

**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

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12 **Lunch adjournment from 2.11 pm to 2.54 pm**

13 **CHAIR:** Good afternoon, everybody, welcome back. And in particular welcome to you,
14 Dr Cargo.

15 A. Kia ora.

16 **Q.** Thank you for coming.

17 **DR COOKE:** With Dr Cargo is Dr Hilda Hemopo from Auckland University as well I believe.

18 **CHAIR:** Kia ora, tēnei te mihi ki a koe. We'll take the affirmation. Each of you is going to be
19 speaking, is that right?

20 **DR COOKE:** Just Dr Cargo.

21 **DR TANIA CARGO (Affirmed)**

22 **CHAIR:** In terms of your expert evidence, it will be expertise that you give us based on your own
23 research and knowledge and expertise.

24 A. I could probably say that question, yes, although it's a tohu that I probably wouldn't share
25 on my own.

26 **Q.** Exactly, but I'm only doing it just to make sure because you'll be giving us your opinions
27 and it's important, we know that they're based on solid foundations, which I'm sure they
28 are?

29 A. Thank you.

30 **Q.** Thank you. Yes, Dr Cooke.

31 **DR COOKE:** Thank you.

32 **QUESTIONING BY DR COOKE:** I first of all want to thank you for your report, which was
33 informative and very easy to read for those of us who are non – who don't have expertise in

1 the area. You've already confirmed that the report's been informed by a range of matters,
2 including your own work experience.

3 A. Yes.

4 Q. And your work experience in this regard is both as an academic and as a practitioner, isn't
5 it?

6 A. That is, yes, it is.

7 Q. And in terms of your being a practitioner, that involves, what does that involve exactly, just
8 to fill us in very briefly?

9 A. Well, I've worked across the infant child adolescent mental health services in Auckland.
10 I started off my clinical career working for what was Specialist Services Unit and then
11 moved into child and adolescent mental health and worked the last 10 years in infant child
12 and adolescent mental health in Counties.

13 Q. At the present time your practical and your academic work run concurrently, don't they?

14 A. They do, yes.

15 Q. You've been listening to the evidence of the Commission over the course of the last couple
16 of days.

17 A. I have, yes.

18 Q. And you've heard certain of the survivors?

19 A. Yes.

20 Q. You've had the opportunity to look at the statements that they've made?

21 A. I have.

22 Q. And you've also, I believe, had the opportunity to listen to what Dr Calvert said both
23 yesterday and this morning?

24 A. I have.

25 Q. In relation to Dr Calvert and what she has said, because she spoke of attachment both as to
26 what it is and then also spoke about attachment from both a Eurocentric and then looked at
27 how it worked across into a Māori world view. Do you have any difference of view as to
28 what she said?

29 A. Well, I certainly have a different opinion. I'm Māori, obviously, and the way in which we
30 think about attachment, I've always been attachment trained, so I should say, that I had to
31 go overseas for that training. But what it is, it's very different. The main difference is that
32 when we think about attachment from a Te Ao Māori world view, we think about multiple
33 attachment relationships. That's the norm, that's what most Māori tamariki would grow up

1 in, and so much of the literature has been only looking, until very recently, at a single
2 relationship. And so that's probably the biggest thing.

3 The other part of that is that we're also looking at tuakana/teina relationships. So,
4 sibling relationships, which are incredibly powerful, and for mokopuna and tamariki in
5 care, they are powerful because, as you've heard in the statements of survivors, their ability
6 or inability to have contact with siblings is crucial.

7 **Q.** And from that I'm going to depart from the script in a sense, but you would then have a
8 concern at the fact over many years the number of Māori children who have been taken in
9 care as a group then go their different ways?

10 **A.** Yeah, absolutely. I've been involved in over 20 years working in this area on and off, and I
11 have never been involved in a case where there's only been one mokopuna involved. And
12 I use mokopuna because from our way of thinking about the child is never just the child
13 and one other, which is what kind of Bowlby led us to believe, it's the child and many
14 others generationally, and we sort of think of three generations.

15 **Q.** And if I was to use the expression past, present and future, that would encapsulate it,
16 wouldn't it?

17 **A.** Absolutely and that's what mokopuna means, right, it means to look and see yourself in
18 reflection.

19 **Q.** So, when you think about the impact of Māori children, those mokopuna who have been in
20 care and also where they've been separated from their siblings in particular, are you able to
21 talk about the impact, because presumably what you're saying, with the emphasis on
22 siblings there must be a magnification of the dislocation presumably, given the significance
23 of the relationship in the first instance?

24 **A.** Yeah.

25 **Q.** Do you want to talk to us about that?

26 **A.** Yes. I guess for me, and I can only talk about the cases and the opportunities to work with
27 whānau that I've had, but what we have is a system where these families have been under
28 stress for a long time. It doesn't happen overnight. And in that process of not being able to
29 support whānau earlier, we then get into a situation where the mother often has had
30 multiple children removed. The larger the family the more challenging it is to find a
31 placement where they can all be placed, especially if they're taken very quickly.

32 What tends to happen is there's kind of like infant caregivers and then there's sort of
33 adolescent caregivers. So, they'll often be placed separately, and it may be weeks before
34 they see each other again. And some, as you've heard already in the evidence, never see

1 each other again. Some are transported to Australia, because we used to have that alliance
2 with Australia and that really means that that relationship's broken. So along with that a lot
3 of the normal self-esteem building things that would come from a Māori world view about
4 yourself in relationship to your elder sister or elder younger sister is lost and broken.

5 **Q.** You've very clearly set that out in your paper around what it all means, and I'm not going to
6 go through that because it's there and I think very clearly set out, which is great. But of
7 course, in many respects it's multifaceted –

8 **A.** Absolutely.

9 **Q.** – isn't it?

10 **A.** Yeah. You know, we call it the wicked problem right, because there isn't, you know, if
11 there was a single answer, we would have found it already.

12 **Q.** Yeah. When I heard the evidence of Dr Calvert, she did acknowledge the collective aspect
13 to – for Māori of attachment. But again, as you're saying, it's not necessarily how she lives
14 it –

15 **A.** Mmm.

