been through. If I can stop that from happening, then as far as I'm concerned, I've done my duty to society.[215]

215 Witness statement of Ms MC, (9 June 2022).

"Separation robbed me of my family."

KYLEE MALONEY
Celtic New Zealander

Kylee Maloney

Hometown: Te Papaioea Palmerston North

Age when entered care: Almost 5 years old

Year of birth: 1966 **Time in care:** 1971–1985

Type of care facility: School for children who are blind or have low vision – Homai College in Tāmaki Makaurau Auckland, run by the Royal New Zealand Foundation of the Blind.

Ethnicity: Celtic New Zealander

Whānau background: The youngest of three children, Kylee has a brother and a sister.

Currently: Kylee lives with her sister in Palmerston North and they are very close.

I was born prematurely and spent the first two months of my life in an incubator, tube-fed and pretty much never touched unless professionally required. That's had a lifelong impact. I became blind from being in the incubator - having too much oxygen scarred the retinas of my eyes.

I was a fairly confident child, but I didn't stay that way. It all changed when I went to Homai.

I don't remember any conversations about why I was going there, and I don't think I even really knew what Homai was. As an adult, I asked my parents about it. They said it was something expected of them from both medical professionals and society itself. They were just told that Homai was the best place for me, as a blind person. It was a specialist school and residential campus for kids who are blind or have low vision.

I was there for over 14 years, from just before my 5th birthday. I felt bewildered and, was left to fit in. Nobody explained anything to me about what was happening. Initially I'd go back home on the weekends, then only in the school holidays. I'd tell my dad I didn't want to go back, but the conversations were fruitless. I learned in the end not to be demonstrably unhappy about returning, as it made my parents unhappy. I was told that I couldn't be unhappy at Homai as I was a nuisance and being there was the best place for me to be.

There was a lot of psychological and emotional abuse. I used to have my hands tied behind my back for touching my eyes, and I was only 5 or 6 years old at the time. Lots of the children touched their eyes, because we could see pin lights when pressure was put on them. I suppose the matrons thought it was socially inappropriate. After a while I figured out how to untie myself, and once I could do that, I didn't get tied up as much.

If we got a package from home, it all got pooled and we'd have to share our things with the other children. Nobody explained why and I felt resentful about this. I also knew that some of the staff were dipping into our gifts, because we'd open our parcels and some of the things in there, it would disappear.

When I was very young I used to regularly get develop fevers, where my temperature would go up, but I don't recall ever getting without the associated symptoms of cold or flu or feeling unwell. I think they were psychosomatic, a way of dealing with what I was experiencing at Homai. The staff, though, thought I was putting it on. The matrons were trained nurses and should have known the symptoms for what they were, but I think they chose to see me as a nuisance for 'faking illness' instead of trying to discover the cause.

I had an incident in the pool when I panicked and was hauled up by somebody, and after that I was too afraid of water on my head to have my hair washed, so whenever it was time for hair washing, I fought and struggled. In the end, they wrapped me up in a sheet to force me to submit. It was like a straitjacket –– effectively, that's what it was.

I struggled with food at Homai. There were things I didn't want to eat, some of which I was intolerant of, and staff exhibited a lot of power and control when it came to food. I wouldn't submit and eat what they wanted me to eat. Hostel staff would hold my nose and force my mouth to open and make me eat whatever it was. I refused, it would make me sick, and I would try to run away.

We had to eat everything we were given, but then we were punished if we put on too much weight. Our food would then get restricted –– it was all very arbitrary. To rebel, I just wouldn't eat. So my eating became very erratic.

I was so positive and confident before Homai. I was removed from my home at such a young age, and there was no respite from what I was experiencing. The whole ethos at Homai was that if you were not meeting expectations, you were somehow less of a person. You were accorded less respect.

By separating me from my family, we were robbed of the opportunity to learn from and grow with one another. Separation robbed our families of the learning and growth experiences they would have had in learning to live with, and advocate for us. Separation robbed me of the ability to successfully relate to my extended family – and to have successful close relationships with anyone.

It had a big impact on my relationship with my mother, and we had a difficult relationship throughout the remainder of her life. We never bonded – we weren't given the opportunity. I always had the feeling that her emotions and feelings were more important than mine. Not being unhappy at Homai was as much, if not more, about her own guilt as it was about my needs.

I remember her once casually telling a friend, while I was sitting with them, that she had thought that if she had killed me when I was about three or four, everything would have been alright.

I already had relationship issues when I arrived, and Homai exacerbated them. I'm now sitting here, avoiding society unless it's on my terms. It has coloured everything I am and everything I do. I feel that being inside my head is the only safe place to be.

The general impact of my life's beginning and my Homai experience has been loneliness. The knowledge that I am, and always will be, an outsider, is both liberating and painful. Liberating in the sense that this process has given me permission to try to reverse the habit of a lifetime and stop trying so hard to fit in and be accepted, and painful because I long, like anyone else, to belong somewhere and be loved.

People like me who are congenitally blind are outsiders, anyway, as we are so much in the minority. Most people are partially blind or have lost their sight later in life. I'm in the minority of the minority.

The pressure to be independent that was so prevalent at Homai has stayed with me all my life. Even today, I feel like a loser because I live with my sister and not by myself, doing everything for myself.

Along with many other parents, my mother and father entrusted care of me during term time to the Royal New Zealand Foundation of the Blind, in my case for more than 14 years. This organisation had a responsibility to ensure that all our needs – physical, spiritual, intellectual and mental – were met, so that we would grow up well-adjusted and prepared to live successfully in a hostile world. They failed to ensure this.

The medical profession encouraged our parents to hand over their 'problem' children to the care of others, informing them that 'experts' were better placed to care for them than they were. These people weren't experts – they were largely untrained and unqualified, and universally poorly paid.

Homai could have been a nursery where us we tender seedlings were nurtured in the arts of relationships and family, as well as taught how to do all the physical things anyone needs to do on a daily basis, so that we could have been prepared to contribute to, love, and even make a difference in the wider world. Instead, it was a confusing, sometimes cruel, competitive and discouraging environment where, if we learned any intangible quality with which to move forward, it happened by accident.

With the new Ministry for Disabled People on the way, with its 'Enabling Good Lives' principles at the forefront, I would like it recognised that a 'good life' for me, as a survivor, is not to push me out into a hostile world and demand that I work. It is to keep me comfortably independent, secluded and safe. That, to me, is my 'good life' – the only one I'll survive. I wish it could be different.

For all that I've achieved and tried to achieve, I feel like a failure because I can't live in your world.[216]

216 Witness statement of Kylee Maloney (31 March 2022).

Ūpoko | Chapter 3
Ngā āhuatanga i uru ai ngā tamariki, rangatahi ki ngā taurimatanga ā-whakapono
Circumstances that led children and young people to enter faith-based care settings

177. This chapter expands on circumstances and pathways into faith-based settings, including orphanages (renamed children's homes), reformatory institutions, education, adoption and foster care and pastoral care. Children's homes and residences, including reformatory residences, were run by the Anglican, Catholic, Methodist, Presbyterian, and The Salvation Army churches; often through various societies or trusts affiliated to the churches.

178. The Inquiry heard from approximately 811 registered survivors whose first entries into care were faith-based settings. Of those survivors, 50 percent reported first experiencing and entering care through faith-based schools or pastoral care.[217] Entries into faith-based schools and pastoral care were often voluntary – either of their own accord or of their whānau and were often influenced by whānau, religious background and societal factors.

179. Some families chose to voluntarily place children, either temporarily or permanently, into faith-based care settings due to the stress factors such as marital breakdowns, death or illness of a parent, substance abuse or financial problems.[218] Twenty-one percent of the 811 registered survivors whose first entries into care were faith-based settings entered through voluntary placement by parents, due to parents not coping, parents struggling with mental distress, or following parental death or separation.[219]

180. Of the 811 registered survivors, 21 percent reported being required by the State to enter residential settings[220] due to unsafe home environments including abuse at home, parental neglect, and troubled behaviour.[221]

217 DOT Loves Data, Analysis of pathways into care counts (Royal Commission of Inquiry into Abuse in Care, 2023).
218 Mathew, HC, The institutional care of dependent children in New Zealand (New Zealand Council for Educational Research, 1942).
219 DOT Loves Data, Analysis of pathways into care counts (Royal Commission of Inquiry into Abuse in Care, 2023). Note: All percentages used in this sentence are percentages of the total number of survivors whose first entries into care were faith-based settings, for example, 6 percent of the 811 survivors.
220 DOT Loves Data, Analysis of pathways into care counts (Royal Commission of Inquiry into Abuse in Care, 2023).
221 DOT Loves Data, Analysis of pathways into care counts (Royal Commission of Inquiry into Abuse in Care, 2023).

181. Some children and young people also entered faith-based care, through social welfare care or as a result of 'overflow' of social welfarecare.[222]

182. The Inquiry also heard from survivors who had experienced abuse in unmarried mothers' homes that were established by some faiths.

Ngā ara ki ngā whare taurima tamariki pani ā-whakapono, ngā kāinga whānau, ngā whakahaere whakahou, me ngā whare taurima tamariki Pathways into faith-based orphanages , family homes, reformatory institutions and foster care

183. In the welfare space, faith-based residential care by the Anglican, Catholic, Methodist and Presbyterian churches and The Salvation Army predominantly focused on running orphanages. These types of facilities were residential and were funded by the State, independently or a combination of both. Children and young people were placed there either voluntarily by their families, faith intervention or by the State.

184. Despite sometimes being called orphanages, few children and young people who lived in these faith-based care settings had lost both parents. By the 1970s, orphanages had largely been renamed children's homes to reflect this. Children and young people were placed in a faith-based children's home either temporarily (in what is known today as respite care) or permanently due to family hardships such as parental illness or relationship breakdowns.[223] Between 1984 and 1985, 104 children and young people were admitted to Salvation Army residential children's homes. Seventy two percent were admitted for reasons related to parents, rather than the child, with most referrals coming either from the family itself or from doctors involved with the family.[224] NZ European survivor Michael Ellis, who was at St Joseph's Orphanage in Te Awa Kairangi ki Uta Upper Hutt (Catholic), said:

> *"I think most of the kids there were children of sole parents … either a parent who had abandoned the other parent or had died. There weren't any true orphans there. From memory, I think it was all a case of one parent who couldn't cope and so you were placed into the convent for a period of time."*[225]

222 Tennant, M, The fabric of welfare: Voluntary organisations, government, and welfare in New Zealand 1840–2005 (Bridget William Books, 2007, page 107).
223 Department of Education, Child welfare: State care of children, special schools, and infant-life protection report (1958, page 16); Craig, T & Mills, M, Care and control: The role of institutions in New Zealand (New Zealand Planning Council, 1987, page 38).
224 Craig, T & Mills, M, Care and control: The role of institutions in New Zealand (New Zealand Planning Council, 1987, page 38).
225 Private session transcript of Michael Ellis (2 March 2020, page 7).

185. Māori and NZ European survivor Gloria White was placed into the Nest (The Salvation Army) in Kirikiriroa Hamilton at 4 years old. Her records stated that it was "quite a bad case and the children had to be removed from their home in a hurry. If we had not taken them, they would have gone to the State. The child welfare say the Home Conditions were very bad".[226]

186. In choosing to place their child or young person in faith-based care, a family's religious beliefs were an important factor. Survivor Mr MD was born in Suva, Fiji but moved to Aotearoa New Zealand at 6 months old with his siblings and mother to live with his maternal grandparents.[227] His grandmother was a devout Catholic who attended mass each day.[228] Mr MD and his siblings went to Catholic schools until 7 years old when he and his sister were sent to Catholic orphanages because their mother and grandparents could no longer cope – Mr MD's sister was sent to Star of the Sea, Owairoa Howick, and Mr MD was sent to St Joseph's Orphanage, Takapuna.[229]

187. Children and young people were also placed into faith-based care, particularly children's homes, as a response to overcrowding in social welfare residences .[230] The number of children and young people who entered for this reason increased significantly from the 1960s.[231] By 1977, around a quarter of children in faith-based children's homes were State wards.[232] Some infant or child residents of faith-based homes became wards of the State once they were too old to be in care.[233]

188. The State also placed so-called 'wayward' children and young people into Catholic reformatory institutions including Mount Magdala Home in Ōtautahi Christchurch, Marycrest Girls' School in Te Horo and Sunnybank (later renamed Garindale) Catholic Home in Whakatū Nelson.[234] Children and young people were placed in this type of faith-based setting following conflict with family, by the Department of Social Welfare as an alternative to being placed into State-run social welfare residences, or by the courts as punishment for minor offending.[235] However, some children and young people never knew why they were placed there.[236]

226 Witness statement of Gloria White (23 September 2020, page 2).
227 Private session transcript of Mr MD (27 January 2022, pages 4–6).
228 Private session transcript of Mr MD (27 January 2022, page 7).
229 Mr MD's sister was sent to Star of the Sea, Howick, and Mr MD was sent to St Jospeh's Orphanage, Takapuna; Private session transcript of Mr MD (27 January 2022, pages 7–8).
230 Tennant, M, The fabric of welfare: Voluntary organisations, government, and welfare in New Zealand 1840-–2005 (Bridget William Books, 2007, page 107).
231 Tennant, M, The fabric of welfare: Voluntary organisations, government, and welfare in New Zealand 1840–2005 (Bridget William Books, 2007, page 107).
232 Tennant, M, The fabric of welfare: Voluntary organisations, government, and welfare in New Zealand 1840-–2005 (Bridget William Books, 2007, page 107).
233 Dalley, B, Family matters: Child welfare in twentieth-century New Zealand (Auckland University Press, 1998, page 235); Stanley, E, The road to hell: State violence against children in postwar New Zealand (Auckland University Press, 2016, page 2).
234 Catholic Social Services Newsletter (July 1979, page 12).
235 Witness statements of Ms HQ (23 March 2022, para 4.4.1) and of Maureen Taru (22 March 2021, paras 35–36); Private session transcript of Ms UW (3 December 2019, page 31); Private session transcript of Christine Hopa (7 July 2021, page 6); Private session transcript of Lynette Mills (19 November 2019, page 11).
236 Ms HQ (23 March 2022, pages 12–13) and Maureen Taru (22 March 2021, page 6); Private session transcript of Ms UW (3 December 2019, page 31).

189. Some Māori survivors who spoke to the Inquiry about entering these types of faith-based care settings were already wards of the State and experienced multiple faith-based placements throughout their time in care.[237] Irish / Portuguese / Māori / Pākehā survivor Margurite Cassidy (Ngāpuhi) became a State ward in 1978 and experienced multiple placements in faith-based welfare residential settings, including being placed in Anglican children's homes, foster care and family homes.[238]

190. Given the over-representation of tamariki and rangatahi Māori in social welfare care settings they were likely disproportionately affected by the State's tendency to shift State wards from overflowing social welfare care settings to faith-based care settings, particularly during the 1960s and 1970s.[239]

191. The use of faith-based welfare residential care began to decline in the second half of the 20th century. A 1982 Government review noted that since the 1950s, faith-based organisations had "little by little" withdrawn from providing welfare residential facilities to care for children and young people, in favour of social work services and aged care.[240]

192. In 1950, 74 private children's homes were registered under the Child Welfare Act 1925; by 1960, this was 68. While some private organisations operating children's homes had no religious affiliation, most registered private children's homes were run by churches (53 of 68 homes in 1960).[241]

193. Between 1975 and 1985, the number of children and young people being cared for in private residential facilities run by non-government agencies (including church-run organisations) almost halved, from over 1,150 in 1975 to 603 in 1985.[242] Most of these were small homes, with only nine of 62 homes accommodating more than 15 children.[243]

237 Witness statements of Mr TH (7 June 2021, para 87) and Margurite Cassidy (15 December 2022, para 2.9).
238 Witness statement of Margurite Cassidy (15 December 2022, paras 2.1–2.68).
239 Tennant, M, The fabric of welfare: Voluntary organisations, government, and welfare in New Zealand 1840–2005 (Bridget William Books, 2007, page 107).
240 Carson, R, New horizons: A review of the residential services of the Department of Social Welfare (Department of Social Welfare, 1982, page 121).
241 Evans, J, "Government support of the church in the modern era," Journal of Law and Religion 13(2), (1998, page 519).
242 Craig, T & Mills, M, Care and control: The role of institutions in New Zealand (New Zealand Planning Council, 1987, pages 37–38).
243 Craig, T & Mills, M, Care and control: The role of institutions in New Zealand (New Zealand Planning Council, 1987, page 37).

194. This changing approach to faith-based welfare residential care was evident in Sunnybank Catholic Home (1940 to 1975) in Whakatū Nelson, which became Garindale (1975 to1988). Sunnybank took in a mixture of boys placed in care by their families and State wards. Boys from all religious denominations were admitted, including some from other institutions.[244] From 1975, Garindale took in socially disadvantaged older children who were "seriously disturbed adolescents",[245] mainly from Porirua.[246] Most children and young people were referrals to Catholic Social Services from the Department of Social Welfare or the courts and remained at Garindale for a few years. Garindale closed in 1988.[247] In subsequent civil proceedings about abuse in Garindale, former general manager for the Archdiocese of Wellington, John Butterfield, explained:

> *"By the 1980s there was a change in philosophy and a general trend towards the closure of residential care institutions such as Garindale. This was a move across the board and not limited to Catholic institutions – and with the move being to the placement of children and teenagers in need into family home environments. Garindale was no exception to the trend. It finally shut its doors on a date not now precisely known, but around 1985 at the latest."*[248]

195. As care provided by faith-based children's homes declined, faith-based foster care also became more prominent. Social service agencies associated with the Anglican, Catholic, Methodist and Presbyterian churches and The Salvation Army, organised and facilitated foster care placements. Children and young people were either placed in the care of religious families or in family group homes, where employees of the social services agency, usually a married couple, cared for them. The employees' own children would also live there.

196. The pathway into foster care in many respects mirrored the circumstances of placement in faith-based children's homes and other faith-based welfare residential care settings. These included single parent families requiring support to look after their children including poor health or financial hardship. In some circumstances, foster care was a form of respite, and in others it was to provide a permanent living arrangement for a child or young person. Some survivors experienced multiple faith-based foster care and family group home placements, sometimes returning to the same faith-based foster care home or family group home multiple times.[249]

244 Postance, P, "Sunnybank: the forgotten boys' home," Nelson Historical Society Journal, 8(2), (2016, pages 63–64).
245 Garindale in Nelson was opened by Catholic Social Services for the Archdiocese of Wellington in 1975 and operated until 1989. Its residents were primarily teenage boys and its purpose was to care for "the seriously disturbed adolescent". See Catholic Social Services Newsletter (July 1979, page 12).
246 Postance, P, "Sunnybank: the forgotten boys' home," Nelson Historical Society Journal, 8(2), (2016, pages 63–64).
247 Postance, P, "Sunnybank: the forgotten boys' home," Nelson Historical Society Journal, 8(2), (2016, pages 68–69).
248 Affidavit of John Butterfield, in the matter of Wood v the Roman Catholic Archdiocese of Wellington, HC Wellington, CIV-2008-485-2596 (21 January 2010, para 5).
249 Witness statement of Mr KO (3 May 2023, para 1).

Ngā ara ki ngā pūnaha mātauranga ā-whakapono
Pathways into faith-based education

197. Education has been, and continues to be, the main provider of faith-based care for children and young people in Aotearoa New Zealand. Schools are operated or associated with the Anglican, Catholic, Methodist, Presbyterian, Plymouth Brethren and Gloriavale churches. These schools offer a combination of primary and secondary education and boarding facilities. The Catholic Church was most prominent in the provision of private schooling particularly early in the Inquiry period before many of their schools became State integrated. Statistics show in 1975, 11 percent of primary and secondary aged students were enrolled in private schools, and 78 percent of that group were at Catholic schools.[250]

198. For survivors who spoke to the Inquiry, faith-based education was the most common pathway into the faith-based care where they suffered abuse.[251]

199. A family's religious affiliation, and the extent of that affiliation, was often a factor behind children and young people attending faith-based schools.[252] NZ European survivor Robert Donaldson, who attended Christian Brothers' St Edmund's Intermediate in Ōtepoti Dunedin and St Paul's College (formerly Christian Brothers High School, then named as Kavanagh College and renamed Trinity Catholic College in 2023), told the Inquiry his family was very religious: "Being Catholic we all attended Catholic schools."[253]

200. The Inquiry also heard from survivors who were sent to faith-based schools due to the perception that these private or State integrated schools would offer students a higher standard of education and opportunity than State schools. This perception influenced families who weren't necessarily religious to send their children there.[254] The schools were in some cases a conscious attempt to recreate the English class system.[255]

250 Note: 65,046 primary and secondary (or college) students were enrolled at Catholic schools in 1975 (See Submission filed on behalf of bishops and congregational leaders of the Catholic Church in Aotearoa New Zealand in response to Notice to Produce No 1 (5 May 2020, page 19, Table 3); In 1975, there were a total of 745,077 primary and secondary students in Aotearoa New Zealand, with 82,549 enrolled across all private schools (See Department of Education, Report of the Department of Education for the period ended 31 March 1977 (1977, page 42, Table 1) which lists the roll numbers at educational institutions at 1 July 1977).
251 Te Rōpū Tautoko, Table of reports of abuse in the care of the Catholic Church (17 December 2021).
252 Witness statements of Robert Donaldson (24 August 2020, para 1.6); Mr KT (14 September 2020, para 1.7); Rūpene Amato (16 July 2021, paras 21–25) and Jesse Kett (29 August 2021, page 1).
253 Witness statement of Robert Donaldson (24 August 2020, page 2).
254 Witness statements of Mr TE (14 September 2022, para 10) and Rūpene Amato (16 July 2021, page 5).
255 Cook, M, Private education: Elite private schools (Te Ara – The Encyclopedia of New Zealand, 20 June 2012), https://teara.govt.nz/en/private-education/page-3.

201. NZ European Michael Poynter, who attended private school King's College (Anglican) in Tāmaki Makaurau Auckland between 1990 and 1994, told the Inquiry his parents wanted him to have an excellent education at King's college:

> *"King's College was based on the traditional English public-school model. It had a reputation for strictness and encouraged respect for tradition and for authority."*[256]

202. Survivors also attended some faith-based schools because of the boarding facilities. NZ European survivor Rodney Anderson boarded at the Anglican schools, Cathedral Grammar and Christ's College in Ōtautahi Christchurch in the 1980s. Rodney's parents were not religious, but they moved around due to his father's Air Force commitments and wanted him to be settled as much as possible in one place.[257]

203. Pākehā survivor Jim Goodwin grew up on a farm in Fairlie before being sent to Christ's College in Ōtautahi Christchurch to board in 1970:

> *"My parents were boarding school people. They both went to boarding school. Dad went to Waitaki Boys and Mum went to Craighead in Timaru … because they were Anglican. I was sent to an Anglican school rather than St Andrew's."*[258]

204. Dilworth School, which is affiliated to the Anglican Church in Aotearoa New Zealand, was specifically established under philanthropist James Dilworth's will and offered what was considered to be a 'premier' education at full scholarship. Boys were typically enrolled at a very young age, usually 8 or 9 years old. Many came to the school following family trauma or dysfunction, a serious accident or illness suffered by a parent or, due to the death, separation or divorce of parents. Most boys did not have a father.[259] The school had a student selection process. In 1980, the selection process changed so that the""reasonable balance" of students came from""relatively stable" backgrounds. Later in 2002, the Board resolved to screen out student from families where there was abuse of alcohol and other drugs, to avoid boys who would have a "negative influence on the wider school".[260]

205. For Pacific families, the influence of the church in daily life led to children being enrolled in faith-run schools, and often faith-based schooling for children from devout Pacific families was simply a given.

206. Some survivors were also State wards who were placed into faith-based schools, including faith-based schools for Māori.[261]

256 Witness statement of Michael Poynter (29 August 2021, page 1).
257 Witness statement of Rodney Anderson (20 September 2021, page 2).
258 Witness statement of James Goodwin (21 September 2020, page 1).
259 Dilworth Independent Inquiry, An independent inquiry into abuse at Dilworth School (2023, page 3).
260 Dilworth Independent Inquiry, An independent inquiry into abuse at Dilworth School (2023, pages 168–169, 259).
261 Private session transcript of Ms JF (19 November 2020, page 20); Private session transcript of Michael Isherwood (21 December 2020, page 5).

"I acknowledge that health and disability care settings between 1950-1999 did not consistently and meaningfully ensure the cultural needs of all Māori were met, including providing culturally appropriate health care options, causing disconnection from their culture, identity, language, and communities. I acknowledge that these impacts are ongoing, and have also impacted not just those individuals, but also their whānau, hapū and iwi"

DR DIANA SARFATI
Director General of Health

Ngā ara e rua ki ngā kura paerangi mō te Māori
Two pathways into faith-based boarding schools for Māori

207. Education played a significant role in bringing tamariki and rangatahi Māori into the care of faith-based institutions, in particular faith-based boarding schools for Māori. There were two main pathways into these schools for Māori: whānau enrolled their tamariki and rangatahi with the hope of a quality education, learning te reo and matauranga Māori or the State placed tamariki and rangatahi who were in the State's social welfare or youth justice system into the schools.[262]

208. Māori survivor Mr KL (Muaūpoko, Ngāti Raukawa ke ti Tonga) who experienced abuse at Hato Pāora College in Aorangi Feilding between 1982 to 1984, spoke of the significance of religious affiliation and the encouragement of religious leaders in influencing this pathway:

> *"My whānau were Catholic [and] when I was at school many Māori families were tūturu Catholic. Fr Wall was a huge reason why boys were enrolled at Hato Pāora. Everyone knew him. He would come into the communities and the red carpet would be rolled out.*
>
> *He had reach into the Māori community and he would say 'your son / grandson needs to come to Hato Pāora'. It was a great recruitment strategy. The priests were god-like. Our parents and grandparents trusted that they would look after us. I believe only a small percentage of the old boys that I know remain Catholic today."*[263]

262 Witness statement of Kamahl Tupetagi (3 October 2021, paras 67–69); Private session transcript of Michael Isherwood (21 December 2020, page 5).
263 Supplementary witness statement of Mr KL (6 April 2023, paras 11–12).

209. For whānau Māori, intergenerational associations with faith-based schools and an expectation of quality education that incorporated Māori culture, influenced caregivers' decisions to send tamariki and rangatahi Māori there.[264] Some Māori survivors told the Inquiry that their parents wanted them to learn te reo and that the best way to learn was through attending a faith boarding school. Some survivors that attended faith boarding schools told the Inquiry that their parents chose to send them and their siblings to faith-based boarding schools as they wanted them to have the best education possible. The Inquiry was told often by survivors about their parents, or uncles or aunties or older siblings had attended a faith boarding school and it was expected that they would attend too. Mr TE told the Inquiry:

> *"There was a waiting list to enrol at the kura [school] back then and so families would register their sons and grandsons for enrolment on the day they were born. It was a whānau legacy and many students were following their brothers, fathers, uncles, grandfathers etc"* [265]

210. The State, faiths and iwi also provided financial scholarships to Māori students that met certain eligibility criteria to ensure they "received the secondary education that otherwise would be denied to them."[266]

211. Some survivors said that their whānau sent them to these schools to stop them misbehaving or to avoid being sent to State-run social welfare boys' homes or youth justice facilities.[267] Mr KL's koro (grandfather) made sure he was sent to Hato Pāora College instead of a State boys' home::

> *"Hato Pāora was my lifeline. I would have been sent to Hokio or Kohitere, but my Koro had standing in the community and told police that I would be going to Hato Pāora instead. I came from a good home, but I just wanted to be mischief. Mum and Dad worked very hard and paid my school fees while I attended Hato Pāora."*[268]

264 Witness statement of Mr TE (14 September 2022, paras 10–11); Collective submission of attendees at Hato Pāora and Hato Pētera Wānanga (4 October 2022, para 15); Supplementary witness statement of Mr KL (6 April 2023, para 13).
265 Supplementary witness statement of Mr KL (6 April 2023, para 13).
266 Hato Pāora College, Te Rōpū Tautoko Briefing Paper #8, Response to Royal Commission of Inquiry into Abuse in Care Notice to Produce 497, on behalf of the bishops and congregational leaders of the Catholic Church in Aotearoa New Zealand (18 July 2022, page 35, para 116); Coney, S, Standing in the sunshine: A history of New Zealand women since they won the vote (Viking Penguin, 1993, pages 198–199); Witness statement of Mr HO (13 July 2022, para 31).
267 Witness statement of Mr HO (13 July 2022, paras 28–31); Private session transcript of E. Te Tuiri Hakopa (3 November 2021, page 19).
268 Supplementary witness statement of Mr KL (6 April 2023, paras 5–6).

