

**ABUSE IN CARE ROYAL COMMISSION OF INQUIRY
FOSTER CARE INQUIRY HEARING**

Under The Inquiries Act 2013

In the matter of The Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based Institutions

Royal Commission: Judge Coral Shaw (Chair)
Ali'imua Sandra Alofivae
Dr Anaru Erueti

Counsel: Mr Simon Mount QC, Ms Kerryn Beaton QC, Dr Allan Cooke
and Ms Aroha Fletcher for the Royal Commission
Ms Rachael Schmidt-McCleave, Ms Julia White and
Mr Max Clarke-Parker for the Crown

Venue: Level 2
Abuse in Care Royal Commission of Inquiry
414 Khyber Pass Road
AUCKLAND

Date: 13 June 2022

TRANSCRIPT OF PROCEEDINGS

INDEX

| | |
|--|----|
| OPENING SUBMISSIONS BY THE ROYAL COMMISSION | 2 |
| OPENING SUBMISSIONS BY THE CROWN | 8 |
| HEMI THOMAS McCALLUM | |
| Questioning by Dr Cooke | 10 |
| Questioning by Commissioners | 19 |
| MR EH | |
| Questioning by Dr Cooke | 23 |
| Questioning by Commissioners | 42 |
| ELISON MAE | |
| Questioning by Ms Fletcher | 45 |
| Questioning by Commissioners | 65 |
| DR SARAH CALVERT | |
| Questioning by Dr Cooke | 69 |

23 **Adjournment from 3.43 pm to 4.02 pm**

24 **CHAIR:** Welcome back Dr Cooke.

25 **DR COOKE:** We're now going to be having Dr Sarah Calvert as our next witness. Dr Calvert's
26 prepared a report. I think as a preliminary point you may want to swear her in.

27 **CHAIR:** Yes, we'll do that.

28 **DR SARAH CALVERT (Affirmed)**

29 **DR COOKE:** Would it be helpful for the Commissioners for Dr Calvert to give you a brief run
30 down of her qualifications and her experience so you can be satisfied to the extent you need
31 to be in this area.

32 **CHAIR:** Normally I'd turn to the Crown and say do you accept this is an expert witness, we're not
33 in that adversarial position are we.

1 **MS SCHMIDT-McCLEAVE:** Nonetheless we certainly accept —

2 **CHAIR:** You accept her as an expert.

3 **MS SCHMIDT-McCLEAVE:** Yes.

4 **CHAIR:** I think we do too by virtue of the fact that we're having you back again on our expert
5 panel later.

6 **DR COOKE:** If it would be of assistance, I could probably get Dr Calvert to provide a written
7 summary of her expertise.

8 **CHAIR:** Yes, just to hold it on the record I think it's probably a good idea, but we won't put you
9 to the torture or waste the time of the hearing today.

10 **QUESTIONING BY DR COOKE:** Dr Calvert, you were asked to give evidence today in your
11 capacity as an expert witness to help us understand the notion of attachment, that's correct,
12 isn't it?

13 A. That is correct.

14 **Q.** As part of that we sent you a very full detailed brief which was for the purpose of having
15 you explain to us what attachment was and its relevance for the purpose of the Commission
16 and its hearing.

17 A. That's correct.

18 **Q.** You've prepared a report and that was done in conjunction with your colleague Margaret
19 Evans. Can you just tell the Commission of Margaret Evans and her relevance to this?

20 A. Certainly. So, the field of attachment is a very vast field now and Ms Evans, who has a
21 background as an educational psychologist in New Zealand, would, I think, be accepted
22 internationally as an expert, particularly in the use of assessment tools on attachment,
23 although she has a much wider interest in and knowledge of the attachment literature.

24 I stopped counting for the preparation of this document when I got to about
25 10 million academic references in the area of attachment. When I started out as a
26 psychologist back in the 1970s it certainly didn't have that extensive literature. But it is a
27 formidable literature to try and condense into a document or into evidence that is helpful to
28 yourselves as the Commissioners, but also to ordinary people, if you like, and that's why
29 I asked Dr Cooke if it was acceptable that two of us prepare the document so that we made
30 our best effort to condense that literature into something that was meaningful.