16 **Q.** – in her own life in the same way that you do. If we were then to look at, for example, at
17 page 12 of the report, and you cite Mason Durie, where there's the acknowledgment that
18 attachment between the mother and the child is important but the attachment to whenua, he
19 says, is the first step into the development of the secure identity. And I think when I try
20 and take the evidence of Dr Calvert, in terms of her written evidence more particularly than
21 what she said, the notion of this having a secure identity is fund, – would be fundamental to
22 us as beings irrespective of whether we're Pākehā or Māori, would that be correct?

23 **A.** I'm not sure I understand.

24 **Q.** Well, she spoke about in her paper certainly the need for there to – for us, for human beings
25 to be able to – I can put it colloquially, to live a good life?

26 **A.** Right, yes.

27 **Q.** In terms of adults and parents etc, for all of that we need to have a secure identity in who
28 we are?

29 **A.** Absolutely, yeah.

30 **Q.** And that would be –

31 **A.** Absolutely.

32 **Q.** I'm saying that would cover all of us irrespective of our ethnicities and our cultures?

33 **A.** Absolutely, that's the starting place, yeah.

- 1 **Q.** And for Māori it's very clear, isn't it, if we accept what Mason Durie is saying, that for
2 Māori it's the whenua, it's the marae, it's whānau and all of those interconnecting
3 relationships. I thought you said earlier – you're nodding there that's good. I thought you
4 said earlier, I thought you used the word when you said "wicked" I think you said, I thought
5 you said wicker, and I was then imagining a wicker basket which is full of connecting
6 pieces of strands of bits and pieces which hold everything together, and I'm thinking that's
7 perhaps an analogy or analogous to what we're talking about now.
- 8 **A.** Certainly, Mason talks about being a Paiheretia, which is the weaver. So, you'll see that
9 mokopuna are often referred to as being seeds, and as they grow and flourish so too then do
10 they become an object of beauty, but also protected. So, the idea of being protected by
11 those multiple relationships, and if we think about traditionally, we had that, right, with
12 whāngai, the process in which our own families, whānau, hapū and iwi, looked after those
13 mokopuna who may have been more at risk or the māmā who were more at risk. We were
14 just talking we have multiple whāngai in our own families. Had they not had that, would
15 have ended up in the system.
- 16 **Q.** Just talk about that, because we know, I mean even those of us like me only have a little
17 basic understanding of that concept, and we also know that with the Adoption Act in 1955
18 there was a change, which represents a particular perspective. But I also know, and I want
19 you to tell me if I'm wrong, that it hasn't gone away, that within the Māori world, whāngai
20 is alive and well?
- 21 **A.** Yeah, absolutely live and well. You may not know about it because we won't go through
22 the courts to do that. In fact, you know, often if I'm involved in it before a case comes to
23 the Department, I'll say can you fullas whāngai this out, can this be something that others in
24 your community can support. It goes on, you know, it's still very active, but it won't come
25 to the attention, because, you know, what Māori have learned through over 70 years of
26 having terrible statistics in the State care system, is that if you can bypass the system, do so,
27 and I mean professionals like myself support that. Because that's a process where you have
28 many loving eyes watching that mokopuna.
- 29 **Q.** And the reasons for making the placement are going to be many and varied one imagines.
30 Do you want to tell us what some of those might be?
- 31 **A.** So often there's – if there is a lot of tamariki, so you may or may not be aware that
32 termination of pregnancy is not an issue, is often not an option for Māori and that comes
33 around the belief that we believe that we have the power in our whānau to heal ourselves.

1 So, if you have a termination potentially and you've got whakapapa Māori where that's a
2 healer and you have a termination, you may cut that lineage off.

3 So, we have a lot of tamariki and, you know, as an infant health specialist, one of
4 my questions from my tauwiwi training is, was this a planned pregnancy, well, I can tell you
5 many Māori, it's not something you go mmm, I'm planning to have a baby this month. And
6 certainly, that kind of process lends itself to whānau supporting each other. So, if – what
7 often happens is that you might whāngai someone because you have more resource. So,
8 I live in Auckland, I whāngai my nieces and nephews when they come to university, they
9 come and live with me. One of my whanaunga had a sibling who was a little trouble in the
10 city. What's the answer? Go and live with nan in the country, right?

11 So through those processes around hardship, financial often opportunities, so if
12 there's opportunities in another, I've got multiple whanaunga who have been whāngai'd to
13 come to kura here in Auckland, and then they'll go home and learn their reo, so I learned to
14 speak Māori at a university, that's a no-no, because I don't have the mita of my reo, so
15 going home I'm very quiet because they can tell who I learned from. So those things are all
16 part of what makes me know who I am.

17 **Q.** I want to just pick up on a point you made earlier about doing things under the radar a bit,
18 so without the eyes of the State being present. I guess this possibly comes out of both your
19 academic work and your clinical work, but can you delve down into this to tell us what the
20 reality is for those Māori mums and dads and nans and aunties, koros who are in that
21 situation. What does the state, Oranga Tamariki or the Police or Corrections or whatever it
22 may be, what do those institutions appear to them to be?

23 **A.** Well, you know, it's obvious isn't it, the institutionalised racism is rife. It's acknowledged
24 in all the documents. It doesn't make it go away just saying it's there. And so, Māori know,
25 like, you know, I've sat with fathers who have wanted to be involved with their tamariki,
26 with their mokopuna but can't be pretty much as one of our survivors shared their story this
27 morning, because they've had a conviction.

28 Now we all know that if a Māori kid, and I can say this, that if a Māori kid gets
29 pulled over, they're going to get a raft of charges. They get a charge for swearing at the
30 policeman, they will get a charge for resisting arrest. So, the charges on the rap sheets that
31 we see by the time they come to us are huge.

32 When you – and – they sound terrible. You know, put them up at an FGC and
33 they've got 80 charges. Then you look at the dates and you see that seven to 10 of those are
34 on the same day in the same incident. And suddenly you've got eight. So, you know, our

1 whānau will not come because they think it's a great place to come and have support. You
2 can change the name and we won't go into the kōrero we had about that use of that
3 beautiful word around our naming of the Ministry, because it was not a name that everyone
4 agreed to, because you hadn't earned that name.