212. The Inquiry heard from Māori survivor Ms JF (Muaūpoko) how she was placed at St Joseph's Māori Girls' School by a social worker for the Department of Social Welfare after being raped and falling pregnant in foster care, at age 12.[269] She told the Inquiry that after undergoing an abortion, she was sent to St Joseph's because she believed that she would be too hard to place as a teenager.[270]

213. Some survivors experienced multiple placements before the State placed them at a faith-based boarding school for Māori. One survivor who attended Te Aute College in the early 1980s said he got sent there because of his behaviour. He described the school as being a last resort:

> *"They were too naughty for foster care, boys' homes and stuff like that. If they couldn't handle them there, they'd send them to Te Aute. If they were in trouble and they're too young to go to prison, they went to Te Aute. That was the drop-off place for kids they couldn't deal with."*[271]

214. According to the Catholic Church at some point in the late 1970s or early 1980s, Hato Pētera College accepted boys referred to it by the Social Welfare Department, although this policy was eventually stopped as a result of its limited success.[272]

269 Private session transcript of Ms JF (19 November 2020, pages 16, 18–20).
270 Private session transcript of Ms JF (19 November 2020, page 20).
271 Private session transcript of Michael Isherwood (21 December 2020, page 5).
272 Hato Pētera College, Te Rōpū Tautoko Briefing Paper #9: Response to Royal Commission of Inquiry into Abuse in Care Notice to Produce 497, on behalf of the bishops and congregational leaders of the Catholic Church in Aotearoa New Zealand (18 July 2022, para 76).

Ngā karahipi mātauranga mō te hunga Pasifika
Educational scholarships for Pacific

215. The New Zealand Government provided scholarships for fanau (children) and tagata talavou (young people) from Pacific Island nations including Tokelau, Fiji, Tonga and Samoa. As part of the scholarship, fanau and tagata talavou were sent to Aotearoa New Zealand and placed in State-run social welfare residences or faith-based boarding schools.[273]

216. The Inquiry heard from a survivor who came to Aotearoa New Zealand from the Tokelauan atoll Nukunonu on a scholarship in 1981 at 12 years old.[274] Upon arrival in Tāmaki Makaurau Auckland, some scholarship students remained in Auckland. However, he was placed in the Anglican-run Sedgley Boys' Home in Whakaoriori Masterton where he faced racism, was abused by other boys and felt that he was in constant survival mode.[275] He felt unsupported and struggled to integrate into his new environment.[276] He used simple English and along with Tokelauan students mostly used body language, gestures and sign language to communicate with non-Tokelauan people.[277]

217. A review of Tokelauan education (2010) noted the flaws with the scholarship scheme, such as the language barriers faced by the Tokelauan students. Many required support to be in place to assist with their transition into the Aotearoa New Zealand education system, but limited if any support was provided. As a result, many would fail their national exams creating conflict with parents who expected them to return home well-educated and skilled.[278]

218. Pacific young people also entered the care of faith-based boarding schools through scholarship schemes offered to students who either excelled in certain areas or whose kainga (family) required financial assistance. Samoan and Scottish survivor William Wilson was a scholarship student at Wesley College in Pukekohe, a Methodist boarding school that described itself as a "practical expression" of the Methodist Church's concern for education, particularly for Māori and Pacific students, orphans and those from disadvantaged backgrounds.[279]

219. William was raised mostly by his grandparents as his father had passed away and his mother struggled with mental distress. His grandfather and social worker made the decisions for William to enrol at Wesley College. At Wesley College William, he endured serious physical violence by older students and described the school as having a culture of violence.[280]

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273 Tamasese, T, Parsons, T, King, P & Waldegrave, C, A qualitative investigation into Pacific families, communities and organisations social and economic contribution to Pacific migrant settlement outcomes in New Zealand (Family Centre Pacific Section and the Social Policy Research Unit, n.d., page 49).
274 Royal Commission of Inquiry into Abuse in Care engagement, survivor from Inati Organisation, Ōtepoti (1 July 2022, page 1).
275 Royal Commission of Inquiry into Abuse in Care engagement, survivor from Inati Organisation, Ōtepoti (1 July 2022, pages 3–4).
276 Royal Commission of Inquiry into Abuse in Care engagement, survivor from Inati Organisation, Ōtepoti (1 July 2022, page 3).
277 Royal Commission of Inquiry into Abuse in Care engagement, survivor from Inati Organisation, Ōtepoti (1 July 2022, page 2).
278 Swain, P, and Ulu, A, Rethinking Tokelau education: Tokelau and the role of New Zealand volunteers, July 2000–June 2010 (Volunteer Services abroad, 2010, page 6).
279 Wesley College, Reflections on the history of Wesley College (1 July 2004, page 2).
280 Witness statement of William Wilson (6 July 2021, pages 27 and 31).

Ngā ara ki te taurimatanga ā-whakapono
Pathways to pastoral care

220. Pastoral care was provided by the Catholic, Anglican, Methodist, Presbyterian, Plymouth Brethren and Gloriavale Christian Community.

221. For some survivors, faith-based care occurred in the context of a pastoral relationship with someone in a position of responsibility who provided spiritual guidance.[281] The pathway to pastoral care was often through the religious affiliation of survivors' families and the inherent trust, conferral of authority and status given to those in positions of authority. Where a pastoral relationship is related to the faith-based institution's work or is enabled through the institution's conferral of authority, a child, young person, or adult may be said to be in the care of the faith-based institution.[282]

222. Irish / Asian survivor Anne Hill, who was sexually abused by Catholic Father Michael Shirres from 4 to 12 years old, originally attended the parish in Blockhouse Bay, near Hillsborough in Tāmaki Makaurau Auckland, along with her family. Father Michael Shirres had recently arrived back from Australia and was based at the parish:

> *"He ingratiated himself into our family and he could hear my parents' confessions. He and my mother were learning beginners' Māori. My mother thought it was wonderful and was so pleased that a priest was paying attention to her. My mother was very vulnerable at that point in her life. We had no friends or relatives here."*[283]

223. Pākehā survivor Ms C first met Anglican vicar Stephen Brooker in 1970 when she was about 11 years old, after he suggested to her mother that she attend confirmation classes at the Anglican Porirua Church.[284]

> *"I began attending the youth group which was a very good experience for me. I felt accepted by the group and was made to feel very special by Stephen Brooker. I was the youngest child by four years in a family of four and felt quite isolated amidst my older teenage siblings. Stephen Brooker's warmth and positive affirmation of me was very important for me at this stage of my life."*[285]

224. Stephen Brooker spent months grooming Ms C after she entered his pastoral care. This was accepted by her parents who trusted him because he was a vicar.[286] Ms C had long talks with the vicar within the youth group and alone at his home, and he went on to sexually abuse her.[287]

281 Witness statements of Ms C (21 September 2020, pages 1–2) and Mr OV (25 January 2021, page 3).
282 Royal Commission of Inquiry into Abuse in Care, Minute 16: Faith-based care (31 January 2022, paras 15–16).
283 Witness statement of Anne Hill (28 September 2020, pages 2–3, paras 1.11–2.1).
284 Witness statement of Ms C (21 September 2020, para 5).
285 Witness statement of Ms C (21 September 2020, paras 6–7).
286 Witness statement of Ms C (21 September 2020, para 8).
287 Witness statement of Ms C (21 September 2020, para 11).

225. Pacific survivors spoke about how religion and culture were so interwoven that families would willingly open their homes to members of the church and clergy and enrol their children in religious schools.[288]

226. At the Inquiry's Faith-based Institutions Response Hearing, the Bishop of Auckland, Bishop Steve Lowe, acknowledged that the way that priests are highly regarded by not just Pacific communities, but other cultures as well within the Catholic Church, has sometimes been damaging and needs to change.[289]

227. The Inquiry has also seen specific examples of abusers' 'calculated and predatory' exploitation of certain communities in the context of their pastoral care.[290] Brother McGrath targeted tamariki and rangatahi Māori and Pacific children and young people, as well as their wider communities, while he was at Hebron Trust in Ōtautahi Christchurch.[291]

Ngā ara ki Gloriavale
Pathways into Gloriavale

228. Families joined Gloriavale and many children have been born into the religious community.[292]

229. Māori survivor Ms SU (Ngāi Tahu) told the Inquiry her grandmother joined Gloriavale which resulted in subsequent generations being born there:

> *"My maternal grandmother joined the Church in Springbank, Oxford with her six children after she became a widow. My mother grew up in Gloriavale."*[293]

230. Māori survivor, Hilton Green (Ngāti Porou) told the Inquiry that the founder Hopeful Christian visited his recently widowed mother to persuade her to join the community. Within a couple of years, Hopeful had convinced her to sell the family home and wedding ring with all proceeds going to the Gloriavale community.[294]

288 Tamasese, T, Parsons, T, King, P & Waldegrave, C, A qualitative investigation into Pacific families, communities and organisations social and economic contribution to Pacific migrant settlement outcomes in New Zealand (Family Centre Pacific Section and the Social Policy Research Unit, n.d., pages 68–69); for examples of survivor voice see Witness statements of Ms CU (10 June 2021, para 16) and Rūpene Amato (16 July 2021, pages 5–6).
289 Transcript of evidence of Bishop Steve Lowe on behalf of the bishops and congregational leaders of the Catholic Church in Aotearoa New Zealand at the Inquiry's Faith-based Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 17 October 2022, page 211).
290 Royal Commission of Inquiry into Abuse in Care, Stolen lives, marked souls: The inquiry into the Order of the Brothers of St John of God at Marylands School and Hebron Trust (2023, page 332, para 43).
291 Royal Commission of Inquiry into Abuse in Care, Stolen lives, marked souls: The inquiry into the Order of the Brothers of St John of God at Marylands School and Hebron Trust (2023, page 332, para 43).
292 Witness statements of Ms KM (10 June 2021, page 2); David Ready (8 May 2021, page 2) and Ms SU (2 June 2021, page 2).
293 Witness statement of Ms SU (2 June 2021, page 2).
294 Witness statement of Hilton Green (13 May 2022, page 3, para 32).

I whāiti ngā ara ki ngā taurimatanga ā-whakapono mō ngā tāngata hauā
Limited pathways into faith-based care for disabled people

231. Outside the family, the care of disabled people remained overwhelmingly the domain of the State.[295] Comparatively few faith-based institutions for disabled people existed.

232. Faith-based children's homes focused almost entirely on the care of developmentally 'normal' children. As a 1942 study noted, very few church homes catered for physically disabled children or children with learning disabilities.[296] Some faith-based orphanages had discriminatory admission policies specifically barring disabled children and young people from entry.[297]

233. The State strongly favoured running its own facilities, taking the position in 1954 that privately run institutions for intellectually disabled children should not be offered subsidies. [298]

234. Nonetheless some private[299] and faith-based organisations also opened residential homes for disabled people. Mother Mary Joseph Aubert established a Catholic Order, the Daughters of our Lady of Compassion in 1892.[300] Mary Aubert established the St Joseph's Home for 'incurables' in Te Aro, Wellington, that provided residential care for those "suffering from chronic and degenerative conditions".[301] The Catholic order describes Te Aro homes as "New Zealand's first home for permanently disabled people".[302] Later in 1907, the Catholic order established a larger institution in Island Bay, Wellington, that provided care for children of working mothers and disabled children.[303]

295 Moore, A & Tennant, M, Who is responsible for the provision of support services for people with disabilities? A report commissioned by the National Advisory Committee on Health and Disability (1997, page 12).
296 Mathew, HC, The institutional care of dependent children (New Zealand Council for Educational Research, 1942, page 63).
297 Mathew, HC, The institutional care of dependent children (New Zealand Council for Educational Research, 1942, page 83).
298 Memorandum from Minister of Health JR Marshall and Minister of Education RM Algie to Cabinet regarding intellectually handicapped children, ref CP (54) 588 (29 July 1954, page 4).
299 Private institutions like Hōhepa Homes in Hawke's Bay, which opened its first residential services in 1956; National Advisory Committee on Health and Disability, To have an 'ordinary' life: Kia whai oranga 'noa': Background papers to inform the National Advisory Committee on Health and Disability (2004, page 30).
300 Ross, K, January 1900 – This month last century (Te Papa Tongarewa | Museum of New Zealand, 30 January 2013), https://blog.tepapa.govt.nz/2013/01/30/january-1900-this-month-last-century/.
301 Tennant, M, Aubert, Mary Joseph, Dictionary of New Zealand Biography (Te Ara – The Encyclopaedia of New Zealand, first published in 1993), https://teara.govt.nz/en/biographies/2a18/aubert-mary-joseph.
302 Compassion Te Pūaroha website, History of Our Lady's Home of Compassion (accessed 8 January 2024), https://compassion.org.nz/our-places/our-ladys-home-of-compassion/history-of-our-ladys-home-of-compassion.
303 Tennant, M, Aubert, Mary Joseph, Dictionary of New Zealand Biography (Te Ara – The Encyclopaedia of New Zealand, first published in 1993), https://teara.govt.nz/en/biographies/2a18/aubert-mary-joseph.

235. NZ European survivor Mr DL, who had learning difficulties as a child, described the multiple settings he was in, including the St Raphaelo's Home of Compassion School in Taratahi Carterton and Marylands School in Ōtautahi Christchurch:

"I was attending Carterton Primary School but had learning difficulties and was transferred to a school run by the local Sisters at the Home of Compassion. The reason I was moved to the Home of Compassion School was because I was a slow learner and was hyperactive. The Sisters at the Home of Compassion had recommended Marylands School for me. I had continued to be disruptive, and it was felt that I needed more intense training."[304]

236. Sandra Allwood who was a State ward and assessed as having a learning disability,[305] was placed at St Raphael's Home of Compassion in Taratahi Carterton from Levin Hospital in 1976 when she was 11 years old.[306] She remained there for about a year, although during that time she was repeatedly transferred to Porirua Hospital (a psychiatric facility) as St Raphael's was unable to cope with her violent outbursts.[307]

237. St Dominic's School for the Deaf was a Catholic school in Aorangi Feilding. Deaf, NZ European survivor Jarrod Burrell grew up in a hearing family after his birth in 1979. At 4 years old Jarrod's family relocated from New Plymouth to Feilding and enrolled him in St Dominic's as a day student after a nun recommended the school to his parents. Jarrod's parents were not Catholic but wanted him to be in an environment where he was surrounded by other Deaf children.[308]

304 Police statement of Mr DL (2002, pages 1–2).
305 Department of Social Welfare, Individual file: Sandra Allwood (1965, pages 63, 107).
306 Department of Social Welfare, Individual file: Sandra Allwood (1965, page 105).
307 Department of Social Welfare, Individual file: Sandra Allwood (1965, pages 65 and 68).
308 Witness statement of Jarrod Burrell (9 August 2021, page 1).

Ngā whakataunga mō ngā ara ki ngā taurimatanga ā-whakapono
Conclusions on the pathways into faith-based care

238. A large proportion of children and young people entered into faith-based care settings through voluntary placement from their families, particularly for faith-based welfare residential care, faith-based education, and pastoral care.

239. Whānau voluntarily placed their children and young people into faith-based institutions as a form of respite, due to distress and financial difficulties and placed their children into faith-based schools in the hopes they would receive higher quality education. Children, young people and adults in care formed pastoral care relationships with faith leaders who had authority and / or power, and whose relationship with the children, young person or adult in care, related to the institution's work or enabled through the faith's conferral of authority.

240. For some survivors, such as Pacific survivors, their whānau were part of a much wider community where religion was part of their everyday life and culture. This contributed to survivors entering into and accessing faith-based care.

241. This was a similar case for tamariki and rangatahi Māori who were voluntarily placed into faith-based boarding schools for Māori. Many were placed into boarding schools in the hopes that they would have access to their culture. Some also had familial and intergenerational ties to a particular faith and school. Scholarships were also available for Māori and Pacific children and young people to enter into specific faith-based schools, contributing to entries – these were provided by the State, faiths and iwi to students that met certain criteria to ensure they received secondary education that otherwise would be denied to them.

242. In other cases, children and young people were required by the State to enter into faith-based care such as faith-based welfare residential care and faith-based education. Many State wards were placed into faith-based care, especially foster care, due to over-crowding in State-based social welfare care options. Similarly, the State also placed Māori State wards into faith-based boarding schools for Māori as a response to limited capacity of social welfare institutions.

243. For Gloriavale, the pathway into care was a result of being born into, or having their families join the church.

244. Faith-based care for people with disabilities was limited over the Inquiry period. There was a small number of faith-based institutions, including welfare residential care, and schools that provided care for disabled children, young people and adults.

"Everyone has had to deal with his abuse in their own ways"

MS NI
Māori, Pākehā

Ms NI

Hometown: Ahuriri Napier	**Age when entered care:** 11 years old
Year of birth: 1963	**Time in care:** 1974 – 1976
Type of care facility: Faith-based institution: Church youth group – Presbyterian.	
Ethnicity: Māori and Pākehā	
Whānau background: Ms NI has one sister and two brothers, one of whom is adopted. Ms NI's mother was adopted and was a State ward.	
Currently: Ms NI is close with her three children.	

Mum and Dad were both involved in the church. Mum was an elder and Dad was one of the managers. Mum was more on the faith-based side of it, while Dad mostly did practical things like maintenance. We were closely involved with the people at church, both ministers and their families, and with others who went to church. So, I spent a lot of time at and around church growing up.

My parents had a hypocritical lifestyle – on one hand, they were quite involved in the church and the school, but on the other hand, they lived a somewhat alternative lifestyle, and as a family we were members of the Sun Club. My parents took my younger brothers to festivals, and alcohol and parties on Saturday nights which was followed by church on Sunday. It didn't make sense to my developing mind.

I was in my last year at primary school when there was a new minister appointed at our Presbyterian parish. He was a bit different to other priests – he didn't wear a clerical collar, and he dressed as a clown for the school gala. The minister started a youth group, which our church hadn't had before, and we started going on youth group camps. The minister would pick the kids who went on the camps, so we felt like we were lucky if we were chosen to go.

I didn't have particularly close friends at school, and we didn't have nearby neighbours, so our family was a bit physically isolated. It made it hard for me to feel like I belonged and to make friends. I was also a bit of a cry baby, easily upset, and a bit of a sook. I was vulnerable to any attention of being made to feel included and special.

I drifted between groups of people, and it was easy to be isolated physically from others. The minister would send children off to do different activities, so I often found myself only with him, or with only a couple of other kids around. The street lighting in the area and the lighting in the halls wasn't that bright – there were darker areas.

There was sexual abuse in the youth group and on the camps and outings. The abuse I experienced was inappropriate touching, inappropriate nudity, and encouragement of us to explore sexually with our peers. The minister touched my body all over, including under my clothes and around my breasts and vagina. He also made me touch his penis. He would take opportunities when we were isolated. The abuse happened at church, in my home, at youth group camps and outings, in the transport used for youth group and at church events. He'd isolate you but make you feel special that you were being chosen to be with him.

There was this undercurrent of inappropriate touching and open nudity on the camps and at youth group. We were encouraged to skinny dip and there would be 'accidental' touching underwater. The minister would change in front of us without any attempt at modesty and encouraged us to do the same, both in front of him and in front of each other. Promiscuity was encouraged but also a secret.

There was so little supervision by the church. Our parents trusted the minister to look after us because he was a minister, and also because he had kids and a wife.

My mother once witnessed him touching me in our home. We regularly had the ministers or their families at our home for meetings and other things. Mum came into the kitchen one day when he was touching me, but she didn't say anything in the moment. After he left, she challenged me, "Were you letting him touch you?" I said 'no' because I wasn't 'letting' him. I didn't have a choice in it. I thought if I said 'yes', then I'd be in trouble for 'letting' him touch me.

A local school principal somehow got wind of what was going on, and about six or eight of us ended up making statements at the police station. It should've been a headline story – there were so many people impacted by the minister's abuse that it should've been made public and been stopped. But nothing went any further than that trip to the police station. The touching continued to happen. It only stopped when the minister moved on to another church when I was in third or fourth form. By then, the damage was done.

My mother was interviewed by the police about it, and they showed her my statement. She told police she had asked me if he had been touching me in the kitchen at our house and I'd said "No, nothing was happening". She told the police that what was written in my statement was obviously a lie. A little girl never forgets the betrayal of her mother.

Mum was an elder at the church and part of those who appointed and monitored the minister. She would've been involved in him getting and keeping his job. She saw what he was doing to me in the kitchen, in my home where I should have been the safest. I don't know how she could have defended him and made me out to be a liar – she had seen it with her own eyes.

I've made some poor decisions and done some Bonnie and Clyde stuff I'm not proud of. I've been lucky to get through life without a criminal record. I've taken a lot of risks where things could have gone really wrong, not just for me but for my children also. There are skeletons in my closet I need to keep hidden.

If it weren't for the breakdown of my relationship with my family caused by what the minister did, I wouldn't be living with depression, anxiety, complex post-traumatic stress disorder and imposter syndrome, controlled only by medication. My career stability and educational outcomes at school could have meant that my life journey would have been quite different. Economically I've missed the boat, and I'll need to work into my 70s. I've used alcohol heavily over the years, and I've had periods of cannabis use as well as prescription medication. I attempted to take my own life a couple of times in my teen years.

The grooming and touching really influenced me as a teenager and later in life. I didn't value my body, and I'd be intimate with anyone who would pay me attention. For a time, I worked as a high-class sex worker, because I needed money.

Everyone has had to deal with the minister's abuse in their own ways.

After having my three kids, I decided I needed to knuckle down for them to have a better chance at life than I had. I went to polytech, got a diploma and got a job, and bought a house. I kept a close eye on my kids – they rarely went anywhere when I wasn't with them, and it was like me and them against the world. We're still close.

My relationship with my mother went pear-shaped in my teen years. I believe that me being sexually assaulted touched a nerve for her – it was hard for her to face it or deal with it, because until recently she believed she had been conceived because of a sexual assault. She was abandoned before she was two years old and made a ward of the State. She was in and out of foster care before being adopted at around 3 or 4 years old. Her birth mother went on to have several children to multiple fathers, and her birth father was in and out of prison and psychiatric units for his whole life – I think he was locked up to prevent him using his cultural practices. He died in prison the year I was born, and Mum never got to meet him. My son has done a lot of whakapapa research, and we are slowly reconnecting with our iwi, hapū and marae.

Mum not accepting that I was a victim has just made it impossible for me to connect with her. A lot of what I do to keep a relationship with her, I do resentfully. Over the years she stayed good friends with the minister and his wife, even after they left Napier. She once wanted to take my two girls to visit them when we were travelling past their place on the way to the South Island together. Another time she asked me to come to her house and prepare a dinner for some 'surprise' guests they had coming. I did this often, and the children and I stayed and had a meal as well, so it wasn't an unusual request. But I discovered it was the minister and his wife coming to dinner, so I took my kids and left before they got there. Some sick kind of surprise. Mum has never accepted that I was one of the minister's victims, and her not believing me is a real cloud over our relationship.

Over the years I have dreamt about confronting him directly, but I never did. By the time I realised I could, it was too late, and he had died. There are institutional structures that have protected the perpetrators of abuse and shattered the lives of their victims in the process. Churches need to acknowledge their part and do better, much better than just putting fancy words on their websites.[309]

309 Witness statement of Ms NI (28 April 2022).

"Our parents trusted the Minister to look after us because he was a minister, and also because he had kids and a wife."

MS NI
Māori, Pākeha

"Perpetrators are forgiven, and victims are required to forgive"

FAITHFUL DISCIPLE
NZ European

Faithful Disciple

Hometown: Cust, Haupiri Valley, Mayfield

Age when entered care: From birth

Year of birth: 1986

Time in care: 1986 – 2021

Type of care facility: Faith-based communities – Springbank, Gloriavale

Ethnicity: NZ European

Whānau background: Faithful is the sixth of 10 children. His father passed away at Gloriavale and his mother and eight of his siblings still live there.

Currently: Faithful and his wife live with their eight children in Canterbury, where he is employed as a farm manager. They homeschool their children and have settled into their new life.

I lived, learned, worshipped and worked in the Springbank and Gloriavale Christian communities until I was 35.

I have personally been subject to, witnessed or learned from trusted sources about abuse and neglect in the community.

In the community, every aspect of your life is controlled. Leaders exercise complete power and demand submission and subjugation. Their power is ordained by God, which opens the opportunity for broad-ranging neglect and abuse.

My mother's family joined the community when she was 14, and she still lives there. My father joined when he was 18. He briefly left before I was born and was only allowed to return if he did not set a foot wrong. He spent his whole life trying to prove his loyalty and worked long hours.

The community's class system means that if anything goes wrong, blame is first placed on those who have left, then those lower in the hierarchy, such as children, women and troublemakers. Life there does not build self-esteem or confidence. It is based on systemic and institutionalised bullying, where perpetrators are forgiven, and victims are required to forgive.

The community is guided by core principles, and leaders have clear discretion to interpret or reinterpret these principles how they wish. Changes are presented as being from a divine source and above question, even when they make no sense. The principle of unity supports living in communal dwellings. At one point, we shared a space with 11 other large families, with only partial plywood partitions between us. There was no privacy.

Living in such close quarters, children regularly see and hear their parents having sex and this is considered normal and healthy. Sex is also a common topic of conversation and frequently preached about, including stories of leaders' own sex lives. I clearly recall the leader, Hopeful Christian, telling fathers to teach their boys how to masturbate and mothers to teach their boys how women orgasmed.

The community values education because it produces compliant and productive workers. Leaders control the curriculum, which is 'one size fits all'. At preschool, teachers often used humiliation as a discipline tool. Beatings in primary and secondary school were sometimes public. When I was at high school, I learned nothing, doing the same math in grade nine that I did in grade six. And although children 'formally' leave school at 16, school-based learning stops at 15.

At school, I remember getting hidings and the principal's physical, spiritual and psychological abuse. At primary school, he made us write notes identifying classmates who had to led us to do bad things. He then wrote the name of each child identified on a chart he hung in the hall. If those named tried to defend themselves, this was evidence of their guilt. This reiterated the community's focus on surveillance, which means members do not seek support from each other in case they are reported on.

Hard work was a requirement. I can't remember my mother ever telling me I was good at anything or that she loved me – I was only ever congratulated for how hard and how long I worked.

At 5 years old, we worked outside cleaning dry moss for about an hour each school day. From 6 years old, boys started work on the dairy farms, in the gardens or the community's commercial arms and would get a hiding if they were not there by 1.30pm. We did this for three hours a day, six days a week. By 9 years old, I was also working Sunday mornings and afternoons at the dairy farm. By 10 years old, I was milking one morning from 4.30am. By 11 years old, this was two mornings and by 12 years old, it was three. I recall that I was working more than 30 hours a week, as well as attending school.

When I finished school at 15 years old, I went to work in the moss plant, then got moved to the dairy farm. The primary form of discipline was the sheer volume of physical effort expected. I started work at 4.30am six days a week and worked until everything was done, often 2am. During calving, I often worked 120 hours a week.

Leaders insisted on doing everything in-house, even when not safe, efficient or economical, and bought cheap tools and equipment. I now have significant hearing loss because I was denied and mocked when I requested earmuffs, despite working with loud tractors.

There were no days off and we were not paid for our work – it was compensation for the cost of housing and feeding us.

At 20 years old, I wanted to get married. My father sent me to Hopeful, who gave me a list of names and had me fast and pray for three days. When I told him who I had chosen, he said I was wrong and chose my now wife for me instead. We had gone to school together, but I barely remembered her. We were married three and half weeks later, having spent no time alone together. In our first 14 years together, we hurt each other because our expectations did not align. But separation and divorce do not happen in the community, despite there being some very unhappy and even abusive marriages.

The sole source of growth in the community is procreation, and married couples face immediate pressure to have large families. However, adults are also supposed to focus on working hard – my wife faced considerable criticism for working from home to spend time with some of our babies.

In the community, children's disobedience reflects on the family. This encourages and rewards strong and visible control and punishments. Abuse was so normalised that I remember my father as the kindest, gentlest man whose physical discipline was the minimum he could get away with. However, he would use a leather belt to give us hidings and sometimes a wooden bed slat.

You need a strong will to leave the community because you face insurmountable barriers, such as no money, employment or accommodation. Any remaining family will be treated poorly, and any future communication with them will be difficult or non-existent. You also lose the salvation you spent your whole life working for.

When I was sent to other farms on sharemilking arrangements, I became aware of alternative opinions and began to think independently. My workmates and I would listen to audio sermons and discuss the Bible without a leader present, which is forbidden in the community.