31 I should also note that the document and our work has been read and discussed with
32 my technically I call her my cultural supervisor, but Trudy Ake who is Ngāti Tūwharetoa,
33 Ngāi te Rangi, Ngāti Ranginui, Ngāti Maru is someone who I have worked with and been
34 in a collegial relationship with and as a friend, our families are close for nearly 40 years we

1 realised. So, she also has, not a responsibility for the work, but she is someone we have
2 consulted to ensure that we did our best to be respectful in every way that we could.

3 **Q.** Thank you. And you're talking there, aren't you, on that portion of the report which
4 addresses attachment from within a Māori as opposed to a Euro-centric perspective?

5 **A.** Well, I'm aware that the Commission's going to hear from some Māori experts, but you
6 specifically asked us to consider how the European perspective and the Māori perspective
7 do or do not intersect. So, we have tried to at least provide some information about that.

8 **Q.** If we start now, having got to that point, let's talk about what attachment is. If I was to say
9 that it's a reciprocal relationship that exists between a child and that child's caregiver, as a
10 very basic premise, would that be a fair way to start that?

11 **A.** Would be a very beginning place to start. That would perhaps be where we would have
12 started 40 years ago.

13 **Q.** All right.

14 **A.** And we might have used the term "bonding" as well as attachment. And we might have
15 been concerned that attachment was really a very psychoanalytic kind of term. In the last 40
16 years I think that it would be true to say that the attachment literature would start by saying
17 it is a biologically-based system that exists as far as we can see in all human beings and it is
18 designed to help an individual develop both within their family, their community, their
19 society and it is part of some of the most basic developmental systems in human beings.

20 So, people's ability to manage their emotional states, what we call emotional
21 regulation or affect regulation, it is important in how memory is constructed, so that is
22 another basic part of being a human being in any society or any culture or whatever. It is
23 also part of how people come to understand themselves as an individual. So, wherever you
24 are and whatever kind of culture or society you grow up in, the development of the
25 attachment relationship is one of the primary ways in which that is transmitted to, even to
26 the baby to come.

27 And that it doesn't just happen between a baby and one person, it happens in
28 different ways. So that is partly the way in which culture or the society that you're born into
29 may use attachments slightly differently. So that we do have some cultures in the world
30 where children are essentially brought up entirely communally, but they attach to a range of
31 people in their first year of life, and at the other end we might have what might be seen as
32 the very traditional nuclear family of the western world where the attachment is likely to
33 primarily be to the mother, although over the first year of the baby's life, there will be a
34 growing attachment to people like the father and maybe to other people. So, attachment,

1 how it works is different according to where you live, but the core processes of attachment
2 seem to be pretty universal.

3 **COMMISSIONER ERUETI:** Is it fair to say that first definition that counsel gave us is that
4 there's the foundation sort of definition and then it's adapted and evolved, science has had
5 to, with recognising there's not just a western atomised nuclear family, but others, extended
6 families and communities raising the child and so forth, therefore the science and the idea
7 of attachment is starting to become a bit more complicated, complex?

8 A. Attachment was really first scientifically described by people like John Bowlby, and it grew
9 out of their awareness of what happened to children who were taken away from their
10 parents in the Second World War. And Bowlby was an analyst and so his perceptual world
11 was very western and that's where he started from.

12 However, I think it is interesting to note that the next kind of major researcher who
13 came along, Mary Ainsworth, did her formative work and formed her scientific views about
14 attachment in Uganda. So not in a western situation, and then studied a range of families in
15 Baltimore in the United States, which is very divided but ethnically diverse city.

16 So, from that point on, attachment researchers have been interested in both the
17 similarities of all human beings and how the differences, and particularly perhaps this
18 reflects my interest academically, but how identity is then infused through the relationship
19 that is beginning to be built between the baby and those who are going to caregive the baby
20 for the next few years of its life. So that's been an increasingly significant way in which the
21 literature has developed.

22 Q. Thank you.

23 **QUESTIONING BY DR COOKE CONTINUED:** And if we were to turn, just on that point, if
24 we were to look at, picking up on the notion of attachment within what we have in
25 Aotearoa New Zealand, and you talk at paragraph 13 of the work that's done by Fleming,
26 for example.