5 It's horrible to say, look I've got – there are many, many well-meaning social
6 workers, but when you are under the pump like they are, and I heard Dr Calvert talk about
7 that also, and you are doing jobs like, you know, trying to get money for the whānau, trying
8 to get a bed, trying to get the warrant for the car, you know, that just can't happen when
9 you've also got a caseload of 40.

10 **COMMISSIONER ALOFIVAE:** Dr Cargo, talofa lava.

11 A. Kia ora.

12 **Q.** Can I just go back to that concept of whānau and the support that's required and all of the
13 different pressure points that I think you're beginning to touch on. So, when you look at it
14 from the systems angle, so you've got the kid that's been moved, so this is like grandparents
15 raising grandchildren or other extended whānau?

16 A. Āe.

17 **Q.** It's when they go to access the support that they then come up against the structural
18 barriers?

19 A. Absolutely. And that's because what happens is a collapsing of all the ministries, right?
20 So, you don't just get one Ministry, when you live in poverty, when you've got three
21 generations of poverty, you absolutely end up being a service user, not because you want to
22 be, let's be very clear, nobody would want to go under its current system into the Ministry
23 for support. And that's a challenge, because there's a belief there that, you know, social
24 workers take away kids. That's – I'm telling you, you know, that's what the belief is.

25 **Q.** So, is it your experience then that when the caregivers or the whāngai caregivers go to
26 access that support, that the agility perhaps isn't there in terms of those agencies to actually
27 understand what's required to keep these children safe?

28 A. Absolutely. And it's not only the agility, but it's the ability to be able to access those
29 avenues. These tamariki, if they've had very traumatic upbringings, which many of them
30 have, and remembering we're pairing that with the risk factors that their upbringing has had
31 also; so, you need multiple avenues to be able to access support. It just doesn't happen like,
32 you know, Dr Calvert this morning talked about silos. You know, we've talked about
33 cross-ministerial work before and there are kind of pillars and opportunities and pockets,

1 but often it's focused mostly on the child. The whānau needs to be resourced, otherwise
2 we're going to have the swinging in and out the whole time.

3 And that's hard, right, because that means that we have to be able to reach those and
4 see those earlier, much earlier. And, you know, my kind of tauiviwi training in attachment
5 says that I can almost predict, without even having seen the child, based on statistics, the
6 likelihood from the māmā's own history 80% likely the child will follow a similar history,
7 even when we see young rangatahi, you know, whaea, they often call me whaea, "whaea,
8 I didn't expect that to happen, I wanted things to be different for my tamariki and look it's
9 ended up the same as what happened to me." That's not okay.

10 **COMMISSIONER ERUETI:** Can I just add to that? Tēnā koe Tania, I'm Anaru.

11 A. Tēnei te mihi.

12 **Q.** Is the gist of your – the discussion here about you're flying under the radar, whāngai isn't
13 formally recognised by the law, but then the question is what if things go wrong, or if you
14 need, – what if there's a, what if you need access to services, for example, right, what do
15 you do in those circumstances? Is the answer to provide finally, since was it, 1950 or what
16 have you, formal recognition of customary law, whāngai, or is that dangerous in itself?

17 A. Yeah, you know, I can only talk from what I would think would be helpful, and what
18 I think would be helpful would be a way to access support as whāngai without having to go
19 through the State at all, personally. As soon as you ask a whānau who is already sort of
20 maybe only sort of holding it together, the biggest fear that my whānau have about taking
21 on mokopuna that they would normally take on, is they are worried they will also come
22 under the watchful eye. You know, we've kind of talked about this five eyes on, you know,
23 and Tariana used to say yeah, five cars up the driveway, you know, you have one coming
24 out and another one coming in. That isn't the support we need; it has to be within our own
25 communities. And I am really hopeful that what this amazing opportunity to hear from
26 survivors is what would a co-designed service look like.

27 **Q.** And that would include vetting and monitoring but within the community?

28 A. Yeah, we have those frameworks already in place, but they're under the radar. And the
29 reason that they're there is sometimes the way in which we do that wouldn't necessarily fit,
30 you know, so there's some things that have to happen when you're in care, you have to have
31 your own bed, your own bedroom. And for many of these whānau they are in poverty
32 themselves, they don't have that, and they are worried if they let them and they see "Oh
33 look these two are sharing a bed", that isn't okay. And I've known whānau who've lost their
34 mokopuna because of that situation, when there was no worry from the child about that

1 situation, there were no concerns around abuse, and they were unprepared, they couldn't,
2 because they also weren't allowed to sleep in the lounge.

3 **Q.** Kia ora.

4 **QUESTIONING BY DR COOKE CONTINUED:** Commissioner Sandra asked you a question
5 earlier, or she made a comment about grandparents raising grandchildren. One of the
6 things that does happen out there in the world of Oranga Tamariki is placement of tamariki
7 with nan, with koro and sometimes that occurs informally, and I'm thinking there of
8 possible hui's and no more than that, sometimes it occurs at an FGC.

9 And that results in a change of care for that child, and it may well be done with the
10 consent if I use that word cautiously given Family Group Conferences of those present.
11 Where that occurs, –two things I suppose. Do you have a concern about the use of I'm
12 going to call it soft power by the State in that situation, that the social workers are there, the
13 coordinator's there and behind their back there's a rather large stick?

14 **A.** Mmm.

15 **Q.** Which is, unless you're going to agree with our concerns, this is the pathway that it will go
16 down. Is that something that's familiar to you or is that an extreme example?

17 **A.** I think it sort of happens earlier in the whānau hui. So, you know, the whānau hui is a
18 fabulous concept. The reality is somewhat different from that. A hui, a whānau hui from a
19 traditional framework would be you stay, and you talk it out until there's an agreement.
20 This one is different. I've been involved in hui where the whānau have not agreed, and it
21 hasn't, – it has then been the hammer that's come out.

22 And so those processes that we think are processes of this is a hui, we're going to sit
23 here, we're going to talk, we might have to have another one until we all agree, doesn't
24 happen. And then you know what happens is "well because, you know, we're the State
25 now, you guys can't agree, we gave you an opportunity, here was the timeframe, you didn't
26 agree, so now we're taking that child."