Around 2015 and 2016, the leaders realised some people had been listening to sermons, and that my brother-in-law had written a book about parenting. They blamed my wife and me for being involved with the book and burned all physical copies, as well as many of the religious books in the community library.

In May 2018 I was badly burned in an accident. I was exhausted as I was working full-time as the main plant operator, full time as a boiler attendant (with no training) and part-time as a compost manager. I had third-degree burns and could not walk but was pressured to start work again within four weeks.

In 2020, an NZ Police investigation concluded sexual abuse among boys in the community was systemic, generational and cyclical. As a result, the community had to instigate the START programme, which consists of intervention, counselling and support around sexual violence. This programme made me realise events in my childhood were not normal, that there was other abuse, and trauma could affect you for life. However, the leaders called a meeting, and blamed parents for the problems with their children. A friend stood up and said we needed to change. I backed him and afterwards people said they agreed with us. But the leaders went on a witch hunt against us, and I had to accept nothing would change.

In 2021, I became involved in the first of the civil cases against the community trustees. I stood up with my friends outside the courthouse. There were television cameras there and I was seen. When I got back to the Community I was pulled into a Servants and Shepherds meeting where all of the men in the Community were invited to attend and to abuse me and my friends. After this, my health and wellbeing deteriorated rapidly. I knew the leaders would come after me.

My wife and I started to talk about leaving again. She brought a computer home from work, and we watched YouTube and TedX talks. I realised the community worked the same way as other cults do, and that I had been fed lies my entire life.

I eventually became so run down that my wife booked me in to see a doctor. I borrowed a vehicle from a friend outside the community, and my wife and the children came away with me for the weekend. During that time, I saw the doctor, who said I was two steps away from death, and we spoke to former community members. Taking strength from this, my wife agreed we could leave. We went back under cover of darkness to clean out our room. The leaders saw our light and sent Loving's mother to talk to her, but she stayed firm.

We left the community in May 2021 and settled in Mayfield, where I work, and we homeschool our children. I am now trying to work out who I was before I was replaced with who they wanted me to be.

I have learned more about my wife since we left, and our relationship has improved. I am allowed to be nice to her now – I was afraid to before because I would have been accused of pampering to the flesh.

I have become a hands-on father, and my children know they can achieve if they work for it. I used to discourage this because I did not want to set them up to fail.

I want to ensure no one else suffers and that the leaders are held accountable for the harm they have caused or have allowed to occur. I propose change, undertaken by people the community trusts, in consultation with the community. I also seek some sort of financial compensation for the opportunities I have lost as a direct result of not being paid during my working life at the community.[310]

310 Witness statement of Faithful Disciple (November 2022).

"I recall other parents whose doctors recommended they take their child to Templeton then go away and carry on with their life. Doctors were considered God-like in those days, so that's what the parents did."

BILL MCELHINNEY
sent his son to Templeton

Ūpoko | Chapter 4
Ngā ara ki te taurimatanga mō te hunga Turi, kāpō, whaikaha hoki
Circumstances that led Deaf and disabled people to enter care

245. This chapter expands on the pathways into disability care settings. It covers large scale institutions, such as psychopaedic hospitals, smaller scale care and support settings and services, and certain education settings such as special schools and schools for Deaf and disabled children and young people.

246. The Inquiry heard from 158 survivors whose first entries into care were either Deaf or disability settings, including special schools. Twenty-three percent of these survivors were voluntarily placed in the setting by their parents. This was often due to parents not being supported to manage and care for their child, or parents experiencing mental distress. Some survivors also spoke about being unwanted by their parents.[311] A further 21 percent of these survivors indicated they were placed in care because authorities recommended it to their whānau as the best option, or their whānau felt like they had no other options.[312]

247. Of the 158 registered survivors, 34 percent were taken into care by the State due to unsafe home environments including abuse at home, parental neglect, and troubled behaviour.[313]

248. This chapter considers the State's policies about entry into disability settings, the influence of medical professionals, and the lack of alternative care or support options for whānau.

311 DOT Loves Data, Analysis of pathways into care counts (Royal Commission of Inquiry into Abuse in Care, 2023).
312 DOT Loves Data, Analysis of pathways into care counts (Royal Commission of Inquiry into Abuse in Care, 2023).
313 DOT Loves Data, Analysis of pathways into care counts (Royal Commission of Inquiry into Abuse in Care, 2023).

Ko te hāpai toiora i ārahi i te tūāpapa o te kaupapahere whakanoho a te Karauna
Ableism led to the State's institutionalisation policy

249. From the 1950s to the 1970s, the State pursued a policy of segregated, often large-scale, institutional care for disabled people.[314] It often involved being placed into large-scale residential facilities. From 1952 to 1972, the number of beds in psychopaedic hospitals increased from 549 to 2,017.[315] The 1953 Aitken Report recommended large-scale residential institutions, which could accommodate 400–500 children from the 5 years old, as the best model of care for children with learning disabilities.[316] This was despite international best practice that identified community care as the best model, and opposition from parent groups. .

250. The types of residential institutions where Deaf and disabled people were placed included psychopaedic and psychiatric hospitals, specialist wards in general hospitals, education settings such as special schools and residential schools and occupational training centres.[317]

251. Disabled people were often identified as disabled at a young age. During the Inquiry period, the Mental Defectives Act 1911, Mental Health Amendment Act 1954 and the Mental Health Act 1969 classified different types of learning disability and some long-term health conditions. Social attitudes contributed to disabled people being considered less valuable than other people.[318] For tāngata whaikaha Māori and tāngata Turi Māori, this was further compounded by racism.

314 Mental Health Amendment Act 1954 (1954 No 66).
315 Hutchinson, C, Cropper, J, Henley, W, Turnbull, J & Williams, I, Services for the mentally handicapped: Third report of the Royal Commission of Inquiry into Hospital and related services (The Royal Commission of Inquiry into Hospital and related services, 1973, page 14).
316 Kaiwai, H & Allport, T, Māori with disabilities (Part two): Report commissioned by the Waitangi Tribunal for the Health Services and Outcomes Inquiry (Wai 2575), (Waitangi Tribunal, 2019, pages 27–28); Tennant, M, The fabric of welfare: Voluntary organisations, government, and welfare in New Zealand 1840–2005 (Bridget William Books, 2007, page 156).
317 Kaiwai, H & Allport, T, Māori with disabilities (Part two): Report commissioned by the Waitangi Tribunal for the Health Services and Outcomes Inquiry (Wai 2575), (Waitangi Tribunal, 2019, page 28).
318 Royal Commission of Inquiry into Abuse in Care, He Purapura Ora, he Māra Tipu: From Redress to Puretumu Torowhānui, Volume 1 (2021, page 40).

252. Medical professionals told parents that it was in their and their disabled child's best interests that they be placed in a residential facility that offered specialised care. Sometimes this occurred as soon as the child was born.[319] Advice was often based on beliefs that the disabled child was inferior to others and did not need to be included in society. Parents were told raising a disabled child would be a waste of the parent's time and energy and that non-disabled children in the family would suffer if their disabled sibling was cared for at home.[320]

253. Other authorities such as NZ Police could also influence parents' decision to place their child into care. The parents of Pākehā survivor Terry Le Compte, who lives with a learning disability, were threatened by NZ Police that if they did not admit their son to Sunnyside Hospital in Ōtautahi Christchurch, further action would be taken in relation to his "use of indecent language" and Terry "being difficult to manage".[321]

254. Disabled people or people experiencing mental distress could be committed into hospital settings if they were considered by medical professionals and a judicial officer to require care and treatment for reasons related to their own self care, their personal safety or the safety of others.[322] Clinical psychologist Dr Olive Webb, who worked at Sunnyside Hospital from 1970 to 1993, gave evidence at the Inquiry's Ūhia te Māramatanga Disability, Deaf and Mental Health Institutional Care Hearing, saying:

> *"Prior to [the 1970s], you could be formally committed to care if you were unable to live independently and make decisions about your life, and that was the legislation that enabled people to be committed or formally admitted to the psychopaedic hospitals, and in early years to Sunnyside Hospital, people with intellectual – learning disabilities."*[323]

319 Swarbrick, N, Care and carers: Care of people with disabilities (Te Ara – The Encylopedia of New Zealand, 2011), https://teara.govt.nz/en/care-and-carers/page-4; Aitken, RS, Caughley, JG, Lopdell, FC, McLeod, GL, Robertson, JM, Tothill, GM & Hull, DN, Intellectually handicapped children report: Report of the consultative committee set up by the Minister of Education in August 1951 (Department of Education, 1953, paras 6, 7, 25, 40, 46); Witness statement of Sally Champion (23 August 2022, page 2, para 5).

320 Kaiwai, H & Allport, T, Māori with disabilities (Part two): Report commissioned by the Waitangi Tribunal for the Health Services and Outcomes Inquiry (Wai 2575), (Waitangi Tribunal, 2019, page 28).

321 Witness statement of Judy McArdle (9 October 2020, para 3.1.1).

322 Mental Defectives Act 1911, section 2; Mental Health Act 1969, sections 2, 19, 22 / 24; Mental Health (Compulsory Assessment and Treatment) Act 1992, section 2.

323 Transcript of evidence of Dr Olive Webb at the Inquiry's Ūhia te Māramatanga Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 13 July 2022, page 203).

255. At the Inquiry's State Institutional Response Hearing, the State acknowledged that the 1973 Royal Commission into Hospital and related services found that the Crown's policy of institutionalisation was inconsistent with international best practice.[324] From as early as the 1950s, groups were lobbying for community support as the best practice for caring for disabled people. Having engaged with international experts and the World Health Organisation from the late 1940s, the Intellectually Handicapped Children's Parents' Association[325] lobbied for community-based care and petitioned this in Parliament in 1950.[326] As discussed in Part 2, the 1959 Burns Report released by the Mental Deficiency Subcommittee of the New Zealand Branch of the British Medical Association also criticised the government's policy of institutionalisation and recommended community-based care.[327]

256. Overall, the State's preference for institutionalising Deaf and disabled people occurred within the context of colonisation and societal ideologies, including ableism, disablism, racism, eugenics-based thinking and individualism. Prior to colonisation, separation of children, young people and adults from their whānau and placing them in institutions would have been considered contrary to tikanga. These discriminatory attitudes were embedded in the policies and practices of the State.[328]

257. Placing people Deaf and disabled people into institutions led to a lifelong denial of personhood for many and being unable to realise their life potential or personal identity.[329]

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324 Hutchinson, C, Cropper, J, Henley, W, Turnbull, J & Williams, I, Services for the mentally handicapped: Third report of the Royal Commission of Inquiry into Hospital and related services (The Royal Commission of Inquiry into Hospital and related services, 1973).

325 The Intellectually Handicapped Children's Parent's Association (now called IHC) was founded in 1949 and advocated for schools and community facilities to keep their children out of institutions.

326 Millen, J, Breaking barriers: IHC's first 50 years (IHC New Zealand, 1999, pages 22–28).

327 Burns, C, The mental deficiency services: An analysis of existing policy and the community's requirements, (Mental Deficiency Sub-committee, British Medical Association, New Zealand Branch, 1959, pages 2 and 20–24).

328 Aitken, RS, Caughley, JG, Lopdell, FC, McLeod, GL, Robertson, JM, Tothill, GM & Hull, DN, Intellectually handicapped children report: Report of the consultative committee set up by the Minister of Education in August 1951 (Department of Education, 1953).

329 "Personhood or respect for personhood means respect for an individual's essence of being, freedom to make choices and have autonomy, freedom to love and be loved, to belong and to relate with others," as defined in Mirfin-Veitch, B, Tikao, K, Asaka, U, Tuisaula, E, Stace, H, Watene, FR & Frawley, P, Tell me about you: A life story approach to understanding disabled people's experiences in care (1950–1999), (Donald Beasley Institute, 2022, page 5).

Te korenga o ngā kāinga rua me ngā kōwhiringa tautoko mā ngā whānau o te hunga whaikaha
Lack of alternative care and support options for whānau of disabled people

258. It was common for medical professionals to place pressure on whānau, making it hard to act against their advice, particularly in the absence of alternative support or care options.[330] Whānau were often unsupported in their caregiving roles. Many schools would not accept children and young people with impairments, respite care was very limited and some parents had to give up work to provide care.[331] Caregivers also placed high levels of trust in authorities and professionals. NZ European parent of a survivor, Bill McElhinney, sent his son to Templeton Centre in Ōtautahi Christchurch because he was having seizures. Bill told the Inquiry about his experience with mainstream schooling:

"Normal schools couldn't deal with his medication and no other options were available. I recall other parents whose doctors recommended they take their child to Templeton then go away and carry on with their life. Doctors were considered God-like in those days, so that's what the parents did."[332]

259. Some survivors told the Inquiry that parental physical health issues or mental distress contributed to them being placed in a residential disability care setting.[333] NZ European survivor Ms SF was approximately 11 years old when she and her sibling were placed in Wilson Home in Tāmaki Makaurau Auckland in 1979 after her mother contracted meningitis.[334]

330 Witness statements of Dr Hilary Stace (2019, para 14) and Lusi Faiva, (15 June 2022, page 1); Hutchinson, C, Cropper, J, Henley, W, Turnbull, J & Williams, I, Services for the Mentally Handicapped: Third report of the Royal Commission of Inquiry into Hospital and related services (The Royal Commission of Inquiry into Hospital and related services, 1973).
331 Witness statement of Margaret Priest (28 January 2022, para 1.9); National Advisory Committee on Health and Disability, To have an 'ordinary' life: Kia whai oranga 'noa': Background papers to inform the National Advisory Committee on Health and Disability (2004, page 29); Mirfin-Veitch, B, Tikao, K, Asaka, U, Tuisaula, E, Stace, H, Watene, FR & Frawley, P, Tell me about you: A life story approach to understanding disabled people's experiences in care (1950–1999), (Donald Beasley Institute, 2022, page 107); Witness statements of Kylee Maloney (31 March 2022, para 2.43); Paula Waby (26 August 2022, paras 1.14, 1.15, 2.26) and Gary Williams (6 September 2022, para 1.11); Brief of evidence of Eddie Hokianga, Waitangi Tribunal (Wai 2575, #F28), (22 July 2022, para 13); Collective statement of Tāmaki Makaurau Whānau Hauā (September 2022 page 2); Witness statement of Anne Bell (16 May 2022, para 2.6); Timutimu-Thorpe, H, "Ngā tangi a te whānau: Raising a child who has a disability," in Ballard, K (ed), Disability, family, whānau and society (Dunmore Press, 1994, pages 95–116).
332 Witness statement of Bill McElhinney (3 March 2022, para 2.6).
333 Witness statements of Margaret Priest (28 January 2022, para 1.9) and Matthew Whiting (22 November 2021, paras 1.13 and 2.1).
334 Private session transcript of Ms SF (24 March 2021, page 5).

260. NZ European survivor Ms SS, who has an intellectual disability, told the Inquiry that in the mid-1960s, when she was about 9 years old, her mother had a 'nervous breakdown' and was unable to look after her.[335] Ms SS's parents subsequently placed her in Tokanui Hospital south of Te Awamutu, where she spent the next 10 years. At that point Ms SS moved into a group residential Intellectually Handicapped Children's Society (IHC) house.[336]

261. The Inquiry heard from siblings of disabled survivors who described their parents being driven to breaking point due to the lack of effective support to keep their disabled child at home.[337] Pākehā sister of a survivor, Anne Bell, whose sister has an intellectual disability, is blind, and has communication support needs was placed in the Kimberley Centre in Taitoko Levin. Anne described the lack of other alternative care options available to families, and the pressure their family faced from medical professionals:

> *"Sending children to institutions was very traumatic for families despite it being the only option for disabled children at the time. This was particularly so for people in rural communities. There was no playgroup, support, respite service; there was absolutely nothing. Families would receive medical advice to send their children away. I remember my mother telling me a story about how they went backwards and forwards to various specialists in Wellington. At one meeting the specialist used the cruel word 'idiot' to describe [my sister]. My mother said, while it was a terrible thing to say, it was what caused my father to realise that it wasn't going to get better and that perhaps Kimberley was the best option".*[338]

262. NZ European David Newman, a family member of a survivor who was diagnosed with an intellectual disability, autism, Tourette Syndrome, obsessive compulsive disorder and bipolar disorder told the Inquiry that his brother needed a lot of support and constant attention every day:

> *"He was demanding in his own way, that essentially fell to Mum and Dad".*[339]

263. Before his brother was placed in institutional care, David remembers the stressful situations at home, such as his brother constantly flooding the house and running away, sometimes onto main roads where he would disrupt traffic.[340]

335 Witness statement of Ms SS (23 November 2021, paras 3.1–3.3).
336 Witness statement of Ms SS (23 November 2021, paras 3.1–3.3).
337 Witness statements of Anne Bell (16 May 2022, paras 2.2–2.3) and David Newman (18 February 2022, para 5.4).
338 Witness statement of Anne Bell (16 May 2022, paras 2.2–2.3).
339 Witness statement of David Newman (18 February 2022, para 2.13).
340 Witness statement of David Newman (18 February 2022, paras 2.12 and 2.14).

Nā te hāpai toiora i hua ai ngā paearu whakauru ki ngā kura motuhake me ngā kura mō te hunga Turi me te hunga whaikaha
Ableism created conditions for entry into special schools and schools for Deaf and disabled

264. The Education Act 1964 continued provisions that led to segregation and discrimination of Deaf and disabled children. The Act provided "every child of school age who is suffering from disability of body and mind"[341] with alternative education pathways, where mainstream schools may not have provided suitable education that could meet their needs.

265. Children and young people, particularly disabled children and young people, often came to the attention of State authorities for assessment via mainstream schools, including school nurses.[342] Assessment and classification of children and young people could trigger enrolment into a special school or into an occupation centre.[343] Occupation centres, opened by education authorities in each of the main centres from the 1940s, provided day programmes for children with learning disabilities judged unlikely to benefit from other education programmes.[344]

266. The Department of Education's special schools, like Waimakoia Residential School in Tāmaki Makaurau Auckland, McKenzie Residential School in Ōtautahi Christchurch, Campbell Park School in Ōtākou Otago, and Salisbury School in Whakatū Nelson, took referrals for children and young people, including State wards, through the department's Psychological Service or Child Welfare Division.[345] Māori survivors Tanya and Gina Sammons (Ngāti Kura), along with their sister Alva, were taken into care at a very young age and raised by a foster family, where they were physically, psychologically and sexually abused.[346] In 1988, at the age of 14, Alva was referred to Salisbury School. Alva's social welfare file noted that her foster family led "a fairly transient lifestyle" and that the children had attended many schools. Alva developed behavioural problems that gradually got worse. Alva was at Sailsbury School for two years. She took her own life at the age of 26.[347]

341 Education Act 1964, sections 113–114.
342 Appendix to the witness statement of Tyrone Marks (5 March 2001, pages 1–2); Psychology Service Report of a survivor from the Department of Education (Department of Education, 18 February 1981, pages 1–2).
343 Department of Education, Child welfare: State care of children, special schools, and infant-life protection report (1958, para 20); Aitken, RS, Caughley, JG, Lopdell, FC, McLeod, GL, Robertson, JM, Tothill, GM & Hull, DN, Intellectually handicapped children report: Report of the consultative committee set up by the Minister of Education in August 1951 (Department of Education, 1953, pages 10–11); Education Act 1914, section 127; Education Act 1964, No 135, section 144; Education Act 1989, section 9.
344 Department of Education, Child welfare: State care of children, special schools, and infant-life protection report (1958, page 2); Aitken, RS, Caughley, JG, Lopdell, FC, McLeod, GL, Robertson, JM, Tothill, GM & Hull, DN, Intellectually handicapped children report: Report of the consultative committee set up by the Minister of Education in August 1951 (Department of Education, 1953, pages 10–15).
345 Witness statement of Anthony Price (23 September 2021, paras 5.1–5.3); Paeroa Child, Youth & Family files of Alva Sammons (2 November 1992).
346 Witness statement of Tanya and Gina Sammons (24 February 2020, paras 2–3).
347 Paeroa Child, Youth & Family files of Alva Sammons (2 November 1992, page 51).

267. Some children from "satisfactory or better home backgrounds" also attended special schools.[348] Survivor Mr NV had "no formal status with the Department of Social Welfare" when he was referred to Campbell Park School by a psychologist through the Department of Education's Psychological Service, because of "management difficulties". His behaviour was deemed unacceptable for a "normal school setting", so special education was considered necessary.[349] Mr NV was assessed by a psychologist using the Wechsler Intelligence Scale for Children, with the psychologist's referral letter concluding that he was:

> *"A 'mildly retarded boy' whose attainments were 'even lower than would normally be expected for a boy of his ability'."*[350]

268. A number of common factors influenced survivors' placements into special schools, including specialist schools for Deaf or disabled children and young people, particularly in the first half of the Inquiry period. This included pressure from medical professionals on parents, social expectations that Deaf or disabled students should be taught separately from other students, and most commonly, a lack of alternative options and lack of State support for parents.[351]

269. Māori survivor Gary Williams (Ngāti Porou), who has cerebral palsy, is a part-time wheelchair user and has a speech impediment. Growing up in the 1970s, Gary was treated as though he did not have a disability. He participated fully in whānau life on the marae and at the local mainstream school. After intermediate school, Gary wanted to attend the local high school with his friends. However, he was unable to attend, as the school was not physically accessible. Gary recalled:

> *"I believe the Education Board did not want to make school accessible for me because of the financial cost."*[352]

270. As a result, in 1974, aged 13, Gary was sent to Pukeora Home for the Disabled located near Waipukarau, where he did his schooling via correspondence.[353]

271. Families could also be approached by faith leaders who encouraged them to place their Deaf or disabled child into a special school or residential school, some of which were run by faith-based organisations. Survivors told the Inquiry they recalled nuns visiting their families and encouraging their enrolment in St Dominic's School for the Deaf in Te Whanganui-ā-Tara Wellington.[354]

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348 Parker, W, Social Welfare residential care 1950–1994, Volume II: National institutions (Ministry of Social Development, 2006, page 99).
349 Department of Education, Psychological Service: Psychologist Report (18 February 1981, pages 1–2).
350 Department of Education, Psychological Service: Psychologist Report (18 February 1981, page 2).
351 Witness statements of Kylee Maloney (31 March 2022, paras 2.4, 2.5, 2.43); Paula Waby (26 August 2022, paras 1.14, 1.15, 2.26) and Gary Williams (6 September 2022, paras 1.11, 1.4–1.5).
352 Witness statement of Gary Williams (6 September 2022, para 1.11).
353 Witness statement of Gary Williams (6 September 2022, paras 2.1–2.2).
354 Witness statement of Jarrod Burrell (9 August 2021, para 2.2) and Ms JR (16 February 2022, para 1.7).

272. Marylands School in Ōtautahi Christchurch opened in 1955 for boys with learning disabilities. It was run by the Roman Catholic Order the Hospitaller Brothers of St John of God. In a statement provided to the Inquiry, Sonja Cooper and Sam Benton of Cooper Legal noted a pattern in the accounts of Marylands School survivors they had represented:

"From what we have seen, many early placements [into Marylands, prior to 1970] were private or with the support of religious organisations such as Catholic Social Services and the Presbyterian Social Services Association."[355]

273. Survivors' pathways into Marylands School and their experiences there are covered in the Inquiry's interim report, Stolen Lives, Marked Souls.

274. Disabled children in psychopaedic and psychiatric institutions had limited access to education, either because they were considered 'ineducable'[356] or there was no dedicated staffing for their education.[357] For much of the Inquiry period, the Department of Education kept no full record of the number of children and young people who did not attend any form of school at all due to their disabilities.[358]

I piki te wāhi ki ngā kura auraki i ngā tau 1980, engari i tū tonu ngā ara ki ngā kura motuhake

Move to increased mainstream schooling in 1980s, but pathways into special schools remained

275. The growing trend of mainstreaming education over the 1980s saw disabled students moving from special or residential school settings into mainstream school environments.[359] The Education Act 1989 recognised the right of all disabled children and young people to enrol and receive an education at their local State school.[360] However, some children with learning disability or neurodiversity were moved out of mainstream education settings to special schools, sometimes at the direction of the State, due to 'challenging' behaviour.[361]

355 Witness statement of Sonja Cooper and Sam Benton of Cooper Legal relating to the inquiry into the Order of the Brothers of St John of God at Marylands School and Hebron Trust (8 October 2021, page 5, para 21).
356 Burns, C, The mental deficiency services: An analysis of existing policy and the community's requirements, (Mental Deficiency Sub-committee, British Medical Association, New Zealand Branch, 1959, page 5, para 5a).
357 Aitken, RS, Caughley, JG, Lopdell, FC, McLeod, GL, Robertson, JM, Tothill, GM & Hull, DN, Intellectually handicapped children report: Report of the consultative committee set up by the Minister of Education in August 1951 (Department of Education, 1953, page 8).
358 Aitken, RS, Caughley, JG, Lopdell, FC, McLeod, GL, Robertson, JM, Tothill, GM & Hull, DN, Intellectually handicapped children report: Report of the consultative committee set up by the Minister of Education in August 1951 (Department of Education, 1953, page 4).
359 Witness statement of Ms Bielski (18 Oct 2021, paras 1.6–1.8).
360 Education Act 1989, section 8.
361 Witness statement of Bill McElhinney (3 March 2022, paras 1.6–1.9).

276. Although disabled students now theoretically had the same rights as any students to State education, the Inquiry heard from disabled survivors and their whānau who did not receive adequate support to attend mainstream schools. This could result in multiple shifts between schools. Mrs NS (NZ European), the mother of a disabled survivor, told the Inquiry that, during the 1990s her daughter attended one specialist kindergarten and four mainstream schools with specialist units before she started at a specialist school aged 18. Mrs NS said:

> *"There were a variety of excuses as to why they couldn't provide the level of support [my daughter] required, but obviously in the interests of her safety and wellbeing and my sanity, it was time to move on again."*[362]

277. The Inquiry heard from Ms VA, whose neurodivergent son Mr VB (Pākehā) was unable to attend their local school because the special class there was full.[363] Instead, the only option was for Mr VB to board at an IHC hostel in another town and attend the special school there.[364] In 1981, at 5 years old, Mr VB began boarding at the Seven Oaks IHC Hostel in Heretaunga Hastings, which accommodated predominately older children and which Ms VA described as "a mini institution".[365] Two years later, Mr VB began boarding at Hōhepa Homes in Te Matau-a-Māui Hawke's Bay where he attended special school and moved through different community-style group homes provided through Hōhepa.[366] In these settings Ms VA began to suspect her son may have suffered abuse or neglect, due to his "changing and challenging behaviour". After he began to lose weight and become increasingly anxious, Ms VA made the call to pull her son out of Hōhepa.[367]

278. Deaf survivor Mr JS told the Inquiry that the mainstream education system did not support Deaf people and they "became violent from all the frustration".[368] Mr JS moved around several mainstream primary and intermediate schools before attending Van Asch College in Ōtautahi Christchurch in the late 1970s and early 1980s, where he was able to access language, Deaf culture and "a sense of Deaf identity".[369]

279. Many survivors found their pathway into special schools and Deaf schools traumatising and confusing. Some survivors, like Mr JS, found that entering a special school could be positive, sometimes providing access to friendships, community, language and a shared sense of understanding that they had never had before.

362 Witness statement of Mrs NS (24 April 2023, para 9.5).
363 Witness statement of Ms VA (2 February 2023, para 2.11)
364 Witness statement of Ms VA (2 February 2023, para 2.11).
365 Witness statement of Ms VA (2 February 2023, paras 2.12–2.21).
366 Witness statement of Ms VA (2 February 2023, para 2.39).
367 Witness statement of Ms VA (2 February 2023, para 2.70).
368 Witness statement of Mr JS (27 May 2022, para 2.10).
369 Witness statement of Mr JS (27 May 2022, para 2.28).

I pāngia ngā purapura ora whaikaha e te whai wāhi mauroa ki ngā taurimatanga a te Kāwanatanga me ana ratonga tautoko
Disabled survivors have experienced lifelong involvement with State care and support services

280. The Inquiry acknowledges that some survivors have never exited care. Some disabled people may remain in residential care settings and/or need support services for life.