27 A. The work that's done by?

28 Q. Done by Fleming,

29 A. Yes.

30 Q. It's said there that on her thesis, which is a Māori critical literature review, that it correctly
31 points out that Western attachment theory has only more recently come to consider the need
32 for multiplicity of caregiving systems or for — or that connections to environment, to
33 history are essentially aspects of connection, so there's that. But she's also saying, isn't she,
34 as you say in the next sentence, she also asserts that the dyadic relationship between parents

1 and a child remains integral for attachment, even within that Māori perspective. Does that
2 encapsulate it?

3 A. Yes, yes. And it's very consistent with some research that was done way back in the 1960s
4 by Professor James Ritchie and his wife Jane, which was on child rearing among Māori in
5 New Zealand, and which clearly demonstrated the similarities and the differences in child
6 rearing practises, but speaks not in their language of attachment, but very clearly about the
7 observations of attachment within Māori communities that were still fairly traditional in the
8 way in which they were bringing up their children, as well as Māori communities which
9 had — were much further down the road in terms of the impact of colonisation on family
10 systems.

11 So, New Zealand is quite fortunate in having some good enough research to look at
12 how attachment might have been in the real world for Māori families, and how colonisation
13 began to impact on that, and then we have later research that looks at what it is more like
14 for Māori families now.

15 Q. On that same page, page 13, right in the middle there's the paragraph beginning:

16 "For Māori how a child from birth through whakapapa engages etc with their
17 community, whanaungatanga and how they will ultimately form their identity and sense of
18 self, and that being a communal process defined by shared understandings and beliefs."

19 When one reads that, again, that's saying that for a Māori child who's been raised
20 within a whānau that the nature of the relationship that child has with aunties, uncles, nans,
21 koro, mum and dad etc, fulfils that attachment paradigm?

22 A. I think that's true, but it's much broader than that for Māori in that whakapapa relates to a
23 lived sense that — I'm Pākehā so if I'm — I don't want to offend anybody in terms of
24 speaking, because you're going to hear from people who are much more lived experts than I
25 am, but whakapapa is about who you are in both, if you like, a horizontal sense, who your
26 aunts and uncles and grandparents are, but also in a linear sense. So that that's why we put
27 the quote in about you are a child of Rangiātea.

28 So, for Māori there's a lived belief that who you are is not just who you are at this
29 point in history, you are the child of your ancestors, and you are the parent for the future.
30 So that is a different sense of identity from some Western notions, it's not all Western
31 notions, obviously, or other cultures. And equally you have a lived relationship to the land,
32 and so, that is seen as something that is part of your identity. So that is also not necessarily
33 the same for Western cultures.

1 So that's why I said at the beginning, attachment carries with it the sense of identity
2 and how that is understood, and that is culturally and socially determined, but the internal
3 process of attachment and what is going on neurologically and physiologically, that's the
4 same for all human beings.

5 **Q.** Picking up on that last point, the physiology is the same, and correct me if I misunderstand
6 it, but perhaps for me as a Pākehā New Zealander, it's going to be a narrower domain in one
7 sense, as opposed to than to my colleague here, Ms Fletcher, who is Māori and she will see
8 — her domain, the way in which she's born, she's raised, where she comes from, where she
9 is to go will have that broader dynamic to it?

10 **A.** That's correct, although some Pākehā may say in their family system those things also get
11 enacted. So, I think it's really helpful to think that there's all this going on inside us
12 biologically or physiologically and they're going on inside a baby to come, the baby once
13 it's here and the people who care for the baby, and that's kind of one layer of attachment.
14 But then how all of these people understand these processes, that's another layer.

15 **Q.** If we go back and we look at what's happening to a baby, because we want to look at — one
16 of the themes for this is going to be what is the impact on a child who is taken into care and
17 removed from mum, dad, whānau, and the implications of that for that child. So let's talk
18 about what — for present purposes one assumes it doesn't matter whether it's a Pākehā
19 child, a Pacific child or a Māori child, that that child is living in a home but there is
20 something going on and the State intervenes, we need to talk about what is the implications
21 of the State intervention and removal for that child?