27 And if they're placed with grandparents, there are issues, right? You know, just
28 because someone gets old, doesn't mean that they've necessarily changed their way of
29 parenting; they're just old. It might mean they have, but particularly when you have raised
30 that child who has then had the child and maybe you have never had any relationship,
31 I struggle with that.

32 **Q.** So, the notion that, and we often hear this, "I'm in a position to look after my moko because
33 I'm now, – I've changed, I'm now... whatever, I'm this old and I've seen the error of my

- 1 ways or -the, I've-- now got wisdom", you're telling us that we should at times exercise a
2 degree of caution around that?
- 3 A. I think the degree of caution comes with who else in that whānau hui agree and support.
4 Because I don't believe any kuia or kaumātua is able to, one, run around after some of our
5 mokopuna. And remember we raise very boisterous children, there's nothing wrong with
6 that, we had to be a survivor people, so we do have a little more acceptance of
7 boisterousness in our tamariki.
- 8 Q. On that, continuing on that which is around the current practice, which some lawyers
9 I know will say that when Oranga Tamariki informally get involved with families it's
10 derogation of responsibility, because what they should be doing is possibly stepping in and
11 taking a formal order, not necessarily removal, but a support order, doing it that way, but
12 because then the State has a legal obligation that is more transparent to provide the support
13 to whānau. If you do it another way, which is either through a hui or an FGC, the
14 transparency of support is not there, and neither is at times is the reality of support. Is that
15 a – would you concur with that analysis, or do you disagree?
- 16 A. Well, I think I'm sort of a – I'd need to know more. So, is that a sitting on the fence? Sorry.
17 Because part of what happens is, if you do take those support orders, that's fine, but as soon
18 as it goes through the court system, whānau automatically, I've heard this, "we can't afford
19 to go to court."
- 20 Q. I understand that. I'm thinking more – I was actually thinking more around the situation
21 where a child, the mokopuna is placed with grandparents, and the system then says, "you're
22 with whānau, you get on with it."
- 23 A. Oh, yes.
- 24 Q. That's the point?
- 25 A. And often they will.
- 26 Q. And they're off the books?
- 27 A. And often they will, because they, you know, as I said before, there's a real reluctance.
28 Many of the māmās that I work with have said the system makes us lie. We are actually
29 having, you know, contact with our whānau, we can't say that, because if we say that, we're
30 going to lose our tamariki. So being involved in the system kind of forces them to tell lies,
31 and then they feel that they're threatened when they say that.
- 32 So yeah, I don't know if it's as easy as that. I do understand that we need support.
33 Usually what happens is whānau will try and resource them themselves, and then it will be
34 somebody else who comes in and says you can get support from here, you can get support

1 from here, and there are some good social workers who let the whānau what they're
2 absolutely entitled to.

3 **Q.** Is there a risk therefore, nonetheless, that if the responsibility for this mokopuna is placed
4 on the whānau, that if we look at statistically what we know about children in care, where
5 they come from, they're going to come from the poorer parts of our cities, for example,
6 where there is unemployment, the housing isn't particularly good, all of those things that we
7 know about?

8 **A.** Yeah.

9 **Q.** In that context, is there a failure on the part of the State to provide for the well-being of
10 those children?

11 **A.** In terms of being able to provide with some money and some resources, absolutely. But I
12 can tell you the whānau won't ask for them initially because all they care about is that the
13 mokopuna is safe.

14 **Q.** But at the same time the whānau then have to possibly stretch their own resources?

15 **A.** Absolutely.

16 **Q.** Which are the corollaries in it.

17 **A.** Yeah.

18 **CHAIR:** Can I please ask a question here. I absolutely get what you're talking about here, and
19 that is whāngai is a great way to go, but it, like any other form of support, can be vulnerable
20 to all sorts of forces.

21 **A.** Yes.

22 **Q.** Which may or may not be foreseen. But understandably, given what we've heard, there's a
23 huge reluctance to go to the State –

24 **A.** Yes.

25 **Q.** – to support, because it then becomes, I have to tell the lies, have to get another bed, we're
26 not going to reach the standard, we're going to be judged according to a set of standards and
27 principles and values that we don't necessarily subscribe to.

28 So my question for the future, the answer, and the only thing that's coming into my
29 mind at this stage is that there needs to be some form of, I hesitate to say form, but some
30 form of mechanism, structure, where people who are taking children in as whāngai can go
31 to get that support, which is not the direct State, and immediately one starts to think of iwi
32 support, iwi structures?

33 **A.** Yes.

34 **Q.** Funded by the State?

- 1 A. [Nods].
- 2 Q. But with a sort of wall down there that says give us the money but –
- 3 A. Don't ask.
- 4 Q. It's a one-way street, give us the money and let us do it.
- 5 A. Yes, believe and trust that we know our systems –
- 6 Q. That's right?
- 7 A. – and we can follow-up and support our community.
- 8 Q. Yes.
- 9 A. Absolutely.
- 10 Q. So that's – is that a gold standard to you, is that the sort of ideal system?
- 11 A. Yeah, that would be something where you didn't have to pour your story out –
- 12 Q. Yeah, because it's already known.
- 13 A. – to earn, earn the right to have support.
- 14 Q. My next question is, is it happening, is there anywhere in this country yet where there is a
15 glimmer that this can and is happening?
- 16 A. Well, you gave the answer almost, the iwi and whānau services that are already there, they
17 know what is available and what's not. They're totally under-resourced. But they have –
18 they know how to be able to fudge the paperwork in some way so that the whānau is able to
19 get some, but it's really not enough.
- 20 Q. It's still subterfuge, isn't it?
- 21 A. Yeah, totally underground.
- 22 Q. Because they're still having to pretend they're something different. —
- 23 A. They have to fill all the legal requirements out to get additional benefits. And often not
24 even using that child's name but the child who is legally under their care.
- 25 Q. So, the system is turning people into liars and cheats and frauds, in a way, I know I put that
26 really high, but in the end, it's making people having to misrepresent things in order to get
27 what is required for the child.
- 28 A. Yes.
- 29 Q. And the whānau.
- 30 **DR COOKE:** And one can see the backlash.
- 31 **CHAIR:** Of course, when you're found out.
- 32 A. Exactly, because now you've been lying and there's evidence.
- 33 Q. Now you've been lying, and you've been receiving something and it's a –
- 34 A. Yes.