281. Disabled young people who were State wards may have entered institutional care after they aged out of the social welfare system.[370] For example, Murray Priest, born in 1942, lived in a range of foster homes as a child. When he was aged 21, he was told that he was no longer under the care of the Child Welfare Division and was offered a choice of hospitals in Wellington or Nelson to live in.[371]

282. Even after the closure of large-scale institutions, disabled survivors continued to be placed in segregated employment, such as sheltered workshops,[372] and entered smaller group homes where many faced exploitation, abuse and neglect.[373]

Tinga o te whakanōhanga o ngā tāngata whaikaha ki ngā taurimatanga nā runga i te pakeke haere
Likelihood of disabled people being placed into care increased with age

283. Some disabled adults entered institutions for the first time in middle or old age as their aging parents struggled to continue caring for them.[374] This was made worse for whānau who had received no financial or practical support to care for their disabled family member and found it increasingly difficult as their child aged.[375]

284. In 1971, 45 percent of disabled people aged 15 to 29 lived in an institution.[376] By the time a disabled person reached 30 years old or over:

- 56 percent were living in a residential institution
- 38 percent were living at home
- six percent were living in residential homes in the community.[377]

370 Millen, J, Breaking barriers: IHC's first 50 years (IHC New Zealand, 1999, page 52).
371 Millen, J, Breaking barriers: IHC's first 50 years (IHC New Zealand, 1999, page 53). «
372 Witness statements of Miss VK (14 February 2022, para 2.30) and Claire Ryan (16 November 2022, page 4).
373 Witness statements of Allison Campbell (15 February 2022, page 16); Matthew Whiting (22 November 2021, page 4); Ms LO (3 May 2023, page 5–6); Ms OQ (19 July 2022 page 7) and Ms SS (23 November 2021, page 5).
374 Morrison, A, Beasley, D & Williamson, K, The intellectually handicapped and their families: A New Zealand survey (The Research Foundation of the New Zealand Society for the Intellectually Handicapped, 1976, pages 77 and 85).
375 Millen, J, Breaking barriers: IHC's first 50 years (IHC New Zealand, 1999, page 2).
376 Morrison, A, Beasley, D & Williamson, K, The intellectually handicapped and their families: A New Zealand survey (The Research Foundation of the New Zealand Society for the Intellectually Handicapped, 1976, pages 77 and 85).
377 Morrison, A, Beasley, D & Williamson, K, The intellectually handicapped and their families: A New Zealand survey (The Research Foundation of the New Zealand Society for the Intellectually Handicapped, 1976, page 85).

I rere tonu te whakatoihara ahakoa ngā taurimatanga ā-hapori mō ngā tāngata whaikaha
Continued discrimination despite shift to community-based care for disabled people

285. From the early 1970s, the movement towards community-based residential services for disabled people, including shifting individuals out of large-scale institutions, gained momentum.[378] The 1973 Royal Commission on psychopaedic hospitals recommended a shift from large institutions to community care. Provision for community-based services was introduced in the Disabled Persons Community Welfare Act 1975. This Act provided government assistance to families and people with disabilities.[379] The pace of change was slow, and it was not until 1985 that the government formally adopted a policy of community living for disabled people.[380]

286. There was very little infrastructure to provide disabled people with the supports they needed outside institutions. As large-scale institutions began to close, disabled people were shifted to smaller group residential homes.[381] The Inquiry heard from families of survivors who were placed in the Kimberley Centre in Taitoko Levin as children and remained there until Kimberley Centre closed in 2006.[382] The Inquiry's case study on the Kimberley Centre, Out of Sight, Out of Mind, records that the closure process was very gradual and took more than 20 years. Dr Martin Sullivan stated that the process of deinstitutionalisation involved activism and advocacy from disability groups for change to eventually occur:

> *"Although the deinstitutionalisation movement started in the 1970s it took until 2006 and a march on Parliament for the last one, Kimberley, to close."*[383]

378 Hamilton, C, Institutionalisation in twentieth-century New Zealand: Intellectual disability in the twentieth century (Policy Press, 2019, page 154).
379 Stace, H & Sullivan, M, A brief history of disability in Aotearoa New Zealand (Office for Disability Issues, 2020).
380 O'Brien, P, Thesing, A, and Capie, A, Living in the community for people with a long history of institutional care (Auckland College of Education, 1999).
381 Witness statements of Ms SS, (23 November 2021, paras 4.1–4.4) and Alison Adams, (6 December 2021, para 2.1); National Advisory Committee on Health and Disability, To have an 'ordinary' life: Kia whai oranga 'noa': Background papers to inform the National Advisory Committee on Health and Disability (2004, page 35).
382 Witness statements of Anne Bell (16 May 2022, para 4.12–4.26) and Margaret Priest, (28 January 2022, para 2.33–2.36).
383 Stace, H & Sullivan, M, A brief history of disability in Aotearoa New Zealand (Office for Disability Issues, 2020).

287. The shift away from large-scale institutional models of care was challenging for families who had been assured that institutionalisation was the best option. Bill McElhinney, who became the chair of the Templeton Parents Association during the shift towards community-based care in the 1990s, and who had a son at Templeton Centre near Ōtautahi Christchurch, said:

"When they officially announced Templeton was closing, we had parents crying and scared, saying if their kids could live in the community, they would have never sent them to Templeton in the first place. Their doctors had told them to put their kids there, and they felt guilty because they were now being told it was the wrong thing to do."[384]

288. Smaller group residential homes were primarily run by non-government organisations, such as the IHC and trusts.[385] Disability advocate Leeann Barnett (Pākehā) told the Inquiry how her parents established Mount Cargill Trust and had opened several homes by 1999:

"At the beginning, the purpose of the Trust was to provide for boys with extremely high needs and behavioural issues. The boys would come from Auckland to Bluff. Over time, more and more young people with autism and other disabilities came into the care of the Trust. It gradually became a specialist care service for people with disabilities, with a particular focus on people with intellectual, learning disabilities and/or autism."[386]

384 Witness statement of Bill McElhinney (3 March 2022, paras 1.3 and 2.20).
385 Millen, J, Breaking barriers: IHC's first 50 years (IHC New Zealand, 1999, pages 29–41).
386 Witness statement of Leeann Barnett (20 June 2022, paras 2.9–2.10).

Te whai wāhi o te tangata ki ngā ratonga tautoko e ai ki ngā aromatawai matea takitahi

Access to support services based on individual needs assessment

289. From the start of the 1990s, access to most disability support services became based on individual needs assessments done by State-contracted Needs Assessment and Service Coordination (NASC) agencies.[387] Through this resource decision process, the State determines the type of care setting and support a person receives. People who acquired their impairment through an accident may receive support through services funded by the accident compensation (ACC) scheme instead.[388]

290. The increase in service and support and the range of available supports in the 1990s also meant that disabled people were more likely to be able to reside in their own homes. However, discriminatory social attitudes against disabled people did not end with the closure of large institutions. Some disabled people continued to be congregated and segregated in residential group homes. Others, even if they lived in their own homes, experienced barriers to full participation in society due to inadequate supports and services.[389]

Ko ngā kāinga ā-rōpū i whakakapi i ngā whakahaere nui hei wāhi aukati

Group homes replaced institutions as environments of exclusion

291. Deinstitutionalisation was intended to move disabled people into the community and foster social inclusion. Closure of the large-scale institutions, however, did not mean that institutional environments and practices were eliminated. Many disabled people moved from large institutions into residential group homes with other disabled people. Group homes became one of the few options for families who were unable to support their disabled whānau member living at home.

292. The Inquiry heard evidence that group homes continue to have some of the institutional environments and practices that were a feature of the large psychopaedic and psychiatric institutions, such as lack of choice about who people live with, segregation from society, and congregation with other disabled people.

387 National Advisory Committee on Health and Disability, To have an 'ordinary' life: Kia whai oranga 'noa': Background papers to inform the National Advisory Committee on Health and Disability (2004, page 48); Burgess, M, The power of freedom: How personal budgets for social services are transforming lives, (The New Zealand Initiative, 2021, page 9).

388 National Advisory Committee on Health and Disability, To have an 'ordinary' life: Kia whai oranga 'noa': Background papers to inform the National Advisory Committee on Health and Disability (2004, page 45).

389 Transcripts of evidence at the Inquiry's Ūhia te Māramatanga Disability, Deaf and Mental Health Institutional Care Hearing of Paul Milner (Royal Commission of Inquiry into Abuse in Care, 12 July 2022, pages 127–128); Dr Olive Webb (Royal Commission of Inquiry into Abuse in Care, 13 July 2022, pages 213–215) and Allison Campbell (Royal Commission of Inquiry into Abuse in Care, 11 July 2022, page 6).

293. The National Advisory Committee on Health and Disability noted in 2003 that residential group homes were intended to be one step along "a continuum of support moving from institutions to independent living" for disabled people. However, for many disabled people, they became the 'end point' of care.[390] In its 2003 report, the National Advisory Committee noted that people living in such homes generally had "little or no choice over who they live with" and that it was 'not uncommon' for people to be moved between residential group homes without consultation, due to staffing or funding reasons.[391]

294. In addition, accommodation services and supported living options for disabled people remained largely limited to what the non-government sector could offer rather than being reflective of need or demand.[392]

I whakanauhia te mōtika o te Māori ki te tiaki i te tāngata whaikaha me ngā whānau whaikaha

Denial of the right for Māori to care for tāngata whaikaha me whānau hauā

295. The te Tiriti o Waitangi guarantee of tino rangatiratanga over kāinga provided Māori the full authority to care for and raise their own, including tāngata whaikaha me whānau hauā. The State's policy and practice of institutionalisation of tāngata whaikaha me whānau hauā conflicted with this promise.

296. Dr Tristam Ingham (Ngāti Kahungunu, Ngāti Porou), a member of the Kaupapa Māori expert panel for the Inquiry's Ūhia te Māramatanga Disability, Deaf and Mental Health Institutional Care Hearing, told the Inquiry that the Crown's failure to meet its obligations to tāngata whaikaha Māori "has not been a one-off or isolated incident" but is instead "a pervasive, long-standing, highly systematised, highly controlled approach over many decades, generations".[393] Dr Ingham explained that this approach specifically included "segregation and removal of tāngata whaikaha Māori from their whānau, assimilation of Māori through suppression of cultural practices and attempts to systematically eliminate people who the Crown considered undesirables on the basis of policies underpinned by eugenic ideologies."[394] Dr Ingham told the Inquiry that "evidence has shown that these same government policies resulting in institutionalisation caused immeasurable damage, those lost from their whānau, those abused within Government owned and funded institutions."[395]

390 National Advisory Committee on Health and Disability, To have an 'ordinary' life: Kia whai oranga 'noa': Background papers to inform the National Advisory Committee on Health and Disability (2004, page 47).
391 National Advisory Committee on Health and Disability, To have an 'ordinary' life: Kia whai oranga 'noa': Background papers to inform the National Advisory Committee on Health and Disability (2004, page 45).
392 Moore, A & Tennant, M, Who is responsible for the provision of support services for people with disabilities? A discussion paper commissioned by the National Advisory Committee on Health and Disability (1997).
393 Transcript of evidence of Dr Tristram Ingham from the Kaupapa Māori Panel at the Inquiry's Ūhia te Māramatanga Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 20 July 2022, page 634).
394 Transcript of evidence of Dr Tristram Ingham from the Kaupapa Māori Panel at the Inquiry's Ūhia te Māramatanga Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 20 July 2022, page 634).
395 Transcript of evidence of Dr Tristram Ingham from the Kaupapa Māori Panel at the Inquiry's Ūhia te Māramatanga Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 20 July 2022, page 634).

Te korenga o ngā ratonga whaikaha Māori e hāngai ana ki te ahurea
Lack of culturally appropriate Māori disability services

297. Whānau Māori have traditionally preferred to look after tāngata whaikaha at home, rather than placing them in external care settings.[396]

298. Western models of care that focus on the individual in isolation from their surroundings did not align with Māori approaches to health and wellbeing that reflect a more holistic understanding of disability and uphold the collective identity of Māori as whānau, hapū, and iwi. The disability care system viewed disability as the defining feature of the person, which separated them from non-disabled people, whereas Māori viewed people as whānau who should be included and remain connected. These factors represented barriers for tāngata whaikaha to access culturally appropriate and adequate care and support services.[397]

299. The lack of culturally appropriate Māori service provision to support whānau Māori to care for tāngata whaikaha Māori and whānau hauā was acknowledged by Director-General of Health Dr Diana Sarfati at the Inquiry's State Institutional Response Hearing:[398]

> *"I acknowledge that health and disability care settings between 1950–1999 did not consistently and meaningfully ensure the cultural needs of all Māori were met, including providing culturally appropriate health care options, causing disconnection from their culture, identity, language, and communities. I acknowledge that these impacts are ongoing, and have also impacted not just those individuals, but also their whānau, hapū, and iwi."*[399]

300. A 1995 report prepared for the Ministry of Health into Māori disability, He anga whakamana: A framework for the delivery of disability support services for Māori, found there was a lack of available services "... although mainstream disability service providers had taken steps to become more culturally inclusive, more Māori disability providers were needed".[400]

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396 Gassin, T, Māori mental health: A report commissioned by the Waitangi Tribunal for the Health Services and Outcomes Kaupapa Inquiry (Wai 2575, B26), (Waitangi Tribunal, 2019, pages 6–7); Kaiwai, H & Allport, T, Māori with disabilities (Part two): Report commissioned by the Waitangi Tribunal for the Health Services and Outcomes Inquiry (Wai 2575), (Waitangi Tribunal, 2019, page 77); Hickey, H & Wilson, D, "Whānau Hauā: Reframing disability from an Indigenous perspective," Mai Journal 6, Issue 1 (2017, page 83).

397 Kaiwai, H, & Allport, T, Māori with disabilities (Part two): Report commissioned by the Waitangi Tribunal for the Health Services and Outcomes Inquiry (Wai 2575), (Waitangi Tribunal; Ministry of Justice, 2019, pages 17–18); Ingham, TR, Jones, B, Perry, M, King, PT, Baker, G, Hickey, H, Pouwhare, R & Nikora, LW, "The multidimensional impacts of inequities for tāngata whaikaha Māori (indigenous Māori with lived experience of disability) in Aotearoa, New Zealand," International Journal of Environmental Research and Public Health 19(20): 13558 (2022, page 12).

398 Brief of evidence of Director-General of Health and Chief Executive Dr Diana Sarfati for the Ministry of Health at the Inquiry's State Institutional Response Hearing (17 August 2022, para 2.8).

399 Brief of evidence of Director-General of Health and Chief Executive Dr Diana Sarfati for the Ministry of Health at the Inquiry's State Institutional Response Hearing (17 August 2022, para 2.8).

400 Ratima, M, Durie, M, Allan, G, Morrison, P, Gillies, A & Waldon, J, He anga whakamana: A framework for the delivery of disability support services for Māori, a report to the National Advisory Committee on Core Health and Disability Support Services (Massey University, Department of Māori studies, 1995, pages 36–37).

301. In 2019 the Waitangi Tribunal found that:

- te Tiriti o Waitangi principle of partnership requires the Crown to consult and partner with Māori genuinely in the design and provision of social services such as health care, requires the Crown to be willing to work through the structures Māori prefer in the circumstances, and requires the Crown to partner with Māori in the development and implementation of policy[401]
- te Tiriti o Waitangi principle of active protection includes the Crown's responsibility to actively protect Māori health and wellbeing through the provision of health services[402]
- part of the Crown's active protection obligation is ensuring that health services are culturally appropriate
- the Crown's approach to health care that assumes that the needs of all patients are largely the same undermines the recognition of tikanga Māori and may also result in a failure to recognise and provide for the particular health needs of Māori [403]
- te Tiriti o Waitangi principles of active protection and equity require that the Crown provide health services that Māori need, and that these services treat their patients equitably, are equitably accessible and equitably funded.[404]

302. The State acknowledged to this Inquiry that there was no provision made in legislative policy or practice settings for kaupapa Māori standards of care or to uphold the Crown's obligations under te Tiriti o Waitangi. The Crown has accepted that this was institutional racism.[405]

I te hiku o te Pakirehua, i whakaurua ngā āhuanoho taurima e hāngai ana ki te ahurea mō te hunga Turi me te hunga whaikaha

More culturally responsive Deaf and disability care settings and services towards the end of the Inquiry period

303. Contemporary researchers and studies suggest that tāngata whaikaha face unique, forms of discrimination, including institutional racism and ableism.[406] Alongside ongoing impacts of colonisation, these experiences are further barriers to accessing effective care and support.[407]

401 Waitangi Tribunal, Hauora Report: Stage One of the Health Services and Outcomes Kaupapa Inquiry (Wai 2575), (2019, page 31).
402 Waitangi Tribunal, Hauora Report: Stage One of the Health Services and Outcomes Kaupapa Inquiry (Wai 2575), (2019, page 31).
403 Waitangi Tribunal, Hauora Report: Stage One of the Health Services and Outcomes Kaupapa Inquiry (Wai 2575), (2019, pages 31–32).
404 Waitangi Tribunal, Hauora Report: Stage One of the Health Services and Outcomes Kaupapa Inquiry (Wai 2575), (2019, page 34).
405 Closing submissions for the Crown at the Inquiry's Lake Alice Child and Adolescent Unit Inquiry Hearing (29 June 2021, page 930).
406 Ingham, TR, Jones, B, Perry, M, King, PT, Baker, G, Hickey, H, Pouwhare, R & Nikora, LW, "The multidimensional impacts of inequities for tāngata whaikaha Māori (indigenous Māori with lived experience of disability) in Aotearoa, New Zealand," International Journal of Environmental Research and Public Health 19(20): 13558 (2022, page 11); Hickey, H & Wilson, D, "Whānau Hauā: Reframing disability from an Indigenous perspective," Mai Journal 6, Issue 1 (2017, page 85).
407 Ingham, TR, Jones, B, Perry, M, King, PT, Baker, G, Hickey, H, Pouwhare, R & Nikora, LW, "The multidimensional impacts of inequities for tāngata whaikaha Māori (indigenous Māori with lived experience of disability) in Aotearoa, New Zealand," International Journal of Environmental Research and Public Health 19 (20): 13558 (2022, page 11); Hickey, H & Wilson, D, "Whānau Hauā: Reframing disability from an Indigenous perspective," Mai Journal 6, Issue 1 (2017, page 85).

304. A report commissioned by the Waitangi Tribunal for its Health Kaupapa inquiry found that "by the 1990s there was increasing recognition that Māori faced particular barriers to accessing disability services".[408] The report listed several cultural barriers such as "the inadequate use of te reo Māori, lack of encouragement of whānau involvement and lack of integration between the social services supposed to serve Māori were so significant in preventing Māori accessing disability services, that they result in whānau hauā only using them in times of extreme need".[409]

305. From the 1980s, and particularly during the 1990s, more culturally responsive programmes were introduced.[410] The closure of institutions and the transition to community care in some cases created new opportunities. Kaupapa Māori disability care services began to emerge that incorporated the use of tikanga Māori, rongoā (traditional Māori medicines), and the therapeutic use of ngā toi Māori (Māori arts) and ngā mahi a rēhia (Māori games and pastimes).[411]

306. The establishment of kaupapa Māori disability care services, as part of a broader spectrum of community care services from the 1980s, enabled some tāngata whaikaha to access Māori services.[412]

307. During the Inquiry period, health and disability services for disabled people did not typically reach Pacific disabled people or support them adequately, as the services were not culturally appropriate and were not directed at them, their kainga (family), or their community.[413] The Inquiry recognises that there was, and continues to be, a gap and need for tailored disability services for Pacific communities.

408 Kaiwai, H & Allport, T, Māori with disabilities (Part two): Report commissioned by the Waitangi Tribunal for the Health Services and Outcomes Inquiry (Wai 2575), (Waitangi Tribunal, 2019, page 27).
409 Kaiwai, H & Allport, T, Māori with disabilities (Part two): Report commissioned by the Waitangi Tribunal for the Health Services and Outcomes Inquiry (Wai 2575), (Waitangi Tribunal, 2019, page 36).
410 National Advisory Committee on Health and Disability, To have an 'ordinary' life: Kia whai oranga 'noa': Background papers to inform the National Advisory Committee on Health and Disability (2003, page 36).
411 Gassin, T, Māori mental health: A report commissioned by the Waitangi Tribunal for the Health Services and Outcomes Kaupapa Inquiry (Wai 2575, B26), (Waitangi Tribunal, 2019, page 8).
412 Robson, B & Harris, R, (eds), Hauora: Māori Standards of Health IV – A study of the years 2000–2005 (Te Rōpu Rangahau Hauora a Eru Pomare – School of Medicine and Health Sciences University of Otago, 2007, page 913).
413 Bathgate, M, Donnell, A & Mitikulena, A, The health of Pacific Islands people in New Zealand: Analysis and monitoring report 2 (Public Health Commission, 1994); Pacific Peoples' experience of disability: A paper for the Pacific Health and Disability Action Plan review (Ministry of Health, 2008, page 29).

Nā te kaikiri i whakaahua te urunga o ngā Tāngata Turi ki ngā kura noho

Racism characterised entry of tāngata Turi into residential schools

308. The Inquiry heard from survivors and their whānau that tāngata Turi faced intersectional discrimination, including ableism, disablism and racism:

> *"For most of us as Deaf tamariki, our parents were told that their only option was to send us away to Pākehā Deaf schools".*[414]

309. In deaf schools, tāngata Turi were unable to learn te reo Māori as well as New Zealand Sign Language. Many whānau were told that their only option was to send tāngata Turi away to deaf schools as there was no assistance available for them to raise and educate their children at home.[415] These deaf schools were predominantly staffed by Pākehā teachers with limited understanding of tikanga and te reo Māori.

310. Māori survivor Eddie Hokianga (Ngāti Kahungunu), who is tāngata Turi, was sent to Sumner School for the Deaf in Ōtautahi Christchurch in 1968 but had no understanding at the time of why he was sent there. There was no one to teach or support his whānau in learning how to have a Deaf whānau member:

> *"I remember being sad because I could not understand why I was sent away and it was the first time I was away from my family. It was not until later that [I understood] it was because I was Deaf."*[416]

414 Collective witness statement of Ōtautahi Tāngata Turi (7 September 2022, paras 5–6).
415 Collective witness statements of Tāmaki Makaurau Whānau Turi (30 September 2022, pages 5–6) and Ōtautahi Tāngata Turi (7 September 2022, pages 1, 5).
416 Brief of evidence of Eddie Hokianga, Waitangi Tribunal (Wai 2575, #F28), (22 July 2022, paras 13 and 16).

Te korenga o ngā momo tautoko, ratonga rānei mā ngā whānau nō Te Moananui-a-Kiwa ki te manaaki i ngā tāngata whaikaha i ō rātau nā hāpori
Lack of support or services for Pacific families to care for disabled people in their communities

311. Pacific disabled people were often cared for within their kainga (families), rather than through external or specialist care.[417]

312. Samoan survivor Lusi Faiva touched upon some of the issues Pacific kainga faced when needing support to care for disabled fanau (children), tagata talavou (young people) and tagata matua (adults):

> *"I was two years old when I was diagnosed with cerebral palsy. There was little support for disabled children and their families when I was little. The doctor instructed my mum for me to go to an institution, he said, 'it would be better this way'. Soon after I was moved to Kimberley centre."*[418]

313. Some Pacific kainga faced pressure to put their family members into State-run disability care facilities and were not offered resources, information, or education about disability to support informed placement decisions.[419] In addition, for Pacific kainga – many of whom hold respect for authority as a central cultural value – felt that questioning the advice and diagnoses of medical professionals was sometimes difficult.[420]

314. These issues were affirmed by Acting Chief Executive of Whaikaha Geraldine Woods in the Inquiry's State Institutional Response Hearing:

> *"Some of the operating practices within the health and disability care settings between 1950 and 1999 did not always ensure whānau care arrangements were considered before disabled people were placed in health and disability care settings. I acknowledge that families in need were not always provided with support and extended family, whānau, hapū and iwi were not always supported to care for their disabled people safely in their communities."*[421]

417 Huakau, G & Bray, A, Talking disabilities from a Pacific perspective (Donald Beasley Institute, 2000).
418 Witness statement of Lusi Faiva (15 June 2022, page 1).
419 Witness statement of Lusi Faiva (15 June 2022, page 1).
420 Transcript of evidence of Folasaitu Dr Julia Ioane at the Inquiry's Tulou – Our Pacific Voices: Tatala e Pulonga (Pacific Peoples' Experiences) Hearing (Royal Commission of Inquiry into Abuse in Care, 30 July 2021, page 695).
421 Transcript of evidence of Acting Chief Executive Geraldine Woods for Whaikaha – Ministry of Disabled People at the Inquiry's State Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 17 August 2022, page 215).

Ngā whakataunga mō ngā whakanoho ki ētahi atu momo wāhi taurima
Conclusions on the circumstances that led to Deaf and disabled people being in care

315. Disabled people were classified by their impairment or condition by medical professionals at a young age, sometimes from birth, based on pathological definitions. In the era of large-scale institutionalisation, medical and other professionals in highly trusted positions of power often presented institutional care as the best option for whānau of disabled people. Due to a lack of other practical options or financial support, this was often the only care option whānau could pursue.

316. Similar factors influenced survivors' placements into special schools, deaf and blind schools, particularly in the first half of the Inquiry period. This included pressure from medical professionals, ableist, disablist and audist attitudes, and social expectations that disabled or Deaf students should be taught together. Most commonly, there was a lack of alternative options and lack of State support.

317. The growing trend of mainstreaming education over the 1980s saw disabled children and young people moving away from special or residential school settings to mainstream school environments. However, the Inquiry heard from disabled survivors and their whānau who did not receive adequate support when attending mainstream schools and this could prompt multiple shifts between schools.

318. Prevailing and entrenched negative, discriminatory societal attitudes towards Deaf and disabled people did not end with the closure of large institutions. Some remained congregated and segregated in smaller group homes.

319. The State's institutionalisation policy and approach to the care of tāngata whaikaha me whānau hauā conflicted with its te Tiriti o Waitangi promise of tino rangatiratanga over kāinga. Māori had been guaranteed the full authority to care for and raise their own, including tāngata whaikaha me whānau hauā. The establishment of kaupapa Māori disability care services, as part of a broader spectrum of community care services from the 1980s, enabled some tāngata whaikaha to access Māori services.

320. Pacific kainga (families) faced pressure to put their disabled family members into State care facilities with limited information or support provided to enable them to make informed decisions about placement. Health services for disabled people did not typically reach Pacific disabled peoples or support them adequately, as the services were not culturally appropriate and were not directed at them, their kainga or community.

"I was passed around like a parcel"

JESSE KETT
NZ European

Jesse Kett

Hometown: Tauranga

Age when entered care: 4 or 5 years old

Year of birth: 1989

Time in care: 1993 – 2003

Type of care facility: Foster homes; schools – Waimokoia Residential School in Tāmaki Makaurau Auckland; health camps – Princess of Wales Children's Health Camp in Rotorua and Kauaeranga Valley Christian Camp in Waihou Thames; borstal – Waikeria Youth Prison; child mental health inpatient facility.

Ethnicity: NZ European

Whānau background: Jesse's mother moved from Australia to Aotearoa New Zealand when she was pregnant with him. He has a younger sister with the same mother, and they were close as children. His sister was only in one foster home with him, in Bethlehem. He did not meet his father in person (they met via video chat) until he was 25 years old and found out he has two half-sisters.

Currently: Jesse has a fiancé and a daughter. His daughter was born when he was in his early twenties, and he had custody of her for nine and a half years. Two years ago, when he went to jail, he lost custody of her, but he can see her whenever he wants. Jesse speaks to his father occasionally. His father is in Australia and Jesse can't leave the country to meet him. Jesse gets along with his mother now, is working, getting married, and is being promoted to second in charge of a dairy farm.

I have ADHD and oppositional defiant disorder (ODD). I was diagnosed as a young child because my behaviour was difficult for my mum to manage. This was probably due to my ADHD as well as Mum's lack of routine and structure.

I have a younger sister with the same mother – Mum met my younger sister's dad when I was 4 or 5 years old, and he was a father figure to me in a way. They were together for 11 years, but I was in and out of State care a lot, so I didn't see him that often. I didn't meet my real dad until I was 25 years old.

When I was 4 or 5 years old, Mum couldn't handle me any longer. I think Nan, my maternal grandmother, wanted me to live with her but she couldn't handle me either. Mum tried to get help and find out about options for respite care, but the agencies ended up placing me in a foster home.

It's difficult to remember, but I think I lived in around 20 foster homes. I lived in so many I lost count – I was passed around like a parcel.

All the placements were non-whānau. Many were with Christian families, although our family is not religious. I was made to go to church, which I didn't like. I felt like they were trying to convert me. When I was about 6 years old, I had counselling with someone religious – they told Mum I was the next Charles Manson and performed an exorcism.