22 **A.** So, I think the first thing to understand is this is developing science. But we know now that
23 the baby to come is partly thought into being in some ways by its relationship with those
24 people who are there, particularly obviously the mother. But most parents speak to their
25 babies before they come, many parents sing to their babies before they come, stories are
26 told about the baby to come, and names are considered. And obviously names are very
27 powerfully important parts of identity. So even before the baby arrives there is a
28 relationship, sometimes just with mum and dad and maybe grandparents, and sometimes
29 with a whole community. So that is a really important thing to remember, that that is — we
30 are starting back there.

31 When the baby comes, how the baby is welcomed, how it is named, all of those
32 things go into the beginning sense that that human being has of themselves. It doesn't sort
33 of suddenly start at age six or something. So now I'm going to go back and say a little bit

1 about history and attachment. So, it was the observations of someone called Rene Spitz
2 seeing children removed from their parents and observing them in both institutions and in
3 the families that they were put with in the Second World War, that made him notice
4 something and he noticed a pattern of behaviour in these children, that was repeated over
5 and over again.

6 It's really what led to the observational work around how can we understand this
7 phenomenon that back at that time nobody really had any great understanding of, and
8 certainly could not have understood the neurological and physiology of it.

9 So, they talked about as these babies initially protesting or these small children
10 protesting the loss of their parent, behaving badly, crying, banging their heads on their cots,
11 protesting a loss. Then they were aware that many of these babies just stopped responding
12 at all. They became silent, and Spitz talked about this as the grief reaction. He has this
13 lovely quote from a Spanish bishop who noticed in the founding home, the grief of the
14 child and how that was displayed behaviour.

15 We know that that grief, loss is a core way in which we can see the negative impact
16 of disruptions to attachment. That even for a very small baby, so we can look at some of the
17 adoption research for this, there is a profound loss of something that has already been in
18 place for a long time. I won't go into the developing science of epigenetics and what says
19 about how many generations perhaps these processes are in play for, but certainly once the
20 baby is concerned these processes roll on.

21 So, we see in children removed these processes of protest, and I'm sure you've heard
22 now quite a lot of evidence about behaviours that children display. We see these — the
23 protest, the anger, but we also see the shut-down, the desire to take yourself inside yourself,
24 the grief is so profound and we can think with small children they don't have any language
25 for this, all they can do is behave in some way, and hope that that will bring the attachment
26 object back to them. But of course, in many cases that doesn't happen.

27 **Q.** I want to explore some of that later in the course of your evidence possibly tomorrow. In
28 order to further —

29 **[Technical difficulties]**

30 **CHAIR:** Thank you, I hope that's been sorted? Good.

31 **QUESTIONING BY DR COOKE CONTINUED:** I was going to ask you to go back again to
32 some basics, and one them is around having discussed what attachment is, and you've done
33 that, that's really around how does it work, and when does it start working and when do we

1 know if it's worked if it has worked, those kind of questions. Is an attachment there the
2 moment the baby is born?

3 A. No.

4 **Q.** And hey, love everyone.

5 A. No, so attachment actually begins prior to birth in the way parents or a community thinks
6 about the child to come. So, attachment is a brain-based process. We all have brains, and
7 they interact with each other all the time in this room, everybody's brain is busy noticing
8 other people in this room and thinking about them and connecting with them at times
9 through our facial expressions or the language we use, and that's going on all the time.

10 So, attachment is — uses those processes to engage human beings in relationship
11 with each other. That's a simple way of putting it, but it's an accurate way of putting it.
12 Obviously once the baby has arrived, there is a physicality to that understanding of the
13 relationship. But in fact, certainly from birth to about three months, babies are pretty
14 indiscriminate about who they're kind of looking for. They're looking for primarily safety
15 and security and they are looking for that in a very physical way, and when the people
16 supposedly providing that for them are not there, babies are, as every parent knows,
17 extremely vocal in making sure that you know they don't like it. So that's early stages of
18 attachment.

19 It's also very much the time when the brain is already making some enormous
20 changes, it's very important at that time that children have reliable, safe, steady care,
21 because we're starting to see when that doesn't happen for children, the impact on how the
22 brain then structures itself leading to potentially long-term difficulties, particularly in the
23 area of regulation of the self, particularly in emotional regulation, but actually in regulation
24 of body systems as a whole. So that early stage the baby is very happy as long as somebody
25 is there who is safe, the environment is safe, and their needs are being met.