- 1 **Q.** There were breaches of this Act and the other.
- 2 **A.** For me that is the most challenging thing, is to hear my whānau say to me "I've had to lie,
3 and I've continued to have to lie", and now this will go up against all of the other things that
4 are seen as lies –
- 5 **Q.** Yes.
- 6 **A.** – without context.
- 7 **Q.** So, it's something worth thinking, I'm sure you've thought of it, haven't you, have you
8 thought of this already?
- 9 **A.** We all have, it's been something that we've talked about.
- 10 **Q.** It's something we need help on, so I'm just flagging that as a thought that I'm sure we're all
11 very interested to see being developed and –
- 12 **A.** Absolutely.
- 13 **Q.** – brought to a point that it could be presented in way that looked like something that could
14 become a reality rather than just a hope.
- 15 **A.** Yeah.
- 16 **Q.** I'm just placing that heavily on your shoulders.
- 17 **A.** I sit here but not by myself, so I'm happy to take that.
- 18 **Q.** Of course, you are.
- 19 **QUESTIONING BY DR COOKE CONTINUED:** I want to ask a couple of more direct
20 questions around issues that have arisen. Survivors have said in their statements that it's
21 been a matter of hurt, frustration for them that they were often placed with caregivers who
22 didn't offer them nurturing, care, you know, empathy that kind of thing. And we've also
23 heard that –
- 24 **A.** A hug.
- 25 **Q.** – a hug, all of that. But we also know that some caregivers take children on deliberately for
26 short-term periods, and I know that sometimes there's drift in care.
- 27 **A.** Yeah.
- 28 **Q.** Sometimes we understand perhaps this might be colloquial that they're told, because you
29 are only a short-term caregiver, you're only going to have this pēpē for seven days, or this
30 infant, two -year-old or three -year-old for six weeks; hold back?
- 31 **A.** Yeah, don't get attached.
- 32 **Q.** Don't get attached. And that occurs in the context, of course, of a child having been
33 removed and having suffered that trauma?
- 34 **A.** And what does that child want? Attachment, relationship.

1 **Q.** So, I wanted to talk to you around that particular paradigm, because it seems to be – it's a
2 mantra that seems to be within the social work structure at times and that caregivers get told
3 this is what you do?

4 **A.** Yeah.

5 **Q.** I want you to tell us, you've already given us an indication, that it's a bit hōhā?

6 **A.** Yeah. And I will say that, you know, longer term caregivers who've been in it for a while
7 they don't ascribe to that. What we know is if you've just been removed from anybody, and
8 it doesn't matter, and Dr Calvert mentioned that as well, like it doesn't matter what kind of
9 relationship, it's still a loss and grief, right? And then you're put into somewhere for,
10 depending on how old the child is, as far as they now, their parents are dead, that's what it
11 feels like. And then there is nobody to hold you and comfort you and say hey, it's going to
12 be okay. It's going to take some time, but it's going to be okay.

13 Now, you know, we know from all of that literature that that's not enough. Feeding,
14 being clean and tidy and getting to bed at time at washing your teeth, yes practical
15 parenting. But the piece that makes the difference is the emotional connection and
16 relationship, and that's a smile, that's using the tamariki's name correctly, and they're Māori
17 being able to pronounce it because it has mana and being able to put yourself out there and
18 allow yourself to be present with the child.

19 **Q.** So is that one message you would like –

20 **A.** Absolutely.

21 **Q.** – to be picked up?

22 **A.** That caregivers, it's paramount that you actually allow yourself to be in relationship, and if
23 you can't, you probably shouldn't be doing the work.

24 **Q.** Many children who get taken in care, some go into foster care, and we know a foster home
25 generally is mum and dad, perhaps a kid or two, and this individual child, and sometimes if
26 they're lucky siblings, right?

27 **A.** Yeah.

28 **Q.** Sometimes they will also go into a family home, which is a slightly larger place, lots of
29 bedrooms, possibly there may be a roster of caregivers, sometimes there may be one
30 caregiver there, but numerous kids, none of whom will be related. Is the situation there, the
31 one that we've just been talking about, in fact exacerbated because if you go into a family
32 home, we know that that is not intended as a permanent or a long-term placement, you
33 could be moved fairly quickly?

1 A. Absolutely. You know, it's probably more important, right, because not only are you now
2 having to get used to new caregivers who are going to change, at least if you're with a foster
3 family they stay there, right? But in a home where you've got staff coming in and out, you
4 might have one really strong relationship. And often the kids that we see, and they're
5 usually older, I'll be fair, it's the usually – so okay, I do mostly infant work now, but I used
6 to do child and adolescent work and we would be in what were then, there were several
7 Māori homes. Those kids in there would wait for the one person they had a connection
8 with to come on. And that might be the weekend staff, yes.

9 Q. What about the, again, talk about family homes, where children, two, five, whatever,
10 however old they are, they're going to be placed into a house where there are children of
11 differing ages, different experiences, different care experiences, and they have to cope with
12 that. Your face is screwed up a little bit, which again tells a tale, but –

13 A. Well, it tells the tale that not only, you know, not only is the mokopuna having to say,
14 “where are my parents?”, but it might be also, “where are my siblings?”, and then are they
15 all dead, because none of them are here. And then now I've got all of these strange people
16 and I don't know any of them, they don't look familiar to me. And nobody wants to touch
17 me in a safe way, nobody wants to smile at me. And then we also know the cases where
18 the older kids can be quite a damaging experience. You know, not too dissimilar to some
19 of our boarding school type incidents where they have those kind of terrible bullying things
20 that go on.

21 Q. Okay, just on another topic, and it's related of course to what we're talking about, but we
22 have children in care and social workers want to find a place for them, they can't go back
23 home but they want to find a whānau placement. And there's a question of, or they may
24 even know where the placement – where this child comes from, where this child
25 whakapapas to. Then there is an issue around how that's delivered to the child, isn't it, can
26 it be put in writing, what are the concerns about it being put in writing?