I wasn't beaten at the foster homes, and they weren't bad. I got to see my family sometimes. I struggled, though, because most foster homes had lots of rules and routines, and I wasn't used to that. I wasn't very well behaved either – I'd tell them I hated church, terrorise the other kids, smash windows and run away. I would sleep with a knife under my pillow. I was between 6 and 8 years old.

When I was about 6 years old, I was sent to a foster home with my little sister. She wet the bed and they beat her. I rang Mum, who came and picked us up. My sister's dad got custody of her, but I went to another foster home.

Mum says she battled for years to get us back. But I don't remember anyone ever explaining what was happening or asking where I thought I should live. I didn't feel I had much say in what happened to me.

I wanted to be with Mum, where there were no rules. My friends liked her because you could do anything at her house – she was a 'cool' mum. However, I wasn't properly medicated for years because Mum would take my Ritalin. She got me to save it up and stash it in a hole in a tree. She would then replace it with money.

I went to Waimokoia Residential School when I was 8 years old. I was there for about two years. It was the worst period of my life – hell on earth. I suffered horrific abuse and I still have physical and mental scars.

I've tried to block out a lot of what happened to me at Waimokoia but there are certain things that stay with me, like being sent to the little shed for discipline. The shed had no natural light, no bed, no blanket, no toilet. You were locked up alone and had to sleep on the hard concrete floor. The smell was overwhelming. This happened to me several times, once for three or four days in a row. I was given food and water, but only things like muesli bars.

In the little shed I was beaten and raped by staff. Sometimes my abuser would be alone, but sometimes other staff members would watch. I can remember their faces but not their names. It was usually the same two big men involved, and I heard rumours about the same men from other children.

My main abuser was my woodwork teacher. I vividly remember him raping me in the shed while another male staff member watched. Once, he cut my penis open lengthways with a razor. My penis bled for days, and I never got any medical treatment. I still have a massive scar. I told my mum and stepdad about it, and I showed Mum the injury. My stepdad smacked me around the ear and told me I was lying.

Most of the teachers were nasty, not just those that raped and beat me. If I played up in class, my English teacher would make me sit under my desk, then spit at me and kick me over and over. In another class, the teacher told a naughty boy to pull his pants down then she staple-gunned his penis to the chair in front of 20 students.

I can't remember how much I told Mum about what was happening. I felt broken, ashamed and that I somehow deserved it. I didn't think anyone would believe me because I was a bad kid and only bad kids went to Waimokoia. Mum did complain to Child, Youth and Family Services, and school management, but nothing was done. I think most of the staff and management were in on the abuse or aware of it because it would have been impossible to ignore the rumours. Mum remembers fighting constantly to get me out of there and back into her care.

During and after my time at Waimokoia I had bad night terrors and sleepwalked. Afterwards, I would often get angry and forget what I did. For instance, I would throw knives at Mum in rage but not remember doing it. Mum said it was like I was possessed.

I wasn't beaten or sexually abused anywhere other than Waimokoia, but I suffered other forms of emotional abuse. When I was 15 or 16 years old, I ran away from a foster home. By this point I had run away a lot and learned to steal to support myself. CYFS seemed to give up on me because I was never placed anywhere else again. I went to live with Mum, and I don't remember any follow up from social workers.

I first went to jail when I was 17 years old, for burglary and arson. I was in Waikeria prison for about nine months. To me it was like a holiday compared to Waimokoia. It was also better than most foster homes because everyone was treated and fed the same. I think I'm quite institutionalised because I don't mind being in jail.

I didn't have any alcohol and drug issues when I was young, but I got into P at 23 years old. I found it calmed me down better than Ritalin. I get bad anxiety and depression and I struggle to wind down for sleep without medication. When I was last in prison, my medication was changed so I feel a lot calmer and can sleep better.

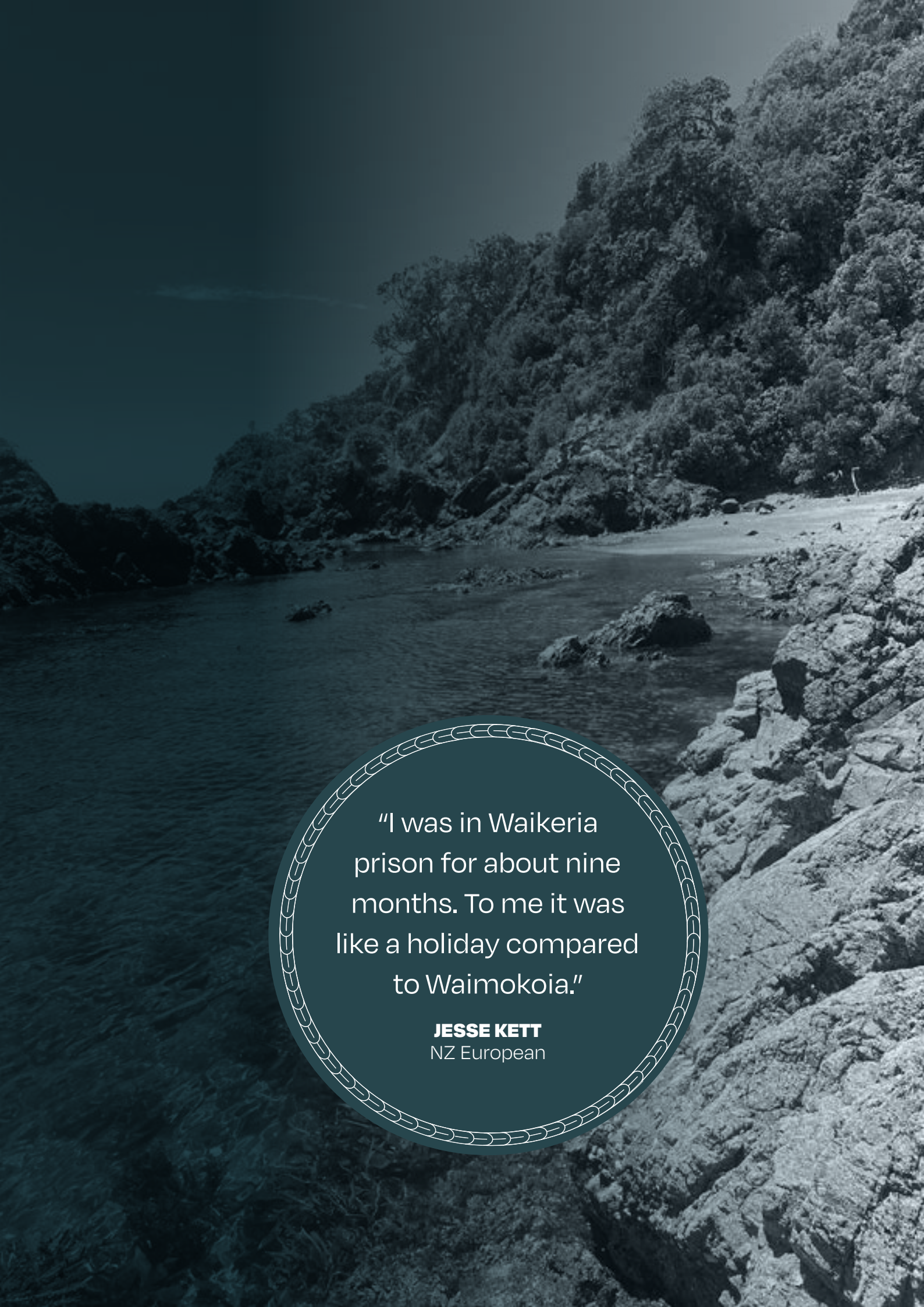
Despite it all, I'm proud of what I've achieved. I've worked hard and now have formal qualifications in the dairy and farming industries. I think I've done really well, all things considered, but I could do even better if I could control my emotions.

I don't feel anything most of the time, but then I get very angry, and I lose it. Mum has run me down my whole life to try and make me behave but it's had the opposite effect – it just makes me feel bad about myself. After a lot of counselling, I started talking, and I'm now starting to open up to Mum as well. I may need counselling for the rest of my life, and I think it should be available if I need it – the State should fund counselling and therapy for people like me.

I think professionals at Corrections, Ministry of Social Development, Education and other support agencies need better training on mental health and neurodiversity. People in power at schools and social agencies need really good background checks – extra care needs to be taken to ensure they have empathy, morals and compassion.

I could've had a normal life if my ODD, ADHD and other mental health issues were handled better by teachers and social workers. Instead, I was told I was naughty, I felt like I was naughty, and that became my life.[422]

422 Witness statement of Jesse Kett (23 February 2023).



"I was in Waikeria prison for about nine months. To me it was like a holiday compared to Waimokoia."

JESSE KETT
NZ European

"I don't see men and women – I see keys and uniforms."

MR SK
Māori (Ngāti Porou)

Mr SK

Hometown: Te Whanganui-ā-Tara Wellington **Age when entered care:** 9 years old

Year of birth: 1968 **Time in care:** 1978– 1983

Type of care facility: Kohitere Boys' Training Centre – Epuni Boys' Home in Te Awa Karangi ki Tai Lower Hutt, Hamilton Boys' Home, Hokio Beach School near Taitoko Levin, Kohitere Training Centre in Taitoko Levin; family homes – Carterton Family Home in the Wairarapa, Rexwood Street Family Home in Carterton, Waimarino Family Home; borstal – Waikeria Borstal near Te Awamutu.

Ethnicity: Māori – Ngāti Porou, Ngāti Maniapoto

Whānau background: Mr SK is the third eldest of six children, who he generally does not have any contact with.

Currently: Mr SK is in Rimutaka Prison. The sister he was closest to has passed away.

All I ever knew was abuse.

My mum and dad both abused me. I remember my mother telling me that when I was a baby, she made me eat faeces once because I kept "shitting my nappies". I remember being belted with a jug cord or the buckle end of a belt, being chained to the leg of a dining room table and forced to eat from a dog dish while the rest of the family ate at the table and fed me their scraps, and my parents burning the skin in between my fingers with cigarettes as punishment.

We got one meal a day – dinner. Sometimes, if I'd been naughty, I didn't get to eat at all – I was bashed and put in the shed. One day I broke into the cupboards in the kitchen and pulled out a jar of golden syrup so that my siblings and I could eat. Most of the time I was made to starve. I stole food from the neighbours – I wasn't a good thief; I was just trying to survive. I relied on my instinct and wit to feed myself and my siblings the best I could.

I started lighting fires when I was 8 years old. I was practising to burn our house down. I almost did, once, but a neighbour put it out. I got a hiding from both my parents, and they threw me into the shed. I still loved my parents, though – it's a paradox I will never understand.

A social welfare information sheet from February 1970 stated that my mother had been ill-treating us for some time. It's not clear who provided this information, but the document stated that our neighbours, on the whole, weren't anxious to do anything about our ill-treatment, but my mother had threatened to kill one woman who had called the police about it. We had a visit from a social worker soon after.

I found out later that I was admitted to hospital as a baby under the age of 2 years, and that might be how I came to the notice of a social worker at the hospital. By 1976, we had a social worker visiting us every week. They became involved with my family because of problems I was having at school, related to theft. My records show my parents asked for help from the Youth Aid Service because they were having problems with me. I was committing petty thefts and setting fires in an abandoned building. I remember lighting the fires – I was practising to burn our house down.

In December 1976 I appeared in front of the Porirua Children's Board, though the reason isn't clear from my records. They referred me to Social Welfare for follow-up, and my family was placed on preventive supervision until July 1977.

My mother left us, and my father told us someone was coming to take us on holiday. A social worker took us away. I bounced around a few places, then I was nearly 10 years old when I was placed temporarily in Epuni Boys' Home.

At Epuni I was put into secure. I was stripped and put in the shower, then had some type of kerosene substance put in my hair. Then I was painted with some white stuff and handed a grey uniform. The cell had a mattress, a blanket and pillow, a basin and toilet, and the window up high had bars on it. I remember being pretty traumatised. I asked for my mum and dad and was told they were dead. I cried myself to sleep.

I was in and out of family homes and boys' homes, back and forth. On one admission to Epuni they took my personal stuff off me and threw it in the rubbish bin in front of me, including a taonga tiki that had been my great-grandfather's. That was extremely traumatising for me as the tiki meant everything to me. I've never gotten over it.

Epuni had a culture of violence and the 'kingpin' system. There was a 'no narking' policy – narks got bashed by other boys, including having a blanket thrown over you and having the shit kicked out of you. I believe this treatment later turned me into the kingpin of my block in a maximum-security prison. It made me violent. I haven't hurt anyone in over 12 years, but I hold onto the fear that I will become another murderer statistic if I don't get the help I know I need.

By this time in my life, I had been locked in a closet, shed, kennel and cell by people who were meant to be looking after me. I ran away a lot – I took flight to try to prevent it happening again.

I was sent to Hokio Beach School when I was 12 and I stayed there for nearly two years. It was a nightmare. There was an initiation process – boys came in at night and kicked the shit out of you. 'Stompings' happened at night because there were fewer workers on. The stomping really hurt, as a lot of the boys wore steel-capped boots – old coal miners' shoes. Once I had urine thrown on me from another cubicle while I was on the toilet.

The staff there were physically abusive too. I would run away, then get caught and brought back and put into secure. Then I would go into the penalty phase. I had to get up at 6am and do physical training for an hour or so. Then again at 8am. If I collapsed, a staff member would punch me, or hit me with a set of keys, usually on the head or legs. While I was doing PT, they would tell me my parents were dead, or that they didn't want me. They were trying to break me.

I was sexually abused twice at Hokio, by another boy. Once, I tried to complain about this, and the staff member told me to fuck off. I ran away, was caught, and strapped. After running away another time, a staff member made me line up against the wall and bend over. Over 30 other boys were lined up and had to kick my arse. One kick was bad enough – imagine being kicked more than 30 times. I lost control of my faculties and began smashing my head into the wall. I said to the staff member, "Stop or I will kill you", and he locked me into a cell where I cried myself to sleep.

The staff at Hokio were just lazy. I struggled to understand why they were even there, as they were the perfect role models for how not to be.

By the time I turned 14, I had at least 18 charges pending against me. A social worker's report said my past made sad reading and my future prospects remained bleak. From there, I was sent to Kohitere Training Centre, where there was more physical and sexual abuse waiting for me. Kohitere was just a holding pen for prison – the place was uncontrollable at times. It lacked security, monitoring, supervision and any sort of therapy. I spent a total of 320 days in secure over a 563-day period at Kohitere.

I had my first taste of prison aged 14 at Waikeria. I preferred it there because of the small luxuries we got in prison, like my own soap and a bed with blankets. I was treated better by some of the prison officers than I'd ever seen or heard in a boys' home. The prison guards said things to me like, "C'mon kid", "Let's go, son", "Get up, young fella" and "How are you?".

I was discharged from being a State ward at 15 years old. I think they just wanted to get rid of me. I've been in jail ever since – the longest I've been out is for about five weeks. My life in care and since leaving care has been the same – crime, violence, broken relationships but with me in prison lots. I know nothing else.

I do not see men and women, I only see keys and uniforms. I don't trust anyone; people need to earn it first.

I was institutionalised, and with an institution comes culture. It is just a vicious cycle, and kids wind up in jail. The culture is cannibalistic; it takes you in its mouth, chews you up, swallows you, and shits you out.

I suffer from low self-esteem, depression and anxiety. I have problems sleeping and I suffer from flashbacks. These are triggered by names or circumstances that remind me of what happened to me.

I have many secrets, but my best-kept secret is this: for more than 20 years I have been crying out for help. However, I have been told many times to shut up and do my time, that I'm shit, I'm beyond help, or not worth it. The State has given me the label of 'extremely dangerous' and I have taken that label and hid behind it. That label has kept me safe and helped me to survive.

I know how to look after myself, and the little boy in me, better than anyone else. The boy hides deep within the man, but if anyone chose to listen carefully, they would hear a little boy grieving the loss of what should have been but never was. I had the right to be loved, cared for, protected and nurtured. I had the right to be clothed, educated, to be a child, and to play. Instead, I was exposed to cruelty, torture, murder, deceit, lies and every domestic and social ill under the sun. This little boy – the one that I keep safe – laughs at whoever thinks he is a dangerous man.

I'll never forget the many who, along my journey in State care, did care. Particularly the detective who, had he not done his bit to remove me from a violent father and environment as a child, I have no doubt I would have only been a death certificate today.

Hokio and Kohitere created gashes. It has been very taxing for me to tell my story, however after a lot of tears, heartache and pain I have finally fully recorded it all. I ask one thing: that my story is respected. It is my pain and it's precious. My time in State care has never worn off and there has never been closure. The Hokio and Kohitere wounds are still open.

I hope there will be an outcome that brings transformational change for us who lived it, so the 'institutional beasts' that were the boys' and girls' homes of the past will never rise or be resurrected ever again.[423]

423 Witness statement of Mr SK (22 February 2021).

Ūpoko | Chapter 5
Ngā āhuatanga i whakanoho i ētahi ki ngā whare wairangi me ngā taurima hauora hinengaro
Circumstances that led to psychiatric and mental health care placements

321. This chapter discusses the legal mechanisms for entries into psychiatric and mental health care settings. It discusses the reasons survivors told the Inquiry they were admitted, and the shift from large-scale psychiatric institutions to local hospitals and community services.

322. The Inquiry heard from 321 registered survivors whose first entries into care were psychiatric and mental health care settings. Of those, 27 percent entered for troubled behaviour, 15 percent entered due to mental distress, 8 percent entered by State requirement due to unsafe environments including abuse at home, and 4 percent due to neglect by parents. Eight percent of survivors did not know why they entered. A further 8 percent were placed by their parents because they were unable to manage or care for them or for unknown reasons. Four percent of survivors reported they entered following recommendation by authorities.[424]

323. A small number of survivors said they had entered because they had disabilities and had no other options. Some survivors were placed into psychiatric and mental health settings because of societal responses to their sexuality.[425]

324. During the inquiry period, various legislation, such as the Mental Defectives Act 1911 and the Mental Health Act (Compulsory Assessment and Treatment) Act 1992, provided the legal framework for people entering psychiatric care settings. These Acts provided for admissions on a formal basis and admissions on an informal or 'voluntary' basis. However, the Inquiry heard that survivors felt there was often little, if any, difference between these two pathways. At the same time, formal processes and reasons for admission were not always made transparent to survivors, and some survivors still do not know why they were placed in these settings.

424 DOT Loves Data, Analysis of pathways into care counts (Royal Commission of Inquiry into Abuse in Care, 2023, pages 6–7).
425 DOT Loves Data, Analysis of pathways into care counts (Royal Commission of Inquiry into Abuse in Care, 2023, page 7).

325. This chapter also discusses what grounds for admission the Inquiry views to be inappropriate, irrespective of the medical decision or socio-historical backdrop they occurred in at the time. The Inquiry considers, for example, that sexual orientation as being grounds for entry into psychiatric institutions and conversion treatment has always been inappropriate and harmful.

326. The Inquiry acknowledges that not all pathways into psychiatric and mental health care and support settings, and the care provided within these settings, were inherently wrong or abusive. However, the experiences the Inquiry has heard from survivors around their entries often reflected inappropriate and discriminatory reasons for admission, which was followed, in many cases, by abusive treatment.

327. The last section of this chapter considers how the shift away from larger-scale psychiatric institutional care towards more community-based mental health care and support services, affected pathways into care. Most of the evidence the Inquiry has received from survivors relates more to experiences of entering psychiatric care during the 1950s to the 1980s, in the more 'institutional' era of psychiatric care. This pattern aligns with findings from a report the Inquiry commissioned into the size of care groups.[426]

328. The Inquiry has heard less about survivors' experiences of entering community-based mental health care and support services in the later part of the Inquiry period, particularly the 1990s.

329. Many survivors have disclosed engagement with mental health services as adults to address the impact of abuse they experienced in care when they were younger, such as experiencing mental distress. However, these survivors do not always go into detail about their subsequent pathways or experiences in these mental health settings.

426 MartinJenkins, Indicative estimates of the size of cohorts and levels of abuse in State and faith-based care: 1950 to 2019 (2020, pages 34–35), Table 10: Cohort of people within health and disability care settings and identified survivors of abuse, 1950 to 2019 and Figure 9: Cohort of people within health and disability care settings and identified survivors of abuse, 1950 to 2019.

Te whakanoho i ētahi ki ngā whare wairangi me ngā taurima hauora hinengaro
Placements into psychiatric and mental health care

330. Rates of admissions into psychiatric hospitals increased rapidly during the 1940s and 1950s, reaching a peak in the 1960s and falling gradually over the 1970s:

> in 1953, approximately 9,700 people (478 per 100,000 of NZ population)[427]

> in 1966, approximately 10,600 people (397 per 100,000 of NZ population)[428]

> in 1971, approximately 10,100 people (355 per 100,000 of NZ population)[429]

> in 1976, approximately 8,500 people (270 per 100,000 of NZ population)[430]

> in 1981, approximately 8,000 people (257 per 100,000 of NZ population).[431]

331. The ethnic makeup of people who entered psychiatric hospitals fluctuated over this period.

I piki te nui o ngā Māori i uru atu ki ngā whare wairangi me ngā taurima hauora hinengaro
Rates of Māori entering psychiatric and mental health care increased

332. As with disability care, whānau Māori have traditionally preferred to look after family members experiencing mental distress at home, rather than placing them in psychiatric institutions.[432] In 1909, Māori made up just over one percent of psychiatric inpatients nationwide, rising to 1.8 percent in 1938. Ten years later, in 1948, this had increased to 2.6 percent. This figure represented 20.8 per 10,000 population for Māori, while for non-Māori the figure was 51 per 10,000.[433]

333. However, from the early 1960s, both Māori and non-Māori rates of admission to psychiatric institutions increased.[434] Non-Māori admission rates stabilised in the mid-1960s and then declined during the 1970s and 1980s, but Māori rates of admission increased throughout the 1960s, stabilised in the 1970s, and rose again throughout the 1980s.[435]

427 Stats NZ, The New Zealand Official Yearbook 1955 (page 68).
428 Department of Health, Survey of occupied psychiatric hospital beds and psychiatric day and outpatients, 1976, Special Report No 55 (Government Printer, 1979, pages 2–3).
429 Department of Health, Survey of occupied psychiatric hospital beds and psychiatric day and outpatients, 1976, Special Report No 55 (Government Printer, 1979, pages 2-3).
430 Department of Health, Survey of occupied psychiatric hospital beds and psychiatric day and outpatients, 1976, Special Report No 55 (Government Printer, 1979, pages 2-3).
431 Department of Health, Survey of occupied psychiatric hospital beds and psychiatric day and outpatients, 1981, Special Report No 66 (Government Printer, 1983, page 4).
432 Gassin, T, Māori mental health: A report commissioned by the Waitangi Tribunal for the Health Services and Outcomes Kaupapa Inquiry (Wai 2575, B26), (Waitangi Tribunal, 2019, pages 6-7).
433 Gassin, T, Māori mental health: A report commissioned by the Waitangi Tribunal for the Health Services and Outcomes Kaupapa Inquiry (Wai 2575, B26), (Waitangi Tribunal, 2019, page 6).
434 Cram, F, Te Huia, B, Te Huia, T, Williams, M & Williams, N, Oranga and Māori health inequities 1769–1992, A report commissioned by the Ministry of Health for stage two of the Waitangi Tribunal's Health Services and Outcomes Kaupapa Inquiry (Wai 2575, B25), (Waitangi Tribunal, 2019, page 111); Gassin, T, Māori mental health: A report commissioned by the Waitangi Tribunal for the Health Services and Outcomes Kaupapa Inquiry (Wai 2575, B26), (Waitangi Tribunal, 2019, page 8).
435 Gassin, T, Māori mental health: A report commissioned by the Waitangi Tribunal for the Health Services and Outcomes Kaupapa Inquiry, Waitangi Tribunal (Wai 2575, B26), (Waitangi Tribunal, 2019, page 8).

334. From 1970 to 1987, tamariki Māori (10 to 19 years old) and rangatahi Māori (20-29 years old) were admitted to psychiatric care at a rate approximately one and a half times higher than non-Māori. The rate of rangatahi Māori admission, increased to approximately double the non-Māori admission rate in the mid-1980s.[436]

335. By the mid-1980s, Māori made up 14 percent of all psychiatric admissions despite making up only seven percent of the population.[437] From 1960 to 1990, while "non-Māori first-time admissions to psychiatric facilities had only slightly increased", the Māori rate increased by more than 200 percent.[438] By the late 1990s, the high rates of mental distress and conditions among Māori were described as a crisis of "unprecedented proportions".[439] In 1999, for example, 50 percent of forensic inpatient service users and 29 percent of community-based service users were Māori.[440]

336. The increase in Māori admissions was partly attributed to the worsening state of mental health among Māori, and Māori accessing mental health care at a later stage of distress. Scholars attribute the worsening state to a range of factors, including alienation from traditional whānau and hapū support systems, poor access to primary health care, a lack of culturally appropriate services, racism and poverty.[441]

337. The Inquiry heard from Māori survivors who were admitted to psychiatric care from social welfare settings.[442]Māori survivor Vernon Sorenson (Ngāti Tūwharetoa, Ngāti Rākau) was moved from a family home to Lake Alice Child and Adolescent Unit in Rangitikei, because he was too young to be placed at a boys' home. He was later diagnosed with depression and given electric shocks. Vernon said:

> *"I was struggling a bit in the family homes, and I think Social Welfare wanted to put me into a boys' home but I was too young. So, they sent Dr Selwyn Leeks to my home to assess me. I was finding it very hard in the family homes and I was crying when I was talking to Dr Leeks. He said I could get some rest at Lake Alice, and I would have no worries. So, I jumped at the chance."* [443]

436 Savage, C, Moyle, P, Kus-Harbord, L, Ahuriri-Driscoll, A, Hynds, A, Paipa, K, Leonard, G, Maraki, J & Leonard, J, Hāhā-uri hāhā-tea: Māori involvement in State care 1950–1999 (Ihi Research, 2021, page 14).
437 Cram, F, Te Huia, B, Te Huia, T, Williams, M & Williams, N, Oranga and Māori health inequities 1769–1992, A report commissioned by the Ministry of Health for stage two of the Waitangi Tribunal's Health Services and Outcomes Kaupapa Inquiry (Wai 2575, B25), (Waitangi Tribunal, 2019, page 112).
438 Gassin, T, Māori mental health: A report commissioned by the Waitangi Tribunal for the Health Services and Outcomes Kaupapa Inquiry, Waitangi Tribunal (Wai 2575, B26), (Waitangi Tribunal, 2019, page 12).
439 Māori Health Commission, Tihei Mauri Ora! Report of the Māori Health Commission (1998, page 14).
440 Ministry of Health Review of forensic mental health services: Future directions (2010, page 16, Table 2).
441 Gassin, T, Māori mental health: A report commissioned by the Waitangi Tribunal for the Health Services and Outcomes Kaupapa Inquiry (Wai 2575, B26), (Waitangi Tribunal, 2019, pages 17–18).
442 Witness statements of Vernon Sorenson (22 July 2021, para 1.10); Susan Kenny (15 July 2021, para 91); Mr MM (11 August 2021, para 89) and Mr LJ (28 April 2023, para 5.7.1).
443 Witness statement of Vernon Sorenson (22 July 2021, para 1.10).

338. Studies from the 1990s found Māori adults were more likely to be admitted to psychiatric units through the justice system, after coming to the attention of law enforcement agencies; Māori were about two to three times more likely to receive referrals from law enforcement agencies than non-Māori.[444]

Kāore i te tino mōhio tokohia ngā purapura ora Pasifika i uru ki ngā whare wairangi me ngā taurima hauora hinengaro

Numbers of Pacific survivors in psychiatric and mental health care unclear

339. During the Inquiry period there was limited data on the admission of Pacific fanau (children), tagata talavou (young people) and tagata matua (adults) to psychiatric care or their duration of stay.

340. Data from 1984 showed that Pacific adults aged 15 years old and over were represented in psychiatric admissions at rates close to their proportion in the general population. Pacific tagata talavou and tagata matua comprised 2.3 percent of the national population but only two percent of admissions to psychiatric care.[445] However, research throughout the 1980s and 1990s found that Pacific patients who entered psychiatric care were more likely to be formally committed and were also more likely than non-Pacific People to be readmitted.[446] Leota Dr Lisi Petaia's evidence to the Inquiry notes that one of the first interactions that Pacific Peoples usually have with mental health facilities is through the justice system.[447]

341. In 1999, seven percent of forensic inpatient users and five percent of community-based service users were Pacific Peoples. This figure indicates an overrepresentation in this mental health setting compared with the general population.[448]

444 Gassin, T, Māori mental health: A report commissioned by the Waitangi Tribunal for the Health Services and Outcomes Kaupapa Inquiry (Wai 2575, B26), (Waitangi Tribunal, 2019, pages 8, 12); Savage, C, Moyle, P, Kus-Harbord, L, Ahuriri-Driscoll, A, Hynds, A, Paipa, K, Leonard, G, Maraki, J & Leonard, J, Hāhā-uri hāhā-tea: Māori involvement in State care 1950–1999 (Ihi Research, 2021, page 14).