26 Slowly over time, as the brain becomes more sophisticated, the baby learns to
27 recognise voices, certainly to recognise faces, and to show preferences for fewer people. So
28 up until about three months, providing babies basic needs are met they're kind of okay
29 wherever they are. After that they're a bit more choosy, and they like certain people over
30 certain other people and they like to feel those people are particularly physically close to
31 them. So, remembering that I talked about, you know, this is about safety and security, and
32 not losing the people who make you feel like that.

33 And so, after about three months babies are really looking for fewer people, but a
34 more intense engagement with those people and babies will then show quite strong

1 preferences as they develop for one or two people who they feel secure with. Again, if
 2 babies don't have that, if they're scared, if they're living in a domestically violent
 3 environment, then we already, in very young babies, can start to see some of the behaviours
 4 that are consistently described. We can see babies shut down, we can see babies protest,
 5 and so that can be ameliorated if we change the environment, or it can continue on and
 6 become more damaging.

7 By sort of roughly nine months of age babies are very active participants in this
 8 attachment dynamic, and any parent who's played the peek-a-boo game knows how actively
 9 babies enjoy, or little people enjoy this process of you go away but you come back, you go
 10 away but you come back. And if you observe carefully the beginning of that, you can see
 11 the first few times the baby is quite scared, where have you gone, and sometimes they cry,
 12 but after a while it's the game, and it's a really great game. And of-course if you think in
 13 terms of what I've talked about, it's a game that helps the baby understand these people who
 14 look after me come back, and I feel safe again.

15 And so essentially that's kind of the strange situation which is the assessment of
 16 attachment in very young children, it's not quite like that, but essentially Mary Ainsworth
 17 was using those ideas to codify and to truly understand the dynamic. So, certainly by a year
 18 you think about as soon as children walk one of their favourite games is to go and hide
 19 behind the couch, and then even to run away when you come to try and find them. And this
 20 is again this slowly extending out the sense of safety that the child has and then the reunion,
 21 the hug, the laughter which soothes the child and makes the child think I'm safe, and they
 22 incorporate that into their, what we call internal working models. There will always be
 23 somebody who is there for me who hugs me, who makes me feel safe, and I can play these
 24 slightly frightening games and yet at the end I can feel this warmth and this happiness and
 25 this joy. So that's kind of — that's really attachment in one.

26 **Q.** Okay. At what point in that child's development would you say that, if one can say, an end
 27 point has been reached?

28 **A.** There's no end point in attachment. So, all of us here have a range of attachment
 29 relationships based on exactly the same processes and with the same caveats in the sense
 30 that if we think about a tangi, which is such a rich experience and so invested culturally in
 31 terms of beliefs, that is one way of managing loss.

32 Actually, the ritual and what follows, so the unveiling a year later, that is found in a
 33 surprisingly large number of cultures around the world. The belief that grief has to be
 34 transacted across all of the seasons of a year, all of the important days in the life of this

1 person, their birthday, their marriage if you're a culture that marries, the birth of their
2 children, all of those things must be lived through in the year post their death in order to
3 release people from the sadness of the grief. In Māori culture it's done in a particular way,
4 but actually a surprising number of cultures, a truly surprising number of cultures do that.

5 So again, we come back in the attachment literature if we lose someone we love as
6 an adult it hurts and we grieve. Children grieve and are very distressed when they lose their
7 attachment figures, because it's very frightening for them when they lose their attachment
8 figures. We as adults understand loss more intellectually as well as more viscerally.

9 **Q.** If we go back to the child, the little child out there who could be two, could be five,
10 whatever, and for whatever reason that child's taken into care. Now what does it depend
11 on — because we know within attachment there are categories of attachment aren't there,
12 there is secure attachment, insecure, disorganised and a few other things no doubt. So, if we
13 then — I think so far, we've been assuming a child has what I understand to be probably a
14 secure attachment?

15 **A.** Indeed.

16 **Q.** So, do you want to tell us briefly what a secure attachment is?