27 A. Yeah, this has come up in the last five to 10 years certainly up home in Northland in
28 Ngāpuhi, there's been a conversation about, and I heard Dr Calvert talk this morning about
29 putting whakapapa, why isn't whakapapa listed in the form. I can tell you that there are
30 many of ours who will not allow whakapapa to be documented. There's several reasons for
31 that. One of them is, and mostly, is it's wrong. Many times that, you know, we've read
32 documents, formal documents and the whakapapa when I ask the whānau is wrong, they
33 would not – they wouldn't see that as belonging to them. And so, it is difficult.

1 Then it's the problem of whose whakapapa. You know, if I'm Māori and my
2 partner's Māori I might have eight or more iwi that I affiliate to. And I'll only talk from my
3 own experience, but, you know, because I have several and my kaumātua said to me
4 "where will you be buried? That is the tūpuna that you must acknowledge first." But for
5 these whānau, many of them don't know all of their whakapapa, because they have had the
6 same experiences, right? Where you've got multiple generations now. I've worked with,
7 you know, three generations now of the same whānau.

8 **Q.** What do we do with, and I say this because I'm aware of it from a matter that I was
9 involved in as a lawyer, where a Māori child is born to a non-Māori mother and there is no
10 idea of who the father is. That child appears to be in an existential chasm. Can that be
11 addressed?

12 **A.** That's a good question, I'm not sure I have the answer, because without having –

13 **Q.** Literally like that?

14 **A.** That's right, without knowing the whakapapa, you can't – you don't have any capacity or
15 ability to do be able to do that search.

16 **CHAIR:** Sorry to interrupt, but quickly, I don't know if you heard our witness this morning,
17 Mr EC.

18 **A.** I heard some of his kōrero, yes.

19 **Q.** Yes, he gave an impassioned plea that, and I think what he was saying was don't place
20 Māori children outside their iwi because it happened to him.

21 **A.** Yeah.

22 **Q.** And that any differences between iwi can be played out with the child being the victim. Do
23 you want to comment on that?

24 **A.** What I always say is that you need to listen to what the mokopuna says and they can start to
25 have a voice from about five, and what we kind of do in that situation really is to say
26 absolutely they need to know who they are, absolutely. And how that happens, that's the
27 process of – and I kind of talk about in my report, unfortunately it is about compromise.
28 What's the less –

29 **Q.** Less damaging, yes.

30 **A.** – compromise we can actually make. And that sometimes means that whānau has to move
31 outside the iwi because there is no iwi placement. Now I can say that what I know about
32 the Tainui settlements, what I know about what's happening in Ngāpuhi, those are the
33 beginning places. But you also can't grow expertise overnight, that's my biggest worry.
34 And sometimes it takes a long time to grow people into the role.

- 1 **Q.** Thank you.
- 2 **A.** Kia ora.
- 3 **COMMISSIONER ERUETI:** They're the beginning places for finding more Māori caregivers, is
4 that –
- 5 **A.** I guess I was thinking more about for iwi to decide for their rohe and for their communities
6 what that might look like. Those are the things. I mean what Tainui is already showing is
7 that's a dramatic decrease in the number of children coming into the attention of the
8 Department. So yeah, I think those are really – I mean we're really hopeful that that means
9 that there might be a return to or an opportunity for Māori to make those decisions for
10 themselves. We've had 70 years of getting it wrong in this other state, maybe we deserve
11 an opportunity to have that power returned to us.
- 12 **Q.** Do you think it's through the Treaty settlement process by having resources returned –
- 13 **A.** Absolutely.
- 14 **Q.** – and the power of the tribes is enabling this to happen?
- 15 **A.** Absolutely, and supported by the State, like you know, you can't just say "okay, there you
16 go, take over", that financial support absolutely has to happen. And it needs to be able to
17 be utilised so that the whānau is also looked after, so that our māmās, you know, you take a
18 baby off a mother, she has another baby. You can't just keep taking these mokopuna off
19 our māmā, because they, you know, it's a psychological thing of replacement, we replace,
20 we've got an emptiness, we replace.
- 21 **Q.** I have – I'll just be brief on this, but I do have, while we're on that kaupapa, some concerns
22 about the capacity of some tribes over others to do this. You'll have the –
- 23 **A.** The rich ones?
- 24 **Q.** – Ngāti Whātua – the rich ones – Ngai Tahu's making great leaps and bounds it seems. But
25 then there are others, Taranaki, who, you know, were not so successful, or the amounts that
26 were returned are quite small compared to the larger tribes. So, you'll have developing this
27 sort of inconsistency across iwi.
- 28 **A.** Yeah, I think that already exists though hey. So, part of that will be about how do you –
29 what will be a fair and equitable way to share resource. And Māori have shown that they
30 can do that, right, once we're allowed to have those negotiations without someone else
31 saying here's the pūtea, go for it. So being able to return to those processes that enable – I
32 can say because I've got a pōhara tribe as well, but we've got plenty of good kaimoana, so
33 we're never going hungry. But those other resources need to be looking at, you know,
34 where do they whakapapa to, where is that going to be. And if I've got whakapapa to here

1 as well, what is your responsibility, if it isn't in a physical capacity, maybe it's in some
2 other capacity.

3 **Q.** Kia ora.

4 **A.** Kia ora.

5 **QUESTIONING BY DR COOKE CONTINUED:** Another discrete point, and I'm mindful of
6 the time; you and I aware of this particular, this kind of situation, where we have Māori
7 children placed in Pākehā homes where they've been for some time.

8 **A.** Yeah.

9 **Q.** And one of the issues there is how then do you, -does- that child stay, does that child go. If
10 the child – what are the implications for the child, of going and of staying. But what
11 I wanted to ask you wasn't about how you fix that conundrum, but is, when does the child,
12 this Māori child who was in this Pākehā household realise up here that he or she is just a
13 tad different?