445 Bathgate, M, Donnell, A & Mitikulena, A, The health of Pacific Islands people in New Zealand: Analysis and monitoring report 2 (Public Health Commission, 1994, page 146).

446 Mason, K, Report of the Committee of Inquiry into procedures used in certain psychiatric hospitals in relation to admission, discharge or release on leave of certain classes of patients (Ministry of Health, 1988, page 29); Bathgate, M, Donnell, A, & Mitikulena, A, The health of Pacific Islands people in New Zealand: Analysis and monitoring report 2 (Public Health Commission, 1994, pages 146–147).

447 Witness statement of Leota Dr Lisi Kalisi Petaia (12 July 2021).

448 Review of forensic mental health services: Future directions (Ministry of Health, 2010, pages 16–17, Table 2).

Ngā āhuatanga ā-ture mō ngā whakaurunga ki ngā whare wairangi me ngā taurima hauora hinengaro
Legal mechanisms for admissions into psychiatric and mental health care

342. Survivors were typically referred by their family doctor or the courts to undergo psychiatric assessment, which could lead to informal, or voluntary admission into a psychiatric institution, or being formally committed under the Mental Health Act 1969 and its amendments that applied during the Inquiry period. Some survivors' entry into psychiatric settings was initiated through their involvement with NZ Police, including arrest.[449]

343. When sharing their experiences with the Inquiry, survivors did not always discuss what legal 'mechanism' they entered mental health care settings through. Survivors told the Inquiry that the difference between formal and informal entry was also not clear.[450] A common theme was the lack of transparency surrounding their admissions and shifts between care settings.

Ngā whakaurunga tuohu, tuohu-kore hoki ki ngā taurimatanga mate hinengaro, wairangi
Voluntary and involuntary admissions into psychiatric and mental health care

344. The Mental Health Act in its amendments, together with related legislation, provided a clear statutory framework for entering psychiatric care.

345. Voluntary admissions to mental hospitals were increasingly common from the 1950s. This is attributed to the fact that the likelihood of receiving more effective treatment in psychiatric hospitals, compared to previous years, had increased in the public eye.[451] From 1955 to 1959 the rate of voluntary admissions reached 48 percent, and from 1960 to 1964, 71 percent of admissions to these institutions were voluntary.[452]

449 Witness statements of Stephen Cotterall (30 November 2022, paras 2.2–2.4, 2.8) and Shane Moore (16 May 2022, para 9).
450 Witness statements of Rachael Umaga (18 May 2021, page 4, para 18) and Michael Rush (16 July 2021, para 48); Private session transcript of Pamella Thompson (n.d., page 14).
451 Warwick, B, Mental health services: Contemporary issues (Te Ara – The Encyclopedia of New Zealand, 2022, page 7), https://teara.govt.nz/en/mental-health-services/page-7.
452 Warwick, B, Mental health services: Contemporary issues (Te Ara – The Encyclopedia of New Zealand, 2022, page 7), https://teara.govt.nz/en/mental-health-services/page-7.

346. However, the Inquiry heard that, from the survivor's perspective, there was often little difference between formal and 'informal' pathways, with many survivors questioning the voluntary nature of informal admissions. Survivors told the Inquiry that they were threatened with formal committal if they did not voluntarily engage with mental health services, admit themselves, or agree to certain treatments.[453]

347. Pacific survivor Rachael Umaga entered psychiatric institutional care. She described having an admission interview with a psychiatric registrar, which led to her admitting herself into care informally. Rachael discharged herself from the ward 15 days later but was readmitted three days later on a formal basis. Rachael told the Inquiry:

> *"On admission, I was made to sign a contract. This meant that I was sectioned under the Mental Health Act and was only permitted to go on escorted leave with a family member or a nurse.*
>
> *At this time, I did not know the difference between informal and formal admissions. No one ever explained this to me. From what I understand, an informal process meant admission on a voluntary basis as opposed to a formal process which required being sectioned under the Mental Health Act under a compulsory treatment order."*[454]

348. This also reflects what participants shared with the Confidential Forum for Former In-Patients of Psychiatric Hospitals established in 2005, which interviewed 493 individuals, most of them former psychiatric patients.[455] Some participants told the forum they had only consented to voluntary admission in the belief that if they did not, they would be committed involuntarily. Other participants spoke about being threatened that they would be sectioned (committed involuntarily) if they did not consent to particular treatments.[456]

349. Under the Mental Health Act 1969, anyone who was "mentally disordered" – meaning they were "mental ill", "mentally infirm" (not applicable to children and young people), and / or "mentally subnormal" – and required detention in hospital for their own good or in the public interest, could be committed for compulsory psychiatric care.[457] The Mental Health Act 1969 was the first piece of legislation that had specific sections relating to both custody and treatment, thus making treatment legally binding.

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453 Witness statement of Stephen Cotterall (30 November 2022, paras 1.7–1.8); Private session transcript of Denise Caltaux (n.d., page 27).
454 Witness statement of Rachael Umaga (18 May 2021, page 4).
455 Mahony, P, Dowland, J, Helm, A & Greig, K, Te Āiotanga: Report of the Confidential Forum for former in-patients of psychiatric hospitals (Department of Internal Affairs, 2007, pages 1, 19, 21).
456 Mahony, P, Dowland, J, Helm, A & Greig, K, Te Āiotanga: Report of the Confidential Forum for former in-patients of psychiatric hospitals (Department of Internal Affairs, 2007, pages 19, 21).
457 Mental Health Act 1969, sections 19–22.

350. Some survivors told the Inquiry that they were formally committed into a psychiatric institution by their family. A mutual factor appeared to be a lack of alternative options available within the community or for the whānau itself, to be able to support the individual in distress.[458]

351. Lack of alternative treatment options could also influence doctors' decisions to refer patients to more institutional psychiatric settings. For example, NZ European survivor Ms LU told the Inquiry that in her early twenties she was "very depressed" and her GP referred her to Lake Alice:

> *"He said one day, 'I don't want to do it … but I think I'm going to have to put you in Lake Alice for a little while'. He knew it was a bad place, but he had run out of treatment options and had no choice. I didn't want to go to Lake Alice, but I think I would have consented to going at the time as it was my only option to treat my depression. I went to Lake Alice for six weeks as an in-patient. Lake Alice is the biggest mistake of my life. I don't think I should have ever been there."*[459]

458 Witness statements of Sidney Neilson and Cherene Neilson-Hornblow (20 May 2022, paras 3.6–3.9) and Rachael Umaga (18 May 2021, paras 5, 49, 134).
459 Witness statement of Ms LU (18 May 2022, paras 14–17, 28).

Ngā take mō ngā whakaurunga ki ngā taurimatanga mate hinengaro, wairangi
Reasons for admissions into psychiatric and mental health care

352. In the early part of the Inquiry period, psychiatry was still an emerging discipline. Psychiatrists lacked some of the tools and understanding of today, not only to diagnose and treat conditions, but also of difference and diversity.

353. Medical disciplines, including psychiatry, operated within a predominately Western healthcare system, driven by a biomedical model of understanding and approach to health, including mental health, and disability. This is discussed further in Part 4.

354. Prejudice and a lack of knowledge and understanding of different behaviours or conditions saw some people admitted to psychiatric institutions for reasons that the Inquiry would view as wholly inappropriate today – including admissions based on punitive, sexist, homophobic and racist attitudes and misunderstood behaviours.[460]

355. During the Inquiry's State Institutional Response Hearing, Director-General of Health Dr Diana Sarfati acknowledged:

> *"Societal stigma against people with mental health conditions and learning disabilities was a contributing factor to people being placed in psychiatric settings during the 1950s–1970s, and I acknowledge that people (including children and young people) were placed in psychiatric hospitals and facilities for reasons that would not be acceptable today."*[461]

460 Witness statements of Alison Pascoe (29 April 2022, paras 2.25–2.27) and Ms LV (14 February 2023, para 7); Private session transcript of Ms SD (1 December 2020, page 7).

461 Transcript of evidence of Director-General of Health and Chief Executive Dr Diana Sarfati for the Ministry of Health at the Inquiry's State Institutional Response Hearing (Royal Commission of Inquiry into Abuse in Care, 17 August 2022, page 207).

Ngā whakahapatanga me ngā poautinitini
Trauma and adversity

356. Survivors told the Inquiry that prior to entering these settings or engaging with mental health services, they experienced trauma and adversity, including in childhood and adolescence.

357. Māori survivor Ms LW had been experiencing mental distress from the trauma of sexual abuse and was 18 when her mother took her to a doctor who sent her for assessment at Wellington Hospital; that same day she was placed at Porirua Hospital.[462] Like other survivors,[463] Ms LW described how an adult, in this case her mother, did all the talking to the professional; no one asked her to explain what she was experiencing.[464]

358. Most survivors who talked to the Inquiry about mental health pathways also had a history of State or faith-based care.[465] The majority of these survivors experienced trauma in these care settings.[466]

359. NZ European survivor Robert Donaldson experienced sexual abuse by Father Magnus Murray from age 7 to 17 years old, whom he had met through his family's involvement with St Bernadette's Church in Ōtepoti Dunedin.[467] After having a 'breakdown' as an adult in the 1980s, Robert was admitted to Cherry Farm Psychiatric Hospital in Ōtepoti Dunedin, where he suffered further physical abuse.[468]

462 Witness statement of Ms LW (27 June 2022, paras 1.14 and 1.15).
463 Private session transcript of Denise Caltaux (24 November 2020, pages 19, 31); Witness statement of Leoni McInroe (21 March 2021, para 19); Private session transcript of Ms UY (n.d., page 10).
464 Private session transcript of Ms LW (11 October 2019, page 5).
465 Witness statements of Mr SN (10 March 2021, para 7); Mr AA (9 March 2021, para 1); Mr II (21 March 2021, para 3) and Mr HH (24 March 2021, paras 7–10); Witness statements of Mr HZ (8 April 2021, para 7); Ms AV (13 September 2020, para 6); Steven Storer (24 May 2021, para 3) and Mr MM (11 August 2021, paras 86–88).
466 Witness statements of Danny Akula (7 October 2021, paras 107–108); Robert Donaldson (24 August 2020, para 1.5); Tyrone Marks (10 March 2021, para 4); Mr SN (10 March 2021, para 7); Mr AA (9 March 2021, para 1); Mr II (21 March 2021, para 3) and Mr HH (24 March 2021, paras 7–10); Witness statements of Mr HZ (8 April 2021, para 7); Ms AV (13 September 2020, para 6); Steven Storer (24 May 2021, para 3) and Mr MM (11 August 2021, paras 86–88).
467 Witness statement of Robert Donaldson (24 August 2020, para 1.5).
468 Witness statement of Robert Donaldson (24 August 2020, para 3.10).

Ngā take ā-whanonga, ā-io aro huhua, ā-whaikaha anō hoki
Behavioural reasons, neurodiversity, and disability

360. Neurodiverse children and young people and people with sensory, or learning disabilities, often came to the attention of authorities because of their behaviours. These behaviours could be wrongly labelled as naughtiness, delinquency or even contribute to diagnosis of a mental health condition, which could increase the likelihood of an individual being placed into a mental health care setting.[469] This was particularly the case for tamariki and rangatahi Māori, who were often placed into psychiatric care from home or social welfare care for behavioural reasons. As noted in Chapter 2, discriminatory and racist attitudes contributed to tamariki and rangatahi Māori being considered deviant and criminal, this also contributed to entries into psychiatric care.

361. For some survivors admitted into psychiatric care, authority figures (including medical professionals) did not try to understand what they were experiencing personally, why they were behaving in certain ways, or how they felt.[470] Māori survivor Terry King was admitted to Ngawhatu Hospital in Whakatū Nelson at 14 years old because he kept running away from his abusive home. He had suffered sexual and physical abuse from priests at St Joseph's School in Waihi and St Mary's School in Tauranga, as well as from his stepfather, however this abuse was ignored, and instead Terry was diagnosed as: "Feeble minded, with Schizoid Personality",[471] almost one month after being admitted."[472]

362. Some former staff of psychiatric institutions told the Confidential Forum that, on occasion, people with no diagnosed mental health conditions ended up in psychiatric hospitals due to capacity pressures in other care settings, including social welfare residences and disability care institutions.[473]

469 See Royal Commission of Inquiry into Abuse in Care, Beautiful children, Inquiry into the Lake Alice Child and Adolescent Unit (2022).
470 Witness statement of Rodney Davis (23 November 2022, para 1.15).
471 Appendix to the witness statement of Terry King (10 August 2021, para 42), Letter from medical officer to doctor at Wakefield (11 August 1967).
472 Appendix to the witness statement of Terry King (10 August 2021, paras 40-42), Letter from medical officer to doctor at Wakefield (11 Augst 1967).
473 Mahony, P, Dowland, J, Helm, A & Greig, K, Te Āiotanga: Report of the Confidential Forum for former in-patients of psychiatric hospitals (Department of Internal Affairs, 2007, page 31).

363. The Inquiry has heard from institutional witnesses and experts who describe incorrect placements at psychiatric hospitals. Former psychiatrists Dr Ken Bragan described how the courts sent 'delinquent adolescents' to Sunnyside Hospital. [474] Māori survivor Susan Kenny's (Ngāti Apa) experience reflected this. Susan was sexually abused in her home from 9 years old and was placed in social welfare care at the age of 12 as she was constantly running away. While being moved between different girls' homes, she was told that no one could control her, and she was labelled delinquent. She was sexually abused at Miramar Girls' Home in Te Whanganui-ā-Tara Wellington before being moved to Kingslea Girls' Home in Ōtautahi Christchurch as she continued to run away and misbehave in class. At Kingslea she described being "heavily drugged" and recalled one minor incident that led to her admission into Sunnyside:

"One day at Kingslea, I can remember exercising in the courtyard and a shuttlecock went on the roof. I got up on a chair to get it. A staff member came and grabbed me, and I kicked back. I remember getting an injection. I think it was after that I went to Sunnyside."[475]

364. The Inquiry also heard from a clinical psychologist, and former staff member at Holdsworth School in Whanganui, that boys were transferred from the school to Lake Alice Child and Adolescent Unit in Rangitikei as punishment for misbehaviour.[476]

365. Retired police aid youth worker Mr LX recalled a points system at Holdsworth School, which determined whether boys were sent home or released. He asked the principal what the negative points on the board meant and was shocked with the response: "Oh then that inmate goes to Lake Alice for treatment and let me tell you he comes back with a much better attitude."[477]

366. John Watson, a registered clinical psychologist and the former housemaster at Holdsworth School between 1972 and 1975, told the Inquiry that many boys were referred to Lake Alice as punishment for misbehaving, such as persistent running away and aggressive behaviour. Mr Watson disagreed with these referrals to psychiatric care, however his concerns were ignored:[478]

"At the time I was concerned at the reasons for the referrals to Lake Alice because I believed misbehaviour of this sort could be managed by the school. Regardless of how much the boys played up, I didn't think it was necessary to send them to a psychiatric hospital like Lake Alice".

474 Witness statement of Dr Ken Bragan (19 February 2021, para 12).
475 Witness statement of Susan Kenny (15 July 2021, para 91).
476 Witness statement of John Watson (15 January 2021, para 17).
477 Witness statement of Mr LX (20 October 2020, para 17).
478 Witness statement of John Watson (15 January 2021, page 3, para 17).

367. Many disabled children and young people spent time in psychiatric hospitals, including in special units or wards within these hospitals.[479] The Inquiry saw evidence of children being admitted to psychiatric hospitals due to epilepsy,[480] or in the case of one survivor with learning disability, seizure activity misdiagnosed as epilepsy.[481]

368. Neurodiverse people were also placed in psychiatric settings. For example, Porirua Hospital set up a unit for autistic people in the 1970s as this diagnosis began to increase.[482] Tāngata Turi Māori survivor Mr LF (Ngāti Maniapoto) who had Asperger's syndrome was admitted to Sunnyside Hospital when he was 21 years old. He stayed at the hospital on and off over a period of approximately 11 years:

> *"I was visually misdiagnosed with schizophrenia and medicated accordingly. At no time was an interpreter used to ask me how I felt and what was happening to me. There was no support in terms of information and discussions with family at all."*[483]

369. In a paper prepared for the Inquiry, Dr Olive Webb explained how until around 1980, children and young people with autism were often diagnosed with a psychiatric condition, "childhood schizophrenia":

> *"The expected mode of intervention was medical, and that means, during these times, antipsychotic, sedating medication. The intense anxiety experienced by people with ASD would not be recognised as such, and escalations of behaviour would be seen as manifestations of psychosis. In keeping with treatment of people with psychiatric conditions, restraint and seclusion would occur to manage out-of-control behaviour."*[484]

370. Michael Ferriss, director of the New Zealand chapter of Citizens Commission on Human Rights noted that a significant number of female State wards in Fareham House in Pae-Tū-Mōkai Featherston were admitted to Porirua Hospital for assessment, including with electroencephalogram (EEG), and were subsequently treated for epilepsy with an anti-convulsant drug that also acted as a sedative.[485]

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479 Witness statement of Dr Hilary Stace for the Inquiry's Contextual Hearing (October / November 2019, page 12, para 46).
480 Written oath regarding consent for admission of 9-year-old girl to Porirua Psychiatric Hospital for epilepsy (25 Nov 1977, page 1); Witness statement of Mr BZ (2 September 2021, page 10). See also Royal Commission of Inquiry into Abuse in Care, Beautiful children, Inquiry into the Lake Alice Child and Adolescent Unit, (2022, para 69); Written account of Christine Taniwha (n.d., page 9).
481 Witness statement of Ms LV (14 February 2023, para 7).
482 Witness statement of Dr Hilary Stace for the Inquiry's Contextual Hearing (October / November 2019, page 12, para 46).
483 Witness statement of Mr LF (13 February 2020, para 3.2).
484 Webb, OJ, The likely impact of prevailing conditions and environments on people now considered to be neurodiverse, between 1950 and 1990: A paper prepared for the Royal Commission into Abuse in State Care (25 November 2022, pages 8–9, para 3.a.iii).
485 Witness statement of Michael Ferriss (27 April 2021, paras 106–124); Division of Mental Health, Porirua Hospital, EEG tests forwarded by Fareham Principal R Bell to superintendent (18 July 1968).

371. Young girls at Fareham House in Pae-Tū-Mōkai Featherston, who were predominately Māori, were given medication in an effort to "establish acceptable patterns of behaviour."[486] The Inquiry heard that 20 to 30 percent of girls at Fareham House went on to be admitted to mental health hospitals.[487]

372. The Inquiry has received limited evidence on this practice; however, NZ European survivor Ms HV told the Inquiry:

> *"In common with many girls at Fareham House, I was sent to Porirua Psychiatric Hospital for an EEG, which apparently was abnormal and indicated I had epilepsy. I ended up being treated with epilepsy drugs, which I now know I never needed, as I never had epilepsy."*[488]

373. Survivors' experiences of Fareham House, and the abuse and neglect they suffered including medical abuse are set out in Part 4.

Toihara ā-ia (ngā wāhine me ngā kōtiro)
Gender discrimination (women and girls)

374. The Confidential Forum and the Confidential Listening and Assistance Service observed that pathways into psychiatric settings could be gendered. Women and girls' admissions sometimes reflecting prevailing societal norms and attitudes about women's gender roles,mothering, pregnancy, miscarriage, childbirth and marital difficulties.[489] Societal norms and stigma around female sexuality also influenced entries, particularly in relation to perceived promiscuity.

375. NZ European survivor Ms SF shared with the Inquiry that a diagnosis of post-partum depression influenced her entry into a mental health care setting, however her diagnosis was later changed to something other than post-partum depression.[490] The Confidential Listening and Assistance Service found that young women admitted to psychiatric hospitals for post-partum depression often stayed for many years.[491]

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486 Fareham House 1968 Annual Report 1968, "Temporal Lobe Epilepsy – Related to Difficult Behaviour" (n.d., page 6).
487 Stanley, E, The road to hell: State violence against children in postwar New Zealand (Auckland University Press, 2016, page 67); Savage, C, Moyle, P, Kus-Harbord, L, Ahuriri-Driscoll, A, Hynds, A, Paipa, K, Leonard, G, Maraki, J & Leonard, J, Hāhā-uri hāhā-tea: Māori involvement in State care 1950–1999 (Ihi Research, 2021, page 207).
488 Witness statement of Ms HV (8 August 2022, paras 131–132).
489 Witness statement of Mary O'Hagan (14 October 2019, para 24).
490 Private session transcript of Ms SF (1 December 2020, page 7).
491 The Confidential Listening and Assistance Service, Some memories never fade: Final report of The Confidential Listening and Assistance Service (Department of Internal Affairs 2015, page 29).

376. NZ European survivor Ms AT told the Inquiry she went to two GPs to discuss her heavy, painful periods but both were adamant this was "all in [her] head".[492] The second GP she saw referred her to Hastings Psychiatric Unit. Ms AT told the Inquiry:

> *"During my stay at Hastings Psychiatric Unit in 1985, I got frightened and confused. I did not answer or understand the questions the psychiatrist and student doctor were asking me. I told them that there was something not right with my uterus periods. I also did not know how to answer their silly questions that they asked me, you know, they asked me, 'Do you hear voices?' Well, of course I hear voices, I could hear them talking, you know? I didn't know what the hell they were on about. And then I was given my first antipsychotic medication there."*[493]

377. Ms AT said that prior to discharge a large ovarian cyst was found and removed.[494] However, this marked her first admission of many into psychiatric institutions. Just as other survivors have told the Inquiry, Ms AT felt that by having a history of experiencing mental distress and being involved with mental health services has meant her "credibility is constantly being dismissed and denied".[495]

Mae Takatāpui me te toihara
Homophobia and discrimination

378. Discrimination towards people with diverse gender identities and / or sexual orientation resulted in people from the Takatāpui, Rainbow and MVPFAFF+ communities being admitted to psychiatric institutions.[496] Until 1973, the Diagnostic and Statistical Manual of Mental Disorders categorised homosexuality as a mental health disorder. This, coupled with the criminalisation of homosexuality (until homosexual law reform was passed in New Zealand in 1986), established a pathway for Takatāpui, Rainbow and MVPFAFF+ communities into mental health institutional care settings.[497]

492 Private session transcript of Ms AT (2 March 2020, page 10).
493 Private session transcript of Ms AT (2 March 2020, pages 10–11).
494 Private session transcript of Ms AT (2 March 2020, page 11).
495 Private session transcript of Ms AT (2 March 2020, page 11).
496 Private session transcript of Joan Bellingham (29 April 2019, page 6); Private session transcript of Ms SP (n.d., page 14); Transcript of evidence of Paora Moyle from the Expert Panel at the Inquiry's Tō muri te pō roa, tērā a Pokopoko Whiti-te-rā (Māori Experiences) Hearing (Royal Commission of Inquiry into Abuse in Care, 18 March 2022, page 38).
497 The Committee on Nomenclature and Statistics of the American Psychiatric Association, Diagnostic and statistical manual: Mental disorders (1st edition, American Psychiatric Association Mental Hospital Service, 1952, page 39).

379. NZ European survivor Joan Bellingham told the Inquiry about the homophobic attitudes that contributed to her being admitted into psychiatric care. Joan went to Burwood Hospital in Ōtautahi Christchurch for nurses training at 18 years old. There, she experienced hatred and overt homophobia from the matron and staff once they found out she was gay. The matron told her homosexuality was wrong and said she would never be a nurse. The same matron later accused Joan of stealing drugs, which she said was completely false. It was after that accusation that Joan was told she needed treatment and was taken to Princess Margaret Hospital in Ōtautahi Christchurch, without any choice. Joan said:

"I didn't have any clothes with me or anything. There was no choice in the matter. I was just told I that I was being admitted to Princess Margaret. I didn't realise it at the time, but I would spend the next 12 or so years as a patient there.

I was terrified and told them that this was a mistake, but they wouldn't listen. They gave me drugs to quieten me down. I recall my mother also being deeply anxious I was in hospital and wanted to know why I needed to be there. But you didn't question the doctor's authority during those times. They were like gods. They thought I might have 'neurotic personality disorder'. The worst part is that I never felt like I was given a genuine choice, or that the doctor was listening to me." [498]

380. Pākehā survivor Dr Kyro Selket, who identifies as a gender non-conforming dyke, told the Inquiry that she had met many gay men who were put into Lake Alice Psychiatric Hospital in Rangitikei. At Lake Alice those gay men experienced medical abuse in the form of conversion techniques, for example, electric shocks.[499] Kyro described a gay couple being "tortured with electric stuff" at Lake Alice Psychiatric Hospital:[500]

"They'd been in Lake Alice for years. They were put there because they were queer. Their families put them there. I mean, as people said later, 'Before conversion therapy, we had Lake Alice and Carrington'."[501]

381. Fuimaono Karl Pulotu-Endemann, the first registered Pacific psychiatric nurse in New Zealand, witnessed MVPFAFF+ people being placed in psychiatric care as a result of their sexual and gender identities.[502]

498 Witness statement of Joan Bellingham (25 February 2020), paras 2.6, 3.2).
499 Private session transcript of Dr Kyro Selket (17 August 2021, pages 34–35).
500 Private session transcript of Dr Kyro Selket (17 August 2021, page 34).
501 Private session transcript of Dr Kyro Selket (17 August 2021, pages 34–35).
502 Attendee at Rainbow MVPFAFF+ fono (22 September 2022, page 7).

382. Religious attitudes that conceptualised homosexuality as a mental health issue also forced Takatāpui, Rainbow and MVPFAFF+ to engage in psychiatric care and treatment, particularly for Pacific Peoples. Pacific and Palagi survivor Mr UB shared his experience with the Inquiry:

"One of the pastors led a prayer session in which church leaders laid hands on me and prayed for my ability to choose 'the right path' in life. I was referred to a mental health professional based at Southland Hospital. I attended a counselling session where a discussion was had about the incompatibility between being gay and the beliefs of the church. It wasn't particularly condemnatory; it was also completely unsupportive."[503]

Te neke ki ngā hōhipera ā-rohe me ngā ratonga ā-hāpori
Shift to local hospitals and community services

383. From the 1970s, psychiatric experts increasingly stressed the importance of community and outpatient care for people experiencing mental distress. As in the disability sector,the shift to the provision of community care and services was slow.[504] By 1981, 48 percent of patients in psychiatric hospitals were people with a learning disability.[505]

384. By 1999, almost all large-scale mental health institutions had closed their doors. Cherry Farm Psychiatric Hospital in Ōtepoti Dunedin closed in 1992, Tokanui Psychiatric Hospital located in south of Te Awamutu closed in 1998 and Kingseat Hospital in Karaka closed in 1999.[506] Mental health services largely devolved to wards at local hospitals, and a range of smaller-scale community providers, including support services provided by non-government organisations, offering residential care or specialist programmes.[507]

385. Inpatient teams, such as in psychiatric wards attached to general hospitals, made up a smaller part of the mental health system, undertaking close observation, intensive investigation or intervention.[508] After leaving hospital, some survivors entered supported living residences in the community and may have accessed hospital-based services during the day as outpatients, or been readmitted for a period of time to a mental health ward or unit.[509]

503 Witness statement of Mr UB (3 April 2022, paras 56–57).
504 Warwick, B, Mental health services (Te Ara, 2022, pages 8–9).
505 Department of Health, Survey of occupied psychiatric hospital beds and psychiatric day and outpatients, 1981, Special report No 66 (PD Hasselberg, 1983, page 11).
506 Coleborne, C, "Preserving the institutional past and histories of psychiatry: Writing about Tokanui Hospital, New Zealand, 1950s–1990s," Health and History 5, No 2 (2003, page 111).
507 Gassin, T, Māori mental health: A report commissioned by the Waitangi Tribunal for the Health Services and Outcomes Kaupapa Inquiry (Wai 2575, B26), (Waitangi Tribunal, 2019, page 10).
508 Warwick, B, Mental health services (Te Ara, 2022, page 11).
509 Private session transcript Ms UV (29 May 2019, pages 8–11); Witness statement of Shane Moore (16 May 2022, paras 5–11).

386. Given the multidisciplinary nature of the mental health and addiction sectors over time, a range of teams (including community mental health teams) may have been involved in an individual's pathway through the mental health care system.