17 **A.** Well, a secure attachment is what I've described, so the child knows the caregivers are
18 there, they're safe, they're predictable, and you can — and the child can build the
19 relationship with them, attachment's a reciprocal or a multi-person process of building
20 relationship. So, the child believes that can happen and I can engage in it.

21 **Q.** If we go to — if we then say an insecure attachment, is that something that is specifically
22 distinct from a secure attachment?

23 **A.** Yes, so an insecure attachment is where the parent or the primary caregiver or the
24 environment means that the parent is unpredictable and not appropriately responsive to the
25 child or the baby. And so, the child cannot be sure that they will be there when they need
26 them, or that the environment will be the same, or that the environment will be safe. So, it
27 makes sense, doesn't it, to think that that would make you feel pretty insecure.

28 **Q.** If a child is in a family where there is an insecure attachment, I know this is very black and
29 white, very binary in a sense, that child, nonetheless, could receive a perfectly satisfactory
30 childhood upbringing?

31 **A.** Absolutely. Attachment — for a start attachment's very malleable, we can change
32 attachment. But also, insecurity in itself is not necessarily going to predict a negative
33 outcome. It's going to be in part what's led to that insecurity.

1 **Q.** If we then look at a child within a secure attachment or an insecure attachment at this point,
2 and we were to say that child is taken into care for, notwithstanding the fact that the
3 attachment that we've just described is present, but there is a care and protection reason that
4 means that child is taken into care and is taken suddenly, which is what this kōrero is all
5 about in many respects, what then? Social worker comes along, child's picked up, let's
6 assume it's a two-year-old for present purposes, what's the internal world of that child on
7 being picked up?

8 **A.** It's terrified. Even if you were to use the most potentially, potentially damaging attachment
9 classification, disorganised, regardless of the attachment the child has prior to the uplift, to
10 be taken away from what is familiar in relationship and environment is terrifying if you're
11 two.

12 **Q.** Just on that, irrespective then of the nature of the attachment environment in the family
13 home, if — you better tell us what disorganised is, since you used the word, but let's do that
14 and then I'll go to my next question, or the question I was leading to.

15 **A.** So disorganised attachment is regrettably, and most of us in the field would be very critical
16 about this, but it's increasingly used to describe children in families who come to the notice
17 of State welfare organisations. That just simply shows they —

18 **CHAIR:** Is it a more extreme form of insecure attachment or is it something different?

19 **A.** No, to have a disorganised attachment, in general you would have parents who have really
20 significant psychological difficulties themselves. So, they are parents who are chaotic, who
21 are emotionally unstable, who at times are frankly frightening to any children they're
22 parenting, who are often absent. So, all of those things can lead to a disorganised
23 attachment.

24 Really put simply, what disorganised attachment means is that the child has not
25 been able to develop any relational structures with which to manage their world. So, the
26 descriptions I've given you of little children, toddlers, they're already organising their
27 world, and that's what we expect them to do and that's what they need for healthy
28 development. A disorganised child cannot do that. So they will randomly cry and scream,
29 or horrifyingly sometimes laugh in the middle of being abused. They're not — nothing is
30 organised internally with them. So that's really what that term means.

31 **Q.** I just — I'm leading to the question which is going to be, so irrespective of the quality of the
32 attachment, the effect upon leaving or being taken is profound?

33 **A.** Absolutely.