14 **A.** Usually when they go to school, that's when your cultural awareness or cultural self gets
15 displayed. Especially if you look Māori, you know. You can grow up in a Pākehā
16 environment and have a beautiful secure relationship, but if you don't know that you're
17 Māori, you will discover that once you go to school, because several things happen in that
18 developmental timeframe. You see that you look different, you see other people who look
19 like you, and you begin to ask, “who am I?” And nowadays, and I know that for some of
20 our survivor kōrero before, you know, they may not have had that experience, but now
21 coming to a New Zealand school, being Māori is awesome, you know. Hearing our waiata
22 and our reo being spoken. And so, what kid wouldn't want to be a part of that? But if
23 you've never had that opportunity, that's the challenge, so that's when it becomes crucial.

24 **Q.** Which takes me back then to the conundrum question, which is, how do we address the
25 situation now, because there are still many Māori children in these Pākehā homes where
26 they've been for a long time –

27 **A.** Yeah.

28 **Q.** – is how do we address that issue?

29 **A.** Yes. Moving forward, because, you know, looking back is unhelpful in this particular
30 issue, because what needs to happen is those cultural attachments need to be cemented at
31 the first point and, you know, we're used to multiple relationships, so our tamariki can
32 easily deal with multiple relationships. However, a Eurocentric view of mum dad and the
33 two kids, struggle often with that concept. I grew up with aunties who were like my
34 mother, whaea means woman, aunty and mother. I had multiple, and thankfully for my

1 mother, because I was a little ratbag, you know, I was very vocal. You know, my mother's
2 family said I was a taonga, so I thought I was, so she, – I would have little visits with
3 aunties and then come back. And so that is the bit that needs to happen, as soon as that
4 happens. And it needs to happen as soon as a child is placed in a non, – how is their
5 cultural attachment going to be supported.

6 **Q.** That requires, doesn't it, very careful – and we're in the assumption that there is no whanau
7 placement.

8 **A.** That's right, yeah.

9 **Q.** We have to be then very careful around the process of selection of the caregiver, their
10 understanding of what is going on, and what is their inner being like about having taken on
11 responsibility for a child who is not only not theirs but of a different culture.

12 **A.** Yes.

13 **Q.** Is that right?

14 **A.** Absolutely, yeah.

15 **Q.** Is that very, - are- there very many of them, in your experience?

16 **A.** I need to say, yeah, in my experience recently I tend to do, so not just local cases but
17 national cases, and so I'm kind of seeing that situation often, right. When 7AA came into
18 force we had a real change of a need to be responsive to the Treaty like we never had
19 before. So, what happened was many of the well, you know, well-meaning social workers
20 would say, "Tania, can you do a report because we've had this kid and they're in with a
21 Pākehā caregiver, now the whānau want them back."

22 And that's really challenging, because you often, and I'll say the lawyers for each
23 side are telling their clients certain things, and almost not allowing them to come together
24 and talk as women or as mothers about the interests of the child, and when I've suggested
25 that, they've gone "oh you can't do that, it's confidential, you can't be doing" – you know,
26 but my belief is if you can have those kōrero before it gets to court, most mothers who are
27 acting in that role want the best, and if they can see that also this mother also wants the
28 best, usually you can provide that, you know, that opportunity.

29 **Q.** Just on that point, has it been your experience that at times both mum and caregiving mum,
30 or the birth family and the caregiving family, have narratives given to them that place them
31 at extreme ends?

32 **A.** Absolutely, absolutely, yeah, it's – I'd like to say I've seen some in the middle, I have never.
33 And that's because it's such an adversarial process.

1 **Q.** But does it also come from the narrative, or the story or the implicit story they pick up from
2 the social workers about this is how Johnny came into care, this is what mum was like kind
3 of thing?

4 **A.** Well, if they get that, you know, many of the caregivers that I talk to say look we had no
5 history, we got told nothing about this, you know, whānau, about this child. We were told
6 we were going to have them for a week, and we've had ones where they've ended up there
7 for five years. So that to me is a challenge that there's this lack of information for the
8 caregivers about actually what's required.

9 **COMMISSIONER ALOFIVAE:** Dr Cargo, was that as a result of a policy decision that they're
10 not given this information? It's almost like the run and dump you know, scenario.

11 **A.** That's a good question. I think it's more about – there's two things. One of them is "I don't
12 want to tell you because if you know you won't take the child", I'm going to be honest.
13 And the second one is "you don't need to know because it's confidential", and then the third
14 one is, "I actually haven't got time because I've got another, they won't be here long, so you
15 don't really need to know that", so a genuine, you know, I think a genuine belief that they're
16 only going to be there for a small time.

17 **QUESTIONING BY DR COOKE CONTINUED:** And does that also cover these are the
18 demands you're going to face when you take on this child? In absence of information
19 around what the reality of parenting little Tania's going to be.

20 **A.** Yeah, if you had little Tania, you'd be wanting to give that back. Part of that kind of whole
21 process really is about what do you, yeah, you know, what does an infant need, or what
22 does a child need, and they need you to be available. They need you to emotionally be
23 available. And it doesn't matter whether it's for three minutes, three weeks, three years,
24 that's what they need.

25 **Q.** My last question comes out of a matter that's in your report, and you talk about there's some
26 meta-analyses that have gone on. And I understand there's been a recent one that would
27 suggest that other than in perhaps the most significant kinds of abuse, possibly foster,
28 sexual abuse perhaps, that generally you might as well leave the kids at home?

29 **A.** Yeah, it's pretty scary really. What the new evidence is saying is actually – now there's no
30 difference in outcomes for the child who remains in the maltreatment family environment
31 and the child who gets taken into care. And that's pretty scary. They're not good outcomes,
32 I'm not saying they come out oh they're both great, they're both poor, but there's actually no
33 statistical difference between the two, and that should be a worry for the State.

34 **Q.** This latest analysis, is that still going to be a work in progress, as it were?

1 A. Well, this is overseas data, right, so that's my first concern, and it was data that was done on
2 minority cultures, and we would say indigenous is very different. I would like to look at
3 the New Zealand – we've got some fabulous big datasets and an ability to do our own such
4 research and to really, let's see what's really under there, let's start to have some factual
5 discussions about what happens to kids post-care.