387. While Māori mental health programmes and service providers began to emerge from the 1980s,[510] State psychiatric and mental health services were predominately Eurocentric and not culturally responsive to tāngata whaiora.[511]

388. The monocultural nature of mental health services also meant that they were often not culturally safe for Pacific Peoples and their families and presented language and cultural barriers.[512] Cultural safety for Pacific Peoples could also include religious safety. One study published in 2000 on the experience of eight Pacific service users within a mental health setting found religious safety was often not achieved, particularly in the context of inpatient services such as acute wards. Author Malo Vito described a cultural religious difference that contributed to incorrect interpretations:

> *"Any type of religious or cultural behaviour which might be deemed over the top, delusional or psychotic in a psychiatric service would be just eccentric, or extreme within Pacific Islands communities. Pacific Islanders' vocal praise and worship could be seen as ranting and raving within the confines of an acute ward."*[513]

389. Māori survivor Sidney Neilson (Ngāpuhi, Ngāti Porou) was diagnosed with schizophrenia at 19 years old and told the Inquiry that he spent almost 50 years in and out of Porirua Hospital. In a joint witness statement with his sister, Sidney explained that he and his whānau felt unsupported in his pathway into community-based living, after he was discharged around 1989 due to deinstitutionalisation:

> *"There was limited offer of help or support for me or my whānau, I felt like I just thrown into the community and told to survive. I moved from an open ward at the hospital to a halfway house. There were whānau hui, and meetings with a psychologist and psychiatrist in preparation for my release, but all my family knew was that the hospital wanted to discharge me."*[514]

510 For example: The Māori mental health unit, Te Whai Ora, was established within Tokanui Psychiatric Hospital in the mid-1980s, Cram, F, Te Huia, B, Te Huia, T, Williams, M & Williams, N, Oranga and Māori health inequities 1769–1992 (Waitangi Tribunal, 2019, page 103). In the late 1980s, te Whare Paia was established as a Māori mental health unit in a large old villa on the Carrington Hospital grounds as the larger hospital institution closed down, Transcript of evidence of Ron Baker from the Kaupapa Māori Panel (20 July 2022, page 641).

511 Kaiwai, H & Allport, T, Māori with disabilities (Part two): Report commissioned by the Waitangi Tribunal for the Health Services and Outcomes Inquiry (Wai 2575), (Waitangi Tribunal, 2019, page 27); Bathgate, M, Donnell, A & Mitikulena, A, The health of Pacific Islands people in New Zealand: Analysis and monitoring report 2 (Public Health Commission, 1994, pages 148-149); Cram, F, Te Huia, B, Te Huia, T, Williams, M & Williams, N, Oranga and Māori health inequities 1769–1992 (Waitangi Tribunal, 2019, page 103).

512 Malo, V, Pacific People in New Zealand talk about their experiences with mental illness (Mental Health Commission, 2000, page 21).

513 Malo, V, Pacific People in New Zealand talk about their experiences with mental illness (Mental Health Commission, 2000, page 22).

514 Witness statement of Sidney Neilson and Cherene Neilson-Hornblow (20 May 2022, para 5.1).

390. Sidney initially had some negative experiences with community-based living, such as moving from flat to flat with different mental health community services, dealing with poor living conditions such as mould and being taken advantage of by a previous landlord. However, Sidney told the Inquiry that he enjoys the independence: "I love my life. It is good living alone, cooking, shopping, keeping my flat clean and tidy, keeping myself clean and tidy and doing my own things".[515]

Ngā ratonga oranga hinengaro tūhura mō ngā tāngata kua hāmenehia ki tētahi taihara ā-ture

Forensic mental health services for individuals charged with a criminal offence

391. During the 1990s regionally based forensic psychiatric services were developed which existed at the interface of the mental health and criminal justice sectors.[516] This pathway was significant for survivors experiencing mental distress, and / or with learning disability and / or neurodiversity, where it was relevant to their offending.

392. Entry into forensic services involves an individual being charged with a criminal offence and subsequently being referred to this specialised mental health setting for assessment and treatment.[517] Sometimes individuals were transferred from prison to mental health settings, including forensic wards, because they were considered unwell and in need of treatment.[518]

393. A 1999 review of forensic services found that most service forensic users have offences that are classed as 'serious' (violent or sexual). The review also found that the most common referral pathway into this setting has been through the courts, with prison being the second highest referral source.[519]

394. While forensic service users can be inpatients or community-based, forensic services remain more institutionally focused compared to other adult mental health services.[520]

395. The 1999 review found all but one inpatient service user was 'under legislation', such as the Criminal Justice Act 1985 or the Mental Health (Compulsory Assessment and Treatment) Act 1992.[521] While 41 percent of outpatients had informal or voluntary legal status, many had previously been inpatients under one of these Acts.[522]

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515 Witness statement of Sidney Neilson and Cherene Neilson-Hornblow (20 May 2022, para 5.9).
516 Ministry of Health, Review of forensic mental health services: Future directions (2010, page 8).
517 Ministry of Health, Review of forensic mental health services: Future directions (2010, page 8).
518 See for example: Mental Defectives Act 1911, section 38, Mental Health Act 1969, section 43 and Mental Health (Compulsory Assessment and Treatment) Act 1992, section 46; Witness statement of Ms BU (4 October 2022, paras 8.12–8.15).
519 Ministry of Health, Services for people with mental illness in the justice system: Framework for forensic mental health services (2001, page 10).
520 Ministry of Health, Review of forensic mental health services: Future directions (2010, page 9).
521 Ministry of Health, Services for people with mental illness in the justice system: Framework for forensic mental health services (2001, page 10).
522 Ministry of Health, Services for people with mental illness in the justice system: Framework for forensic mental health services (2001, page 11).

Ngā whakataunga mō ngā whakanohonga ki ngā whare wairangi me ngā taurima hauora hinengaro
Conclusions on placements into psychiatric and mental health care settings

396. Survivors could be referred by their family doctor or the courts for psychiatric assessment, leading to voluntary or formal admission. For many survivors, it was not clear what legal status they entered psychiatric care under, due to the age they were admitted or the lack of transparency surrounding their admission. Coercion from those in positions of power, to 'voluntarily' admit oneself, was also common.

397. Psychiatry was an emerging discipline in the 1950s. At that time psychiatrists lacked some of the tools and understanding available today, not only to diagnose and treat conditions, but also some societal attitudinal advances in accepting difference and diversity.

398. Children and young people with neurodiversity or trying to cope with the effects of trauma could come to the attention of authorities because of their behaviours. These could be wrongly labelled as naughtiness, delinquency or even contribute to diagnosis of a mental health condition and increase the likelihood of an individual being placed into a mental health care setting. Many survivors who entered mental health institutions, including as adults, had experienced previous trauma, including in both State and faith-based care.

399. Survivors' experiences often reflected discriminatory reasons for admission including ableism, disablism, racism, and homophobia. For example, homophobia and discriminatory attitudes towards Takatāpui, Rainbow and MVPFAFF+ communities influenced pathways into psychiatric institutions.

400. Whānau Māori have traditionally preferred to look after tāngata whaiora at home, rather than place them in psychiatric institutions, despite the lack of adequate support provided by the State. In 1948, Māori remained under-represented in psychiatric institutions. Māori admission rates to psychiatric institutions increased significantly over the Inquiry period, with high rates of mental distress among Māori being described as a crisis of 'unprecedented proportions' by the 1990s.

401. Māori mental health programmes and service providers began to emerge from the 1980s. State psychiatric and mental health services were predominately Eurocentric and not culturally responsive to tāngata whaiora.

402. The monocultural nature of mental health services also meant they were often not culturally safe for Pacific Peoples and their families, with language and cultural barriers present. Limited data exists on the experiences of Pacific Peoples in psychiatric and mental health care settings. From the mid-1970s, Pacific Peoples were more likely to be formally committed to in-patient or residential mental health facilities and were more likely than Pākehā to be readmitted into psychiatric settings. Often, the first interaction that Pacific Peoples had with the mental health sector was through the justice system

403. By the late 1990s, almost all large-scale mental health institutions had closed. Mental health services were largely devolved to hospital-based services and a range of smaller-scale community providers, including support services provided by non-government organisations offering residential care or specialist programmes.

"I never really had a relationship with my mother."

MS QP
Cook Island and Māori

Ms QP

Hometown: Grew up in Te Whanganui-ā-Tara Wellington, lived in Porirua, and currently lives in Stratford

Age when entered care: 11 years old

Year of birth: 1960 **Time in care:** 1971–1975

Type of care facility: Orphanage – St Joseph's Orphanage in Te Awa Kairanga ki Uta Upper Hutt; schools – Wellington High School Special Unit; girls' homes – Miramar Girls' Home in Te Whanganui-ā-Tara Wellington, Kingslea Girls' Home in Ōtautahi Christchurch; psychiatric hospital – Porirua Hospital.

Ethnicity: Cook Island and Māori

Whānau background: Ms QP's father died when she was two, and she didn't have a good relationship with her mother. She is the third of four children – with an older brother and sister and younger brother. Her older brother died in his sleep, and her younger brother committed suicide. She has had no contact with her sister for 16 years. She has a large wider whānau but doesn't have much contact with them.

Currently: Ms QP gave birth to seven children. Some spent time in the care system and one was raised by his father's family. One daughter passed away in 2007 and Ms QP brought up her son. She is now a great-grandmother and has a good relationship with her remaining children.

I have experienced a lifetime of abuse that can't be erased or forgotten, from family members and various partners, as well as events at the Miramar Girls' Home. There are still flashbacks and memories that haunt me.

I never really had a relationship with my mother. I remember her staring at me one day, drunk, and she said: "I knew from the minute you were born, you were evil." That really hurt.

Dysfunction was part of the problem in my family. I love my Cook Islands heritage, but my mum would never let me embrace it. She didn't want to know her people. There seems to be a lot of shame in my mother's family.

I remember lots of beatings. It is now thought my deafness came from those frequent beatings with the vacuum stick, and a shoe with a stiletto that went in my ear. I can vaguely remember hearing things when I was about 2 years old. After that, when I was getting hidings, I sort of felt things went quiet. No one in my family ever acknowledged I am Deaf. I was always thought of as stupid, and I was always called "stupid".

Mum's brother talked about what happened to my hearing – how my mum used to hit me, what happened with the stiletto shoe, how I went Deaf and all that.

My youngest daughter said to him: "So why didn't anyone do anything?"

And he said: "Because she's the oldest sister, we have to respect her. So, we aren't allowed to interfere."

That's why I don't bother to reach out to my whānau. I feel like they were never there for me when I needed them.

I had no inkling I was Deaf, but I was aware that kids were making fun of me, and teachers at primary school were always annoyed with me. I also stuttered. I was always put at the back of the classroom because they thought I was a problem child. I wanted help with my schoolwork, but reports said I didn't want to learn and wouldn't listen. That, of course, just got me another hiding. When I think back, the school didn't do right by me or the other kids who were disabled. There was a lot of prejudice in those days.

At home, I remember the bangs and the hits, and being picked up by my arm and thrown into a room. I think the most embarrassing part was going to school on swimming day and hiding. One of the girls saw bruises going down my backside and my legs. She ran and got the teacher, but they didn't do anything. I think that was when you didn't get involved. But it was embarrassing that kids saw it. They were all talking about it.

When I was 10 years old, I went to stay with my aunty because my mother was in hospital. I went to New Lynn School and got speech therapy for my stutter, but they still didn't pick up on my hearing loss.

In 1971, I went to St Joseph's Orphanage in Upper Hutt because Mum was still in hospital. My sister and I were sent there for a few months, but I chose to stay for another two years because I felt safer there. It wasn't a good place, just better than home.

I went to St Joseph's School and the teacher there noticed my deafness. I had just turned 12 years old. The head nun told me I could get hearing aids, then I got special help for my learning. It was a good feeling, but it was short-lived. Happiness doesn't last long, I discovered.

When I turned 13 years old, I had to go home. I was safe for a wee while as my uncle and aunty were living with us but then they moved into a new house. I was alone again. I needed protection from my mother but that wasn't happening. When is enough, enough?

I ran away when I was 13 years old. I didn't know anything about the streets, I just knew I had to get out. Eventually my mum caught me. I told her I wouldn't go home, and we went to Social Welfare. I told them I'd run away again if they sent me home. That's when they placed me at Miramar Girls' Home. I thought I was going to be safe.

Some staff at the home were good, but some weren't. They ignored the bullying that went on. There were lots of violent girls and many had gang affiliations. I was mocked for my stutter and some of them would hold me up against the wall, four to one, and one of them punched me in the eye. I told the staff, but they didn't do anything. It was a common thing. There was always someone getting a hiding.

There was no pastoral care and no compassion or understanding. No one tried to make us feel safe or wanted. I would call it neglect. The only time they'd pay attention was if someone stepped out of line.

I'd think: "Is this normal for a girls' home?" Every time I tried to approach a staff member it was like, "oh, just go away, just sort it out". They certainly weren't caregivers.

I started at Wellington High School when I was 13 years old. After about six weeks at the girls' home, I was allowed to go back to school, where I'd been put in a special learning class with a lot of intellectually disabled kids. I thought I did know quite a bit and I wanted to learn more but felt I was still being taught at primary school level. When we came out of our class the more academic students used to give us shit, like: "Oh, here goes the dumb dumbs, the retards." That just really sets you back.

When I went to school, the girls at the home expected me to bring smokes back. I had to buy them with my own money, which was meant to be my lunch money. When I didn't bring the smokes, they would be bitches, walk past and slap me across the head.

One day six of us girls were told we were going to the hospital for a checkup. It was actually a checkup for venereal disease. I had no idea what was happening. I was put in stirrups, and it was really painful. I was still a virgin then. The doctor doing the procedure was a cruel bastard. I tensed up and he said: "Why are you crying, you must have liked it." Some of us were only 14 or 15 years old.

I was never told anything about sex. I was still in care when I was gang raped by four guys, and I got an STD then. One of the girls set me up. It was my weekend out, but instead of going home this girl encouraged me to go to her uncle's house – it was actually a gang pad. No one from the girls' home checked I got home safely. Mum was angry because I got home late that night. Of course, I didn't tell her what happened.

The social worker at the home didn't believe me when I told her. She said it didn't happen. She shut me down. And I just felt like, because of my disability, it's another tale coming out of my mouth. So, I just kept quiet.

There was one social worker I did like. He was the one my mum punched in the face, because he called her a child abuser.

After about three months at the girls' home, I was sent to Porirua Hospital. I was told they would put something on my head and use waves or something. I had to lie on the bed and hold onto the bars because it hurt. It was like lots of zaps in my head. No one told me why I was having it. I only went once but it seemed like I was there for ages.

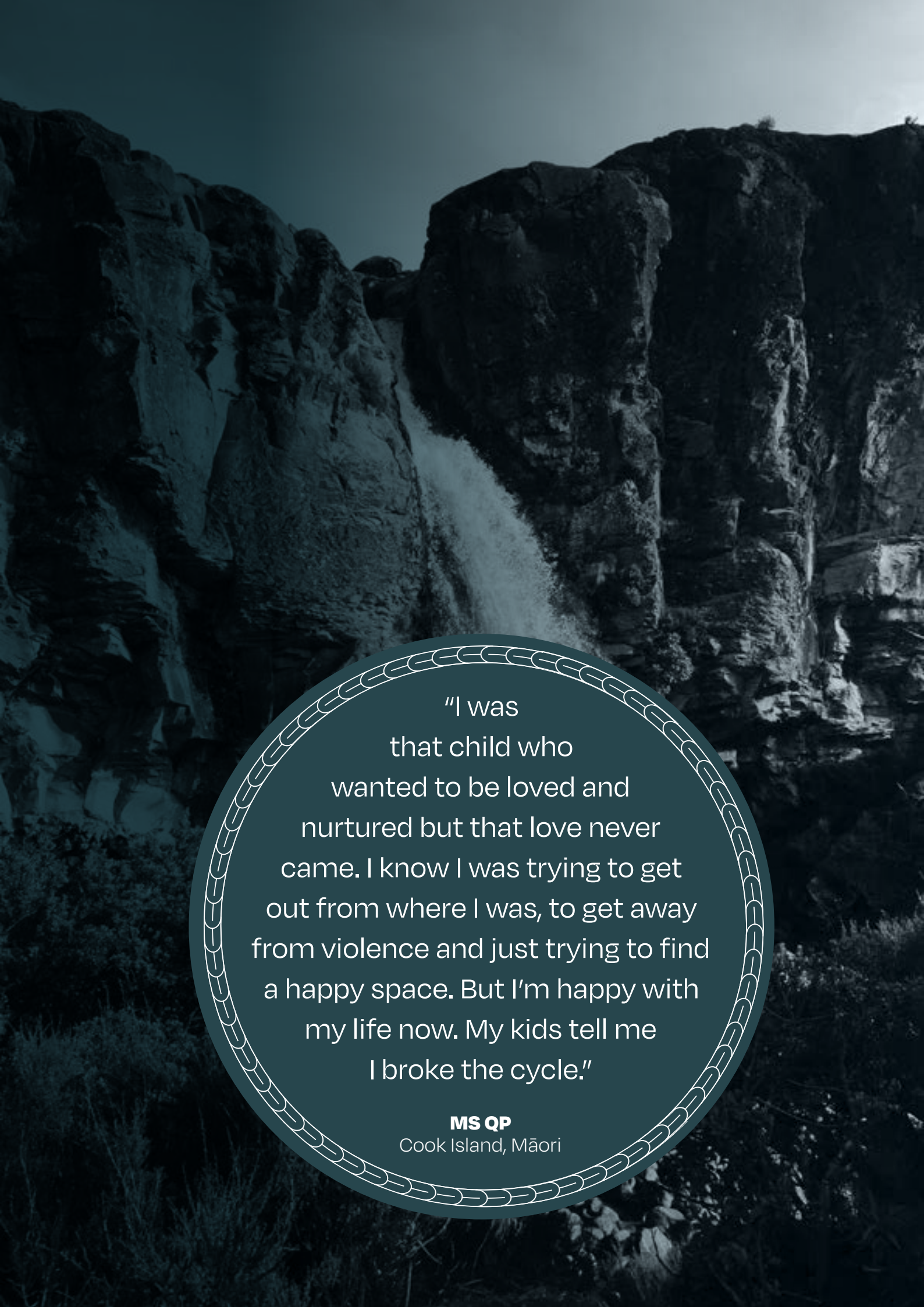
I was so glad when I got out of the girls' home and went to Kingslea. It was a good place for me. At Kingslea they told you what was going on. I think that was one of the best homes I went to.

I'm now seeing a counsellor who has not only helped me with the sexual abuse, but also with my experience at the girls' home. I'm feeling a lot better for it – I feel like I'm free. Counselling has really cleared up a lot of bottled-up pain, hurt, betrayal, confusion and injustice. I'm feeling good that a lot of this has gotten out.

I was that child who wanted to be loved and nurtured but that love never came. I know I was trying to get out from where I was, to get away from violence and just trying to find a happy space. But I'm happy with my life now. My kids tell me I broke the cycle.

Thinking about my experience, we need to be really careful with the people some of these poor kids are going to. We need to protect our kids more.[523]

523 Private session transcript of Ms QP (June 2022).



"I was
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a happy space. But I'm happy with
my life now. My kids tell me
I broke the cycle."

MS QP
Cook Island, Māori

"The people making decisions were Pākehā and they viewed our home life through a Pākehā lens."

POI MCINTYRE
Māori (Ngāi Tahu)

Ūpoko | Chapter 6
Ngā āhuatanga i whakanoho ai te tangata ki ētahi atu taurimatanga
Circumstances that led to people being placed into other types of care settings

404. The Inquiry also considered other types of care, including State and faith-based adoption, transitional and law enforcement, health camps, and sheltered workshops.

Ngā whare mō ngā whāngaitanga me ngā māmā kiritapu
Adoption and unmarried mothers' homes

405. The Inquiry heard from survivors who experienced abuse and neglect in unmarried mothers' homes and in adoption placements.

406. Adoption rates were influenced by a number of social and legal factors, including societal beliefs around unmarried mothers and their children, financial support opportunities for unmarried mothers, and the availability of contraception. Racism and increased State control of Māori adoptions and whāngai also influenced shifts in the numbers of pepi, tamariki, and rangatahi Māori adoptions.

Te taurimatanga o ngā tamariki meamea
Adoptions of children born outside of marriage

407. Unmarried mothers experienced substantial scrutiny following the 1950s, which was largely motivated by fear of the so-called 'moral decline' and 'female immorality' that 'illegitimate' births were seen to symbolise.[524] The stigma surrounding pregnancy outside of marriage left women with little support.

524 Dalley, B, Family matters: Child welfare in twentieth-century New Zealand (Auckland University Press, 1998), pages 216–218.

408. As a result, pregnant single women often faced significant pressure, or even coercion, including through a lack of informed consent, to have their child or children adopted.[525] Section 8 of the Adoption Act 1955 continues to provide for the Family Court to dispense of the consent of a disabled parent or guardian is considered unfit. The Family Court must be satisfied that the disabled parent or guardian is unfit to care for the child because of "a physical or mental capacity", the unfitness is likely to continue indefinitely and the disabled parent or guardian has been provided with reasonable notice[526]

409. Pressure to adopt came from family members, prospective adoptive parents,[527] authorities such as social workers and medical professionals like nurses and doctors. As discussed below, many of the unmarried mothers' homes taking in pregnant woman also facilitated adoptions. .

410. Pressure to adopt could be heightened for girls or young women who became pregnant while already in the care of the State themselves.[528] Māori survivor Ms LV, who has a learning disability, was readmitted into Lake Alice Hospital in Rangitikei, aged 24 years old with her 3-month-old baby. Her baby was taken away from her by a social worker two days after admission:

"I did not give informed consent to [my child] being adopted, I did not have any way of understanding what was happening and my rights."[529]

411. NZ European survivor Mr GZ was adopted at 6 weeks old in 1971 into a neglectful family and was later placed into a number of social welfare settings, including Waimokoia Residential School in Tāmaki Makaurau Auckland, Hamilton Boys' Home, Epuni Boys' Home in Te Awa Kairangi ki Tai Lower Hutt, and Kohitere Boys' Training Centre and Hokio Beach School near Taitoko Levin. Mr GZ said:

"I'm not sure of the reasons for the adoption but I imagine solo mothers didn't really keep their child or children back in the 1970s.

"If I was to look back and think about how I came into care, the catalyst would be my adoption and the dysfunctional family that I was brought up in." [530]

525 Dalley, B, Family matters: Child welfare in twentieth-century New Zealand (Auckland University Press, 1998, pages 223–224); Else, A, A question of adoption: Closed stranger adoption in New Zealand, 1944–1974 (Bridget Williams Books, 1991, page 27).
526 Adoption Act 1955, section 8.
527 Witness statement of Ms CI (10 August 2022, para 18).
528 Witness statements of PH siblings on behalf of their sister (21 April 2023, paras 24–27, paras 39–46) and Ms WC (1 November 2022, pages 4–5, para 2.14–2.25)
529 Witness statement of Ms LV (14 February 2023, para 23).
530 Witness statement of Mr GZ (22 June 2021, para 6).

Te kaikiri me te taunutanga pāpori ki ngā māmā kiritapu Māori
Racism and societal disapproval of unmarried Māori māmā

412. Racist and sexist attitudes towards Māori māmā existed in some survivors' State files. In the records of Māori survivor Gwen Anderson, a child welfare officer wrote that the children appeared "happy and well adjusted" but described her mother as a "toothless shapeless hag" and the family home as "primitive and most pathetic".[531]

413. Māori survivor Ms AF (Ngāti Tahinga, Ngāti Ira) shared that when her mother was 16 years old, she faced 'collusion' from social workers and doctors to put Ms AF up for adoption. Ms AF became pregnant at 18 years old:

> *"My [adoptive] parents sent me to a Catholic nun's home for unwed mothers. I gave birth to my eldest child there and then I was forced to adopt him out 10 days later. I recall having a paper given to me after the birth and being told to sign it by my parents and the nuns. I had no idea what it was, I had no advice provided to me. The next thing I know my son had disappeared."*[532]

Te wāhi ki ngā hāhi
Role of faith institutions

414. As outlined in Part 2, the Anglican, Catholic and Presbyterian churches and The Salvation Army ran homes for unmarried mothers. The Catholic Church operated several homes for unmarried pregnant women. Survivor Maria Hayward stayed in one of these homes and told the Inquiry:

> *"This was in the 1970s in New Zealand, but at time it felt like it might have been Ireland of 100 years ago, but with kinder nuns. The walls, the secrecy, the denial of information, the daily chores (mostly cleaning and washing), which all made us feel as if we were being punished, these teleological features gave us a message: you have done something wrong, and the consequence is that you have lost your rights."*[533]

531 Witness statement of Gwen Anderson (30 December 2021, page 2).
532 Witness statement of Ms AF (13 August 2021, paras 8.1–8.2).
533 Letter in support of group submission for inquiry into forced adoptions (n.d, page 33).

415. Barbara Sumner told the Inquiry she considered the role that The Salvation Army had in the facilitation of adoptions through its Bethany homes over a lengthy time period was akin to it running an adoption agency or programme.[534] With the introduction of the 1955 Adoption Act, private providers of adoption services had no statutory powers; only the State could approve adoptions.[535] In its 1999 report on the History of Adoption in New Zealand, the Law Commission:

> recognised that agencies such as Bethany performed a useful function

> raised for consultation whether agencies that provided some adoption services should be accredited noting that, since the Adoption Act 1955, all adoptions in New Zealand were otherwise only able to be facilitated and formally approved by the Department of Social Welfare.

416. Many girls were sent to unmarried mothers homes by their families in the early stages of pregnancy.[536] Pākehā survivor Ann-Marie Shelley's adoption pathway was intergenerational and included both the Catholic Church and The Salvation Army.[537] Her birth mother, who was herself adopted, was 17 years old when she was pressured to adopt Ann-Marie to a Catholic family. In 1973, when Ann-Marie fell pregnant at 18 years old she was placed in a home for unmarried mothers and ordered not to reappear in her hometown of Te Awa Kairangi ki Uta Upper Hutt in case her parents' friends were to see her pregnant. Her parents did not visit her and demanded Ann-Marie adopt her son out.

417. Pākehā survivor Maggie Wilkinson was sent to St Mary's Home for Unwed Mothers (Anglican) in Ōtāhuhu in 1964 at 19 years old. Maggie's parents were ashamed and did not want to tell anyone that she was pregnant out of marriage, so they kept her hidden until their family doctor recommended St Mary's.[538]

534 Sumner, B, Royal Commission on Abuse in State Care: External consultation to assist in the Inquiry's reports (15 August 2022, pages 19–21).
535 New Zealand Law Commission, Preliminary Paper 38 – Adoption: Options for Reform (NZLC PP38), History of adoption in New Zealand (October 1999, Chapter 2, para 110); Sumner, B, Royal Commission on Abuse in State Care: External consultation to assist in the Inquiry's reports (15 August 2022, page 19).
536 Else, A, A question of adoption: Closed stranger adoption in New Zealand, 1944–1974 (Bridget Williams Books, 1991, page 33).
537 Witness statement of Ann-Marie Shelley (6 August 2020, pages 7–8).
538 Witness statement of Ann-Marie Shelley (6 August 2020, pages 7–8).