- 1 **Q.** Will it differ in its impact having regard to the nature of the attachment relationship that the
2 child has been taken from?
- 3 **A.** Not necessarily, because other factors like the child's temperament or how — where the
4 child goes, how that is managed, they'll all play a significant part in the impact for the
5 child, but nonetheless, the primary experience of loss will be there. I mean that is the
6 functional reality, the child has lost something, it may have not been very good, but it is a
7 loss.
- 8 **Q.** At page four of the report you talk of — you cite Anna Freud back in 1942 describing a
9 child even when abused by a parent still clung to that parent and sought engagement with
10 them. Is that an indicative of what we've just been talking about?
- 11 **A.** Yes, in one of the workshops I went to during my training with Mary Main and Eric Hesse
12 we spent two days watching videos taken by Mary and Eric and also by a researcher called
13 Karlen Lyons Ruth which were with profoundly disturbed parents and their children, and in
14 that you see children across the ages, even babies, completely unable to manage the loss.
15 So, they are more extreme than, say, the children that Rene Spritz described which we now
16 see in the children we might study, the protest and the silence. These children are kind of
17 like free-floating emotional distress at the maximum level. They are always searching for
18 the soothing. And one of the videos it was horrifyingly touching, where this little two-year-
19 old is — you can see that I can recall it absolutely — is extremely distressed because mum
20 is screaming and wandering around the room and not paying any attention and clearly
21 herself is distressed. Something happens for mum and she goes and gets a teddy bear, not
22 the child's teddy bear, in the corner of the room where there were soft toys and things and
23 puts it down beside this child who's lying on the floor screaming, banging his head and
24 banging his arms, and she gets his arm and puts it on the teddy bear and there is an
25 immediate change in the child's affect. It wasn't maintained because the child didn't have
26 the structure around him to maintain it, but even that level of relationship soothed the child
27 a little bit. And that's kind of what attachment does.
- 28 **Q.** So, we then — we've been talking about small children, let's extend the age a bit, go out to
29 six-year-olds, 10-year-olds. Because from your experience at what age in your experience
30 are children, most children removed, are they the younger cohort or are they middle-aged
31 children, any age?

- 1 A. In my experience, I mean I've seen babies uplifted and usually I've objected, and I've seen
2 older children right through to 13, 14, 15-year-olds, so it's the whole spectrum of children
3 who get removed for varying reasons.
- 4 Q. Is the impact of removal, is it the same for those children irrespective of the age?
- 5 A. Well, the issues around attachment are the same. The difference is, I guess, the older the
6 child, the more they've had experience. So they may have had very bad experiences, which
7 may mean that the child may hope for something different, or they may have had
8 experiences that to them don't seem particularly bad and therefore the experience of
9 removal is terrible and terrifying and ultimately very damaging.
- 10 Q. We're now stuck, of course, in the situation where either the Director-General or the Chief
11 Executive has got our child and the social worker down at the local site office, it's on a
12 Friday afternoon at five o'clock, which is often what we're told is the case, has to find a
13 placement, so it's not necessarily a planned placement is it?
- 14 A. No, that's how my daughter came to me, five o'clock on a Friday. No, no planning
15 whatsoever.
- 16 Q. Is that a consequence of the without notice process in itself?
- 17 A. I think it's a consequence of a range of processes. It's usually because rightly or wrongly the
18 perception of risk has risen to a level where on a Friday afternoon it has to be addressed.
- 19 Q. Yes, or a Wednesday or a Tuesday, it doesn't really matter, does it?
- 20 A. I think in functional site offices, the week is a less risky time than Friday, because in
21 functional offices social workers attempt to try to find ways to not go down that route,
22 whereas by Friday afternoon with a weekend coming up, how people assess risk changes.
- 23 Q. From your knowledge and your experience, when a child — if we're talking about that first
24 placement, which is ostensibly a temporary placement, isn't it?
- 25 A. [Nods].
- 26 Q. Sometimes they can be temporary?
- 27 A. [Nods].
- 28 Q. You agree with that?
- 29 A. Yes.
- 30 Q. And sometimes they're not, not so temporary?
- 31 A. In my experience most of the time when children are uplifted, unless it's a planned uplift,
32 it's always assumed to be temporary and then it drifts.
- 33 Q. Right. I think we're on the same track. Yeah. And drift, do you want to describe "drift" for
34 the Commissioners?

1 A. I'm sure they probably understand it well.

2 Q. Well, it may help.

3 **CHAIR:** I would very much like to know about drift in this sense.

4 A. So usually especially on Friday afternoons at five o'clock there is a difficulty finding any
5 placement. And there's certainly a difficulty planning and having a view about where to on
6 Monday. So that to me has always been part of the difficulty, that the move from uplift to
7 planning is not always clear. And so, then you have on Monday attempts to think about
8 where to from here and that should involve, you know, talking to whoever the child's been
9 uplifted from, and it should involve talking to family and whānau. But often in those
10 circumstances the whole situation is very kind of fluid and so many of those processes don't
11 happen quickly. Sometimes it is even difficult on the current computer system in Oranga
12 Tamariki to know whether, what the whakapapa links for a child is. Some people in this
13 room know I bang on about this very regularly about where are the — what's the
14 whakapapa, where's this child from.