6 Q. The inference coming out of your evidence is that there may be nonetheless a germ of
7 reality within that study?

8 A. Absolutely.

9 Q. Thank you.

10 **CHAIR:** On that provoking note, and important note I have to say, just to sum up there's real
11 need, isn't there, for research on that.

12 A. Absolutely, and decent research.

13 Q. And decent.

14 A. Not just a little oh we'll chuck a little bit of money for a masters or a PhD thesis.

15 Q. A proper thorough going research. Because if it's right, then things are worse than we even
16 know, aren't they. That placing children in care from an abusive relationship does at least
17 as much harm as leaving them in the abusive home.

18 A. And it might be different harm, but the outcome measures –

19 Q. But the outcome, yeah.

20 A. – are the same.

21 Q. Thank you for that. I'm going to ask my colleagues if they have any other questions?

22 **COMMISSIONER ERUETI:** Yeah, I do, yeah thank you Doctor. So that study, is that – the one
23 on page 13 about the 70 attachment writers from 18 countries?

24 A. No, that's another piece, no, this is the one on page –

25 Q. That's okay, but I wanted to talk about this study actually.

26 A. Yeah.

27 Q. So, the sense I get from this is that, so this study of the 70 attachment writers is coming up
28 with this concept about how you can have multiple attachments, so it's pushing back against
29 the traditional narrative say?

30 A. That's right.

31 Q. And it fits more with your narrative, right?

32 A. Absolutely.

33 Q. About having multiple affiliations, you don't have to have that one. Even with the mother,
34 there can be other relationships that are formed –

- 1 A. Absolutely.
- 2 Q. – that could be just as profound. And again, we don't have any New Zealand evidence, so
3 this is a whole lot of other countries, so there's another gap here, but you think that the
4 findings here could map on to your experience in New Zealand?
- 5 A. Absolutely. And what is really important about that piece is that these are usually
6 competing attachment theorists. I will say my concern was there are no – very few
7 attachment practitioners involved, and there were no indigenous attachment specialists
8 involved. But what they did come to in that piece of work was that idea that multiple
9 attachment relationships were important and protective when they lived with the child. So,
10 when they're in a living environment, so like having several aunts living.
- 11 Q. It also talks about continuity of, you called it, they call it "good enough care"?
- 12 A. Yes.
- 13 Q. So, and it may not be gold plated sort of care?
- 14 A. That's right.
- 15 Q. But if it is that good enough, then –
- 16 A. Continuity of good enough care. So, if a child is getting good enough care and, you know,
17 they're in a longer-term placement, then that should actually take priority.
- 18 Q. My question is, do you think the traditional view versus this sort of recent study, if you
19 look at OT's approach, are you saying that we're still kind of entrenched in, or OT's
20 entrenched in traditional notions of attachment?
- 21 A. Absolutely, we're entrenched in having one good relationship. And what we can see is, and
22 I'll talk about this very quickly, I had a case where a grandparent, the aunty, the mum, it
23 was in an FGC and the infant was in the middle. The infant fell over. Now in terms of
24 attachment literature we watch, right, we watch to see who does the child go to. And in
25 that instant the child turned themselves inside out to reach for the grandfather. So, mother's
26 in front of me, aunty's to the side of me, grandparent is behind me. For an infant who's
27 only struggling, to turn yourself is developmentally very challenging. So that's the signal,
28 my mother's right in front of me but I'm not going to her. I've fallen over, I'm hurt, my
29 aunty's to my side but I know my grandfather's somewhere, and I turn myself inside out so I
30 can go to him so he's the one who picks me up. That's attachment.
- 31 Q. Kia ora, thank you for that.
- 32 **COMMISSIONER ALOFIVAE:** I just had one query or a comment I think really. Because
33 what I'm hearing you say is the benefit, or the real goal here, is the fact that you're, I refer to
34 you, and I think – as a pracidemic, like the practising academic.

- 1 A. Absolutely, I would rather not be an academic but gone and got too old.
- 2 Q. But it's your practice that actually informs your evidence that allows you to make some
3 really conclusive findings. And so just to help us understand where it is out there in the
4 research world, because I think that's a contestable challenge, isn't it, it's where we're not
5 recognising enough, and I'm just putting it to you as a proposition, we're not recognising
6 enough the practice that should be informing the policies because usually it's the other way
7 around?
- 8 A. Absolutely, that's perfect, well done, well put.
- 9 Q. I've just got one last thing to say or to ask you to keep an eye out for in terms of research.
- 10 A. Yes.
- 11 Q. So, we've already talked about the need I think for this serious research in the area we've
12 just discussed, the metanalysis. Is there any watchful research eyes over these new and
13 promising initiatives such as State and Waikato Tainui, for example, and I know there are
14 other iwi doing this. I don't want them to be killed with academic love or anything, but I
15 think it's important that we know if it's working. Are you saying there's encouraging signs?
- 16 A. Yeah, there's been a couple of pieces, I see Dr Hall is here as well, she's got, – she'll also be
17 able to add to this research, but there have been some initial studies that are, you know,
18 have that data, yes.
- 19 Q. It will need time, won't it?
- 20 A. Yeah, it needs time, and it needs opportunities to get it right. My worry –
- 21 Q. Yes, the fails at the first hurdle, yes.
- 22 A. – Māori don't get an opportunity to fail.
- 23 Q. Yeah, it's got to be given time to mature and bed down and allow people to get it sorted.
- 24 A. Yes.
- 25 Q. Very promising areas and thank you. Thank you both for coming, thank you for your
26 support today. This has been more than illuminating and, as I said to Dr Calvert this
27 morning, we may call upon you again. This hearing is only, as we call it, the tip of the
28 iceberg, but would you be open to being consulted further should we need to come back to
29 you to explore some other aspects of this?
- 30 A. Absolutely.
- 31 Q. That would be gratefully received. Thank you both very much indeed.
- 32 A. Thank you.
- 33 Q. Time for a break, I think. Shall we just take a very short break, say until 10 past 4 and then
34 we'll start with our last witness?

1 **DR COOKE:** Yes, thank you.

2 **Adjournment from 4.02 pm to 4.15 pm**