Tokomaha ngā tamariki kāore i whāngaihia ka whakanoho ki ngā pūnaha taurima ā-Kāwanatanga

Many children not adopted were placed into State care

418. Where babies could not be placed with adoptive families, they may have become State wards, and placed with foster parents or sent directly to State or faith-based institutions to be cared for and protected.[539]

419. Many children from unmarried mothers' homes were placed into State care because they were not adopted.[540] At St Mary's Girls' Home for Unwed Mothers (Anglican) in Ōtāhuhu, newborn babies would be placed in the orphanage before being adopted. Maggie Wilkinson described St Mary's as being "full of the 'unadoptable babies" which were mainly twins and Māori children or children of mixed race."[541]

420. Many babies were placed into foster care. In 1950, of the 1,848 notified 'illegitimate' (born outside marriage) births, 470 children were placed in foster homes. In 1967 the number of 'illegitimate' children was 7,783 and the number placed in foster care had grown to 2,716 children.[542]

421. Former social worker Denis Smith observed that older children (from about 7 years old) were very difficult to place, and "adoption was virtually an impossibility" for teenagers.[543] Smith explained that the exception to this was when a child had already been fostered for many years and the foster family applied to adopt them.[544]

422. Even in times of long waiting lists, some children were easier to adopt out than others due to discriminatory attitudes like racism and disablism. Māori, Pacific, or non-European or 'mixed' descent children were more difficult to find homes for than Pākehā children.[545] In a study of adoption delays in 1968 and 1973, ethnicity preference on the part of prospective adoptive parents was the second most common factor for the delay with the most common factor being the sex of the baby.[546]

423. Children with obvious physical impairment or learning disabilities were also difficult to place with adoptive families. The increasing emphasis on screening the families of adoptive children (including for mental distress or the presence of hereditary conditions) further decreased the likelihood of some children being adopted on discriminatory grounds.[547]

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539 Else, A, A question of adoption: Closed stranger adoption in New Zealand, 1944–1974 (Bridget Williams Books, 1991, pages 106–108); Dalley, B, Family matters: Child welfare in twentieth-century New Zealand (Auckland University Press, 1998, page 233).
540 Witness statement of Maggie Wilkinson (17 September 2020, para 23).
541 Witness statement of Maggie Wilkinson (17 September 2020, para 23).
542 Department of Education, Child welfare: State care of children, special schools, and infant-life protection report (1950); Department of Education, Child welfare: State care of children, special schools, and infant-life protection report (1967).
543 Witness statement of Denis Smith (15 December 2021, para 16).
544 Witness statement of Denis Smith (15 December 2021, para 16).
545 Else, A, A question of adoption: Closed stranger adoption in New Zealand, 1944–1974 (Bridget Williams Books, 1991, pages 73–74); Department of Education, Child welfare: State care of children, special schools, and infant-life protection report (1959, page 4).
546 Else, A, A question of adoption: Closed stranger adoption in New Zealand, 1944–1974 (Bridget Williams Books, 1991, page 107).
547 Else, A, A question of adoption: Closed stranger adoption in New Zealand, 1944–1974 (Bridget Williams Books, 1991, pages 74–77).

I whai wheako ētahi purapura ora ki ngā nōhanga whakawhiti, ā-ture anō hoki
Some survivors experienced transitional and law enforcement settings

424. Transitional and law enforcement settings include police cells, being held in police custody (including being picked up by NZ Police on the streets) and court cells, and going to, between or coming out of State care settings.

Ka puritia ngā tamariki, ngā rangatahi ki ngā whare herehere pakeke
Children and young people held on remand in adult prisons

425. The Inquiry heard from survivors who were detained on remand in adult prisons when they were young people.[548]

426. Before the enactment of the 1989 Children, Young Persons, and their Families Act, it was lawful for young people on remand to be placed in adult prisons. Data on the number of young people on remand in adult prisons, or their ethnicity, during the Inquiry period was not comprehensively collected. There were, however, reports and inquiries from the mid-1970s to mid-1980s that investigated this practice. Those reports and inquiries provide an insight into how many young people spent time in in adult prisons.[549] In December 1979, the Minister of Social Welfare George Gair answered a parliamentary question concerning the number of young people remanded at Mt Eden Prison. He responded:

> *"So far this year 163 young persons have been remanded by the Court to Mt Eden Prison. Of these, 143 were boys and 20 were girls. Two of the boys were aged 14, 38 were 15 and 103 were aged 16. Two of the girls were aged 15 and the remaining 18 were aged 16."*[550]

548 Witness statements of Brent Mitchell (15 April 2021, para 126); Peter Jones (12 October 2022, paras 44–47) and William MacDonald (4 February 2021, paras 60–61).

549 Powles, G, Ombudsman draft report: Children and young persons on remand in penal institutions, unpublished (5 April 1977); Smith, MP, Study of young persons remanded to a penal institution, Study Series (Department of Justice, 1979); Wallace, GCPA, Report to the Secretary for Justice on the Enquiry into ACORD Complaints Concerning Detention of Young Persons (21 November 1984); Auckland Committee on Racism and Discrimination, Children in State custody (November 1979, revised 1981).

550 Question for oral answer, Hon Mrs TWM Tirikatene-Sullivan (Southern Māori) to ask Hon GF Gair (Minister of Social Welfare), (14 December 1979).

427. Minister Gair explained that remands of this nature were generally short-term. He also noted that many of the young people did not spend the night at Mount Eden, as it was normal practice to transfer them to Department of Social Welfare residences whenever possible. Most of the remands involved young persons charged with serious offences that called for penalties under the Criminal Justice Act.[551]

428. Rangatahi Māori were disproportionately affected by this practice of remanding young people in adult prisons. In 1974, 269 young people were remanded to adult prisons; of these, 53 percent were Māori or Pacific.[552] A year later, that number had increased to 320 young people and the number of Māori or Pacific had risen to 57 percent.[553]

429. By 1977, the number of young people remanded to adult prisons had increased to 356, of which 63 percent were Māori.[554]

430. This increased over the decade as more and more young people were remanded to adult prisons. Further, the average time spent in prisons by young people in 1978 was 10 days.[555]

I tūkinotia ētahi tamariki, rangatahi hoki e ngā pirihimana
Children and young people experienced abuse by police officers

431. Several survivors spoke about the abuse they suffered as children and young people at the hands of police officers. Some spoke about being targeted and picked up off the street, others spoke about running away from abusive homes and abusive care settings and the abuse they suffered from NZ Police after being picked up.

551 Question for oral answer, Hon Mrs TWM Tirikatene-Sullivan (Southern Māori) to ask Hon GF Gair (Minister of Social Welfare), (14 December 1979).
552 Witness statement of Dr Oliver Sutherland (4 October 2019, para 18). Data from Powles, G, Ombudsman draft report: Children and young persons on remand in penal institutions, unpublished (5 April 1977), in which Dr Sutherland based his calculations on described children as 'Māori and 'other Polynesian descent' and grouped them together as 'non-Europeans' for the purposes of calculating percentages.
553 Witness statement of Dr Oliver Sutherland (4 October 2019, para 18).
554 Witness statement of Dr Oliver Sutherland (4 October 2019, para 18).
555 Smith, MP, Study of young persons remanded to a penal institution, Study Series (Department of Justice, 1979); Witness statement of Dr Oliver Sutherland (4 October 2019, para 107).

Ko ngā puninga hauora he kōwhiringa taurimatanga paetata
Health camps were a short-term care option

432. Health camps were established as a short-term care option for children considered to be in need of rest, exercise, and nutritious meals.[556] The first health camp was established in 1919, and by the 1950s, seven permanent health camps had been established in Christchurch, Gisborne, Nelson, Otaki, Pakuranga, Roxburgh, and Whangarei.[557]

433. By the late 1930s, around 2,500 children and young people (about four percent of the primary school age population) annually attended health camps.[558] During the 1950s and 1960s children and young people were mostly sent to health camps for emotional or behavioural issues rather than malnourishment[559] with most referrals from family doctors or the school medical service. [560] By the 1980s the camps were providing short stays of six weeks on average as a 'change of environment' for children and young people with 'social, emotional or psychological difficulties'.[561]

434. During 1983, 2,624 children aged from 5 to 12 years old attended one of the seven health camps around the country. Of these 39 percent were referred for 'family reasons', 31 percent for 'health reasons', and 30 percent for 'behavioural reasons'.[562] Most of the children referred were boys and had been referred by a public health nurse or GP. Māori were over-represented in the health camps, 33 percent of health camp participants were Māori, compared to 44 percent Pākehā, six percent Pacific Peoples, and 17 percent of unknown ethnicity.[563]

435. The Inquiry heard from 51 registered survivors who had been through health camps. Of this number, 41 percent were placed in the health camp by the State due to abusive or neglectful homes, or troubled behaviour, and 31 percent entered through voluntary placements from their parents due to troubled behaviour, or for unknown reasons.[564]

556 Tennant, M, Children's health, the nation's wealth: A history of children's health camps (Bridget Williams Books, 1994). Witness statement of Philip Laws (23 September 2021, paras 2.9–2.17); Private session transcript of Ms UX (21 June 2022, pages 7–8).
557 Wojnar, A, Children's health camps in New Zealand: An overview of current programs and issues (SIT – New Zealand, 1998, page 10).
558 Tennant, M, Children's health, the nation's wealth: A history of children's health camps (Bridget Williams Books, 1994, page 113).
559 Tennant, M, Children's health, the nation's wealth: A history of children's health camps (Bridget Williams Books, 1994, page 9).
560 Tennant, M, Children's health, the nation's wealth: A history of children's health camps (Bridget Williams Books, 1994, page 147).
561 Craig, T & Mills, M, Care and control: The role of institutions in New Zealand (New Zealand Planning Council, 1987, paras 37–38).
562 Craig, T & Mills, M, Care and control: The role of institutions in New Zealand (New Zealand Planning Council, 1987, page 47).
563 Craig, T & Mills, M, Care and control: The role of institutions in New Zealand (New Zealand Planning Council, 1987, paras 47–48).
564 DOT Loves Data, Analysis of pathways into care counts (Royal Commission of Inquiry into Abuse in Care, 2023).

436. Some survivors explained how their 'troubled' behaviours were often due to the abuse or neglect they had suffered. NZ European survivor Mr VL told the Inquiry had a good family life but was sexually abused by a family friend who lived with them. He was too scared to disclose the abuse because of the potential reaction from his father. He began acting out and was admitted to a health camp at 7 years old:

"I didn't want to lose my dad, because my dad's all I had in my life. I was acting out in school and they couldn't work out what was wrong with me. I got sent to a health camp in Rotorua, Princess of Wales Health Camp. And then it was also while I was there the first time that I experienced abuse."[565]

437. Samoan and Scottish survivor William Wilson suspected he was placed in the Princess of Wales Health Camp in Rotorua due to his escalating behaviour at home, after he was sexually assaulted and not supported afterwards. Aged 10 or 11 years old, William was supposed to be at the camp for six months but stayed for a year. He experienced emotional abuse at the health camp.[566]

"I was bullied there and tried to run away. Because I tried to run away, they made me stay for another six months. I was told that I had to go to the health camp because I had to lose weight. But it felt like they were just moving me around because I had been playing up after what happened to me."[567]

438. Some survivors believed they were sent as respite for their parent, parents or caregivers, including when they were seeking help for their own wellbeing, such as for mental health or addiction issues.[568] NZ European survivor Philip Laws went to the Glenelg Children's Health Camp in Ōtautahi Christchurch at 9 years old:

"My father had a drug and alcohol breakdown and decided he needed help. It was not a foster care facility, but it provided respite care. I was there for 12 weeks while my father spent three months in a rehabilitation facility in Hanmer. The first time I was sexually assaulted was in Glenelg."[569]

439. Children and young people were often referred by schools, district health nurses or family doctors after coming to their attention for health or behavioural reasons.[570] Of the survivors the Inquiry heard from, 16 percent noted that authorities recommended they be placed into health camps.[571]

565 Private session transcript of Mr VL (6 July 2020, pages 6–7).
566 Witness statement of William Wilson (6 July 2021, paras 23–24).
567 Witness statement of William Wilson (6 July 2021, paras 21–22).
568 Witness statements of Mr DM (23 June 2021, para 18) and Philip Laws (23 September 2021, paras 2.9–2.10).
569 Witness statement of Philip Laws (23 September 2021, paras 2.9–2.12).
570 Tennant, M, Children's health, the nation's wealth: A history of children's health camps (Bridget Williams Books, 1994); Witness statements of Mr KA (7 February 2023, paras 9–11) and Ms I (17 September 2020, para 3.2); Private session transcript of Melissa Peters (1 May 2019, page 5); Private session transcript of Mr VM (3 March 2020, page 17).
571 DOT Loves Data, Analysis of pathways into care counts (Royal Commission of Inquiry into Abuse in Care, 2023).

440. For most survivors who spent time in health camps, this represented their first out-of-home care experience, and they were subsequently placed into other social welfare, youth justice and / or faith-based settings.[572] NZ European survivor Ivan Mason was placed in care and progressed 'through the system', via a health camp, family homes, foster placements, girls' homes and a Salvation Army home. He told the Inquiry that with respect to his adoption placement at birth:

> *"It would be fair to say that I was not physically abused but through the lack of mental stimulation and behavioural support during my preschool and early primary school days I had developed some serious behaviour and learning issues. By the age of 7 these problems became unmanageable for my parents and after some intervention from the family GP and school these issues were brought to the attention of the State."*[573]

441. From the 1970s, some of the State-run social welfare residences ran their own outdoor camps. Camp Peek, one of Department of Social Welfare's first such outdoor recreation programmes, ran for six weeks near Taitoko Levin and took a group of 16 boys at a time from the Kohitere Boys' Training Centre in Taitoko Levin. The programme aimed to build 'self-sufficiency and self-confidence', physical fitness and positive relationships, through outdoor activities such as canoeing, bushcraft, and rock climbing, followed by placements in their home community.[574]

442. Hokio Beach School near Taitoko Levin sent its residents to camps at Paraparaumu from the 1960s. From the 1970s Hokio Beach School made use of the Camp Peek facility for regular camps.[575] Girls from Fareham House in Pae-Tū-Mōkai Featherston attended both Camp Peek and outdoor activity camps at Castlepoint during the 1970s. [576] Girls at Kingslea Girls' Home in Ōtautahi Christchurch participated in Outward Bound courses in the 1980s.[577]

572 Witness statement of Daniel Gaffey (4 May 2023, paras 19–21) and Desmond Adams (8 June 2022, para 3.7).
573 Written account of Ivan Mason (1 July 2021, page 9).
574 Carson, R, New horizons: A review of the residential services of the Department of Social Welfare (Department of Social Welfare, 1982, page 139).
575 Parker, W, Social Welfare residential care 1950–1994, Volume II: National institutions (Ministry of Social Development, 2006, page 83).
576 Parker, W, Social Welfare residential care 1950–1994, Volume II: National institutions (Ministry of Social Development, 2006, page 169).
577 Parker, W, Social Welfare residential care 1950–1994, Volume II: National institutions (Ministry of Social Development, 2006, page 223).

I whakanōhia ngā tāngata whaikaha ki ngā rōpū mahi haumaru
Disabled people were placed in sheltered workshops

443. Like North America and Europe, sheltered workshops were established in Aotearoa New Zealand to provide employment opportunities for disabled people at a reduced wage. In many cases, these workshops became the main source of employment for disabled people.[578]

444. Disabled people could be placed in sheltered workshops from other care settings, where they would often undertake repetitive, menial tasks for minimal or no wage.[579]

445. The Inquiry heard that disabled people came from psychiatric and mental health care institutions, smaller group homes, and sometimes even from their family home, to work at these workshops during the day.[580] A former staff member from Templeton explained:

> *"Once the children reached their late teens, many would be transferred from the training centre to work in the industrial workshop at Templeton. This is where many of the adult residents at Templeton worked, particularly those with physical disabilities and wheelchair users."*[581]

446. While some survivors described positive experiences in these workshops,[582] they were a continuation of a segregated and exploitive environment, and therefore abusive in nature.[583]

447. During the Australian Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, the continuation of segregation was named the 'polished pathway'. This term describes the relative ease of transition from special or segregated education into supported or segregated employment and congregated housing. During an Australian Royal Commission hearing, the polished pathway was described as:

> *"Particularly segregation from a very early age into segregated education and the way the systems all work together to make it easy to stay in those systems and to move from school into segregated – to other segregated settings, including segregated employment."* [584]

578 Millen, J, Breaking barriers: IHC's first 50 years (IHC New Zealand, 1999, page 48).
579 Millen, J, Breaking barriers: IHC's first 50 years (IHC New Zealand, 1999, page 48); Witness statement of Enid Wardle (13 October 2021, para 6.6).
580 Witness statements of Enid Wardle (13 October 2021, paras 6.3–6.6); Mr DM (23 June 2021, paras 118–119) and Timothy George Morgan (21 January 2022, paras 67–69).
581 Witness statement of Enid Wardle (13 October 2021, para 3.12).
582 Witness statement of Bill McElhinney (3 March 2022, paras 2.8 & 2.9).
583 Witness statement of Tony Ryder (28 February 2022, page 7); Transcript of evidence of Mr EI at the Inquiry's Ūhia te Māramatanga Disability, Deaf and Mental Health Institutional Care Hearing (Royal Commission of Inquiry into Abuse in Care, 11 July 2022, page 51).
584 Transcript of Chief Executive Catherine McAlpine for Inclusion Australia at the Royal Commission Into Violence, Abuse, Neglect And Exploitation of People with Disability Public Hearing 22 (11 April 2022, page 41).

Ngā whakataunga mō ngā whakanoho ki ētahi atu momo wāhi taurima
Conclusions on placements into other types of care settings

448. The Adoption Act 1955 remains in place today. Its influence, and societal attitudes towards unmarried mothers during the Inquiry period (despite changes over time), influenced the numbers of children that were put up for adoption.

449. Many children were adopted out from unmarried mothers. This was largely influenced by societal attitudes at the time, significant social discrimination, pressure and stigma, and little to no financial support available for single parents during the early parts of the Inquiry period. This discrimination was compounded by racism for unmarried Māori mothers.

450. Pathways into transitional and law enforcement settings were mostly through the courts or NZ Police. Young people were detained on remand in adult prisons and some experienced abuse during police interactions.

451. Health camps provided short-term physical, emotional, and behavioural support for children and young people. Survivors were often compulsorily required to enter a health camp by the State, due to abuse and neglect at home, or for troubled behaviour. Parents also voluntarily placed children and young people into health camps, sometimes for troubled behaviour, or as a form of respite.

Ūpoko | Chapter 7
Ngā āhuatanga - ngā kitenga matua
Circumstances – key findings

452. Clause 31(d) of the Terms of Reference requires the Inquiry to make findings on the circumstances that led to individuals being taken or placed into care during the Inquiry period.

453. Between 1950 and 1999 State and faith-based institutions had hundreds of thousands of people in their care. The wide definition of care in the Inquiry's Terms of Reference means there were many different pathways into care, from State-enforced removals, court orders, or a lack of alternative options through to voluntary relationships such as private schooling and pastoral care.

454. The Inquiry finds:

a. People were more likely to be placed in State and faith-based residential and institutional (direct or indirect) care if they had experienced poverty, family crisis or violence, parental abuse and neglect, or were Deaf, disabled or mentally distressed; particularly if there was a lack of support for the household from others.

b. The effects of colonisation, urbanisation, the break-down of social structures, and racism saw Māori more likely to be placed in State care.

c. In some situations, a care placement was necessary for the health and safety of the person concerned. Decision makers believed that out-of-whānau care would lead to better life outcomes. Those beliefs were usually genuinely held but often without foundation.

d. Parents were often convinced, sometimes through religious affiliation, that care placements outside the home or mainstream education would provide superior environments or opportunities for their children.

e. In the State care system, decision-makers included social workers, police, judges, health professionals and needs assessors who generally had limited involvement in, connection with, or understanding of the most affected communities (including Māori, Pacific, Deaf or disabled communities, those with mental distress).

f. The State often used formal powers as well as compulsory and institutional care options in a discriminatory way. Formal legal orders were more often used against Māori rather than supporting in-home, whānau, hapū, iwi or community care.

g. Many survivors experienced multiple placements, between different settings, often due to perceived delinquency or a lack of support within care residences or institutions.

h. Children, young people and adults in care did not always understand why they were being moved or where they were going next. They were often scared, confused, and missed their whānau.

i. Decision-making was often influenced by ableist and disablist attitudes which led to the segregation and social exclusion of Deaf people, disabled people and people experiencing mental distress.

j. Tamariki and rangatahi Māori were the majority in social welfare care settings and were over-represented in all other institutional and compulsory care settings.

k. Tamariki and rangatahi Māori were more likely to be sent to harsher institutions such as borstals and social welfare residences and institutions.

l. The State often failed to assess, or inadequately assessed, children, young people and adults in care for trauma and support needs when deciding on care options.

m. The State almost always failed to consider or recognise an ao Māori (Māori world) view, tikanga, te reo and matauranga Māori when removing or placing tamariki, rangatahi and pakeke Māori in all care settings. These failures were both in the method of removal and the appropriateness of placements.

n. The State did not typically consider placements with whānau, hapū or iwi for tamariki, rangatahi and pakeke Māori. Nor did the State actively support sustained connections to whānau, hapu, iwi or community for those in care.

o. Between the 1950s and 1980s, tamariki, rangatahi and pakeke Māori experienced heightened State surveillance and targeting by NZ Police and other State agencies, which contributed to a disproportionate number of tamariki, rangatahi and pakeke Māori entering State care. Wahine Māori experienced heightened State surveillance for running away, staying out or behaving in ways perceived as promiscuous.

p. Deaf, disabled and mentally distressed children, young people or adults were placed in most care settings. Many settings were established only for disabled and mentally distressed people. There were special, segregated residential schools for Deaf children and young people.

q. There was an over-use of institutional care for Deaf, disabled and mentally distressed children, young people and adults.

r. Deaf, disabled and mentally distressed children, young people and adults were often denied or restricted from involvement in decisions about their own lives.

s. For many Deaf, disabled and mentally distressed people, formal State care was the only option the State provided, often for their entire life. The State failed to provide any alternatives.

t. The State generally failed to consider or recognise Pacific world views, cultural values (fa'asamoa, anga, fakatonga), Pacific languages and Pacific knowledge when removing or placing children (fanau), young people (tagata talavou) or adults (tagata matua) in all care settings. These failures were both in the method of removal and the appropriateness of placements. Wider kainga (family) or Pacific communities were not generally considered as an alternative option for care. Between the 1950s and 1980s, Pacific Peoples experienced heightened State surveillance and targeting by NZ Police and other State agencies, contributing to a disproportionate number of Pacific Peoples entering State care. Challenges with immigration, including language barriers, poverty and societal attitudes also contributed to Pacific Peoples entering care settings.

u. Between the 1950s and 1970s, many unmarried pregnant girls and women were placed in faith-based homes. These homes often facilitated the subsequent adoptions of babies. These placements and adoptions were usually the result of family, religious and societal attitudes including racism.

v. Adoption practices facilitated by the State or faith-based institutions for Māori were discriminatory and ignored whangai Māori practices. From 1950 to the mid-1980s, adoption practices legally severed tamariki and rangatahi Māori from their whakapapa and identity.

He waiata aroha mō ngā purapura ora

Kāore te aroha i ahau mō koutou e te iwi i mahue kau noa
i te tika
I whakarerea e te ture i raurangi rā
Tāmia rawatia ana te whakamanioro
He huna whakamamae nō te tūkino
He auhi nō te puku i pēhia kia ngū
Ko te kaikinikini i te tau o taku ate tē rite ai ki te kōharihari o tōu
Arā pea koe rā kei te kopa i Mirumiru-te-pō
Pō tiwhatiwha pōuri kenekene
Tē ai he huringa ake i ō mahara
Nei tāku, 'kei tōia atu te tatau ka tomokia ai'
Tēnā kē ia kia huri ake tāua ki te kimi oranga
E mate pūmahara? Kāhorehore! Kāhorehore!
E ara e hoa mā, māngai nuitia te kupu pono i te puku o Kareāroto
Kia iri ki runga rawa ki te rangi tīhore he rangi waruhia ka awatea
E puta ai te ihu i te ao pakarea ki te ao pakakina
Hei ara mōu kei taku pōkai kōtuku ki te oranga
E hua ai te pito mata i roto rā kei aku purapura ora
Tiritiria ki toi whenua, onokia ka morimoria ai
Ka pihi ki One-haumako, ki One-whakatupu
Kei reira e hika mā te manako kia ea i te utu
Kia whakaahuritia tō mana tangata tō mana tuku iho nā ō rau kahika
Koia ka whanake koia ka manahua koia ka ngawhā
He houkura mārie mōwai rokiroki āio nā koutou ko Rongo
Koia ka puta ki te whaiao ki te ao mārama
Whitiwhiti ora e!

– Paraone Gloyne

A Love Song for the Living Seeds

The love within me for you, the people, remains unchanged

Left alone, abandoned by justice and order

Subjected to the silent suffering of mistreatment

A heaviness in the core, silenced into stillness

The gnawing of my heart cannot compare to the anguish of yours

Perhaps you are hidden in the depths of the night, Mirumiru-te-pō

A night dark and dense

Where there may be no turning in your memories

But here's my thought: 'Do not push open the door to enter'

Instead, let us turn to seek life and well-being

Is memory dead? No, certainly not!

Arise, friends, let the truth resound loudly from the heart of Kareāroto

To ascend to the clear skies, a sky washed clean at dawn

Emerging from the troubled world to a world of promise

A path for you, my flock of herons, to life

So, the precious core may blossom within you, my living seeds

Scattered across the land, cherished and growing in abundance

Rising in One-haumako, in One-whakatupu

There, my friends, lies the hope to fulfil the cost

To restore your human dignity, your inherited mana from your ancestors

Thus, it will thrive, flourish, and burst forth

A peaceful feather, a treasured calm, a serene peace from Rongo

Emerging into the world of light, into the world of understanding

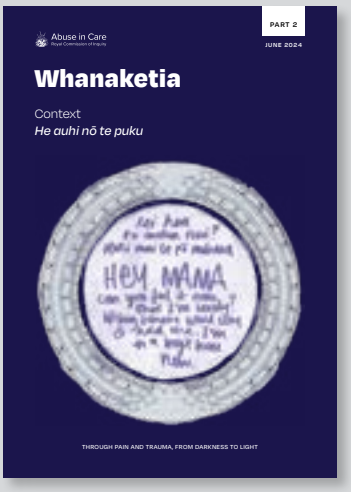
A crossing of life indeed!

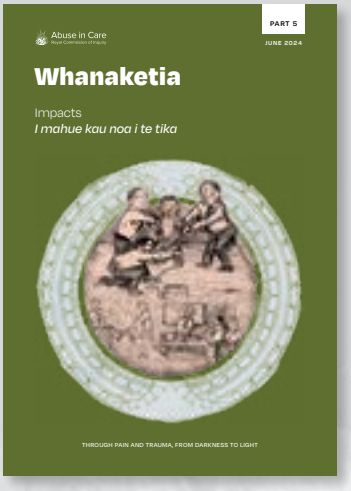
– Paraone Gloyne

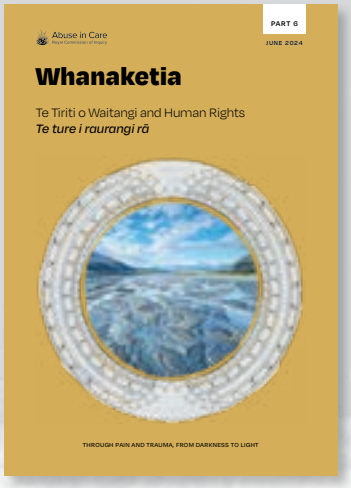
Whanaketia

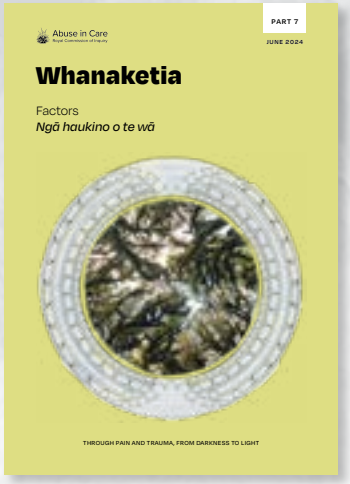
The report is made up of a number of volumes: Preliminaries; nine Parts; a Survivor Experience study and five case studies. Whanaketia should be read in full, along with the other interim reports from the Inquiry to understand the overall picture of abuse in State and faith-based care from 1950 to 1999.

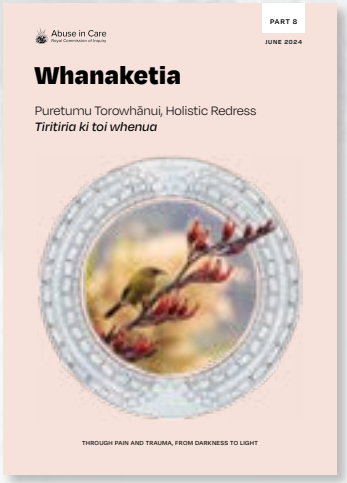
THROUGH PAIN AND TRAUMA, FROM DARKNESS TO LIGHT

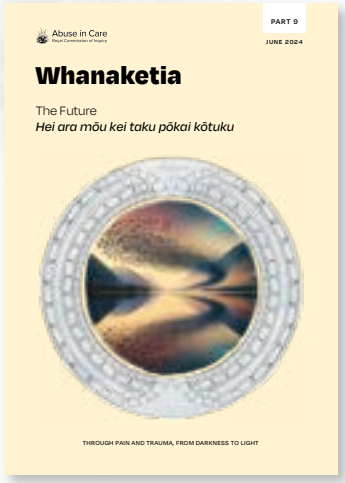












Abuse in Care
Royal Commission of Inquiry