15 So, there's a whole lot of things that have to happen but there'll also be, you know,
16 30 other cases that the social workers are trying to work and all the structural difficulties.
17 So then, you know, we're into week two and we still don't have a plan for this child, we still
18 have it in a foster placement which may have been told, you know, you're going to have
19 this child for a week and then we'll have had something sorted out.

20 One of the things that we talk about in the paper we've written is that it's very hard
21 for foster parents to engage with a child that's going to be taken away from them very
22 quickly. You know, that's not to say they don't care for them and look after them and do a
23 good job of caring for them, but they're not going to emotionally engage with that child.

24 **QUESTIONING BY DR COOKE CONTINUED:** You'll be aware, I believe you've read some
25 of the survivor narratives.

26 A. Yeah.

27 Q. And you've been informed by that, but one of those, of course, is the criticism or the
28 comment that they never felt nurtured or loved. What you're describing — which is true of
29 course in terms of their experience, but what you're telling us is the other side of the coin,
30 isn't it, that there is a reluctance at times to become engaged because that child will be
31 moving on?

32 A. That's correct. That's absolutely one of the difficulties with a care system that does not have
33 a clear way of deciding before a child has to be removed, what is the structural plan from
34 here on and what do we know about what the child will need in its environment.

1 **Q.** I'm very mindful of the time, but I just have one question if that's okay, which is continuing
2 the discussion very briefly about drift and I'm talking about what happens at the moment,
3 certainly what's happened since the 1990 Act I would say, which is where there's been a
4 without notice application there often generally would not have been a Family Group
5 Conference and before the Family Court can get on and deal with the case there must be a
6 Family Group Conference with all that's involved in it. And it does seem, my understanding
7 of the situation, is that sometimes it can take many weeks for there to be a Family Group
8 Conference?

9 **A.** Months?

10 **Q.** Months. And that in itself is an institutional barrier or an institutional contributor to drift in
11 care and those consequential issues that arise for children that have been taken, isn't it?

12 **A.** Yes, because I think it was always envisaged that the family, well, when the Act came in, it
13 was envisaged that the Family Group Conference would be the conduit for looking for
14 placement if it could not be with the people who'd been caring at the time of uplift. So
15 absolutely, now we have a whole new process.

16 **Q.** It's now five o'clock and we do have Dr Calvert tomorrow morning.

17 **CHAIR:** We do. The bell has tolled. This is extremely interesting I think to all of us, we are
18 fascinated and it's very important and we're very grateful to you and for your willingness to
19 return to this rather scary environment, so thank you very much for doing that.

20 **A.** No problem.

21 **CHAIR:** I'm just going to check have we got kaikarakia to close our session? We do. Nau mai
22 haere mai. So, we will call this afternoon's proceedings to a close. We start again tomorrow
23 at nine thirty?

24 **DR COOKE:** Yes.

25 **CHAIR:** Nine thirty tomorrow, good, so we'll see you back then, thank you Dr Calvert.

26 **KAUMATUA:** Just to say I've been asked to come back today and wind down our day today.

27 I just want to sort of say that the kaupapa that we're here for is a very strong one and by our
28 hearts. It is mamae, a lot of soreness, and so coming together for those and expressing our
29 opinions and putting it before our Commissioners is the best way, nice way to go. And
30 everyone's worked hard to get to where we are in eight hours, nine hours, whatever.

31 So, what I'd like to do to now is that we're going to sing a waiata to uplift ourselves
32 to get away from any ngākau and Pūrea Nei, get up and sing and get rid of all that
33 mamaeness and let's come together as one and after that I will say a karakia and then we'll
34 close with a prayer and waiata. Kia ora mai tātou.

- 1 **Closing karakia and waiata Pūrea Nei by Ngāti Whātua Ōrākei**
- 2 **Hearing adjourned at 5.09 pm to Tuesday, 14 June 2022 at 9.30 